

FOR FOREIGN GRADUATE ONLY

Provisional / Permanent Registration No. :

Provisional / Permanent Date :



## MAHARASHTRA MEDICAL COUNCIL

Anand Complex, Sane Guruji Marg, Chinchpokali (W),  
Mumbai - 400011. Phone & Fax No.: 022-23010668  
Website : <http://www.maharashtramedicalcouncil.in>

### APPLICATION FORM FOR PROVISIONAL/PERMANENT REGISTRATION FOR INDIAN NATIONALS HAVING QUALIFIED FROM FOREIGN INSTITUTIONS

(Please read the instructions carefully as given in Appendix-I before filling the form)

APPLICATION FOR REGISTRATION : PROVISIONAL

PERMANENT

Passport Size  
Affix  
attested  
front view  
Colour  
Photograph

To,  
The Registrar  
Maharashtra Medical Council  
Mumbai - 400011.

|                         |   |        |           |              |               |
|-------------------------|---|--------|-----------|--------------|---------------|
| Name of Applicant       | : |        |           |              |               |
|                         | : | Prefix | (Surname) | (First name) | (Middle name) |
| Father's/Husband's name | : |        |           |              |               |
| Mother's name           | : |        |           |              |               |

#### In Case of Married Women

|             |   |        |              |               |           |
|-------------|---|--------|--------------|---------------|-----------|
| Maiden name | : |        |              |               |           |
|             | : | Prefix | (First Name) | (Middle Name) | (Surname) |

Name of Husband :

|      |   |  |  |  |  |
|------|---|--|--|--|--|
| Name | : |  |  |  |  |
|------|---|--|--|--|--|

|  |   |  |           |    |   |
|--|---|--|-----------|----|---|
| Permanent Address                            | : |  |           |    |   |
| City   | : |  | District  | :  | State   |
| Pincode                                      | : |  | Resi. No. | :  | Mobile No.                                    |
| Present Address for Communication            | : |  |           |    | Pincode                                       |
| Nationality                                  | : |  | Sex       | :  | Male  |
|  | : |  |           | :  | Female  |
| Email Id                                     | : |  |           |    |   |
| Date of Birth                                | : | DD   | MM        | YY | Age as on 31st Dec of 1st year medical course |
| Place of Birth                               | : | Place  | District  | :  | State   |
| Are you a Citizen of India                   | : | (a) By Birth or (b) By Domicile if (b) State the Date of becoming Indian Citizen |           |    |   |
| Category (General or Reserve i.e. SC/ST/OBC) | : |  |           |    |   |

#### DETAILS OF EDUCATIONAL QUALIFICATIONS :-

|                                       |                         |                          |                               |                               |
|---------------------------------------|-------------------------|--------------------------|-------------------------------|-------------------------------|
| 10th Class/<br>Matric/ High<br>School | • School Name & Address | ★ Roll No. & Result      | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
|                                       | .....                   | ★ Certificate No. & Date | .....                         |                               |
|                                       | .....                   | ★ Date of Passing        | .....                         |                               |
|                                       | • Board Name & Address  | ★ Marks (Obtained/Total) | .....                         |                               |
|                                       | .....                   | ★ Percentage             | .....                         |                               |
| Specimen Signature of Applicant       |                         |                          |                               |                               |

| 11th Class  | <ul style="list-style-type: none"> <li>School Name &amp; Address</li> </ul> | <ul style="list-style-type: none"> <li>Roll No. &amp; Result <input type="checkbox"/> Pass <input type="checkbox"/> Fail</li> <li>Certificate No. &amp; Date</li> <li>Date of Joining</li> <li>Date of Passing</li> <li>Marks (Obtained/Total)</li> <li>Percentage</li> </ul>  |                |             |                  |   |                  |         |  |  |  |  |         |  |  |  |  |           |  |  |  |  |         |  |  |  |  |             |  |  |  |  |
|---|---|--|----------------|-------------|------------------|---|------------------|---------|--|--|--|--|---------|--|--|--|--|-----------|--|--|--|--|---------|--|--|--|--|-------------|--|--|--|--|
|   | <ul style="list-style-type: none"> <li>Board Name &amp; Address</li> </ul>  |  |                |             |                  |   |                  |         |  |  |  |  |         |  |  |  |  |           |  |  |  |  |         |  |  |  |  |             |  |  |  |  |
| 12th Class/<br>Intermediate<br>or 10+2                            | <ul style="list-style-type: none"> <li>Board Name &amp; Address</li> </ul>  | <table border="1"> <thead> <tr> <th>Subjects</th> <th>Marks Total</th> <th>Marks Obtained</th> <th>%</th> <th>Result Pass/Fail</th> </tr> </thead> <tbody> <tr> <td>English</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Physics</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemistry</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Biology</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Grand Total</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Subjects       | Marks Total | Marks Obtained   | % | Result Pass/Fail | English |  |  |  |  | Physics |  |  |  |  | Chemistry |  |  |  |  | Biology |  |  |  |  | Grand Total |  |  |  |  |
|   | Subjects  | Marks Total  | Marks Obtained | %           | Result Pass/Fail |   |                  |         |  |  |  |  |         |  |  |  |  |           |  |  |  |  |         |  |  |  |  |             |  |  |  |  |
|   | English   |  |                |             |                  |   |                  |         |  |  |  |  |         |  |  |  |  |           |  |  |  |  |         |  |  |  |  |             |  |  |  |  |
|   | Physics   |  |                |             |                  |   |                  |         |  |  |  |  |         |  |  |  |  |           |  |  |  |  |         |  |  |  |  |             |  |  |  |  |
|   | Chemistry   |  |                |             |                  |   |                  |         |  |  |  |  |         |  |  |  |  |           |  |  |  |  |         |  |  |  |  |             |  |  |  |  |
|   | Biology   |  |                |             |                  |   |                  |         |  |  |  |  |         |  |  |  |  |           |  |  |  |  |         |  |  |  |  |             |  |  |  |  |
| Grand Total   |   |  |                |             |                  |   |                  |         |  |  |  |  |         |  |  |  |  |           |  |  |  |  |         |  |  |  |  |             |  |  |  |  |
| <ul style="list-style-type: none"> <li>Roll No.</li> </ul>        |   |  |                |             |                  |   |                  |         |  |  |  |  |         |  |  |  |  |           |  |  |  |  |         |  |  |  |  |             |  |  |  |  |
| <ul style="list-style-type: none"> <li>Date of Joining</li> </ul> |   |  |                |             |                  |   |                  |         |  |  |  |  |         |  |  |  |  |           |  |  |  |  |         |  |  |  |  |             |  |  |  |  |
| <ul style="list-style-type: none"> <li>Date of Passing</li> </ul> |   |  |                |             |                  |   |                  |         |  |  |  |  |         |  |  |  |  |           |  |  |  |  |         |  |  |  |  |             |  |  |  |  |
| <ul style="list-style-type: none"> <li>School Code No.</li> </ul> |   |  |                |             |                  |   |                  |         |  |  |  |  |         |  |  |  |  |           |  |  |  |  |         |  |  |  |  |             |  |  |  |  |

**B.SC. OR ANY OTHER UNIVERSITY EXAMINATION. (IF ANY) AS PRESCRIBED IN COUNCIL'S REGULATION ON GRADUATE MEDICAL EDUCATION, 1997:**

College Name & Address

University

Roll No.

Date of Joining

Date of Passing

Examination Passed

| Subjects           | Maximum Marks |           | Marks Obtained |           | % Result | Pass/Fail |
|--------------------|---------------|-----------|----------------|-----------|----------|-----------|
|                    | Theory        | Practical | Theory         | Practical |          |           |
|                    |               |           |                |           |          |           |
|                    |               |           |                |           |          |           |
|                    |               |           |                |           |          |           |
| <b>Grand Total</b> |               |           |                |           |          |           |

**MEDICAL QUALIFICATION:**

| Name & address of Institute | Address of SENTRALNIYA OVIR<br>(Registration Deptt.-OVIR)<br>(Ministry of Foreign Affairs or<br>Interior Ministry City) | Registration<br>Number/<br>(OVIR NO.) | Valid<br>from | Valid<br>upto |
|-----------------------------|---|---------------------------------------|---------------|---------------|
|                             |   |                                       |               |               |

MEDIUM OF INSTRUCTIONS/COURSE

**HAVE YOU DONE ANY PART OF YOUR MEDICAL COURSE IN INDIA, OR ANY COUNTRY OTHER THEN WHERE YOU HAVE OBTAINED MEDICAL DEGREE AS MENTIONED IN APPLICATION, IF YES, ITS DUREATION AND LOCATION**

Yes

No

**PASSPORT DETAILS:**

Passport No. \_\_\_\_\_ Date & Place of issue \_\_\_\_\_

Address as on Passport \_\_\_\_\_

(a) Visa issued by \_\_\_\_\_ (Name of Country)

(b) Naturel of visa (Student / Service / Tourism / Business) \_\_\_\_\_

(c) Date of validity from \_\_\_\_\_ to \_\_\_\_\_

(d) Date of leaving india \_\_\_\_\_

(e) Date of returning to India \_\_\_\_\_

**DID YOU EVER CHANGE/LOSS THE PASSPORT-DUE TO ANY REASON:-**

Yes

No

If yes, please give reason for change of passport \_\_\_\_\_

Previous Passport No. \_\_\_\_\_ Data & Place of Issue \_\_\_\_\_

Address on Previous Passport \_\_\_\_\_

FIR Number in respect of lost Passport \_\_\_\_\_

**SCREENING TEST PARTICULARS :**

Name of Board :- National Board of Examination New Delhi. (Ministry of Health, Government of India)

Date of Passing \_\_\_\_\_ Roll NO. \_\_\_\_\_ Marks Obtained \_\_\_\_\_ Out of \_\_\_\_\_

**INTERNSHIP TRAINING PARTICULARS:**

(a) Name of Training Institute \_\_\_\_\_

(b) Address \_\_\_\_\_ State \_\_\_\_\_

(c) Whether Recognized by MCI  Yes  No

(d) Date of Training from \_\_\_\_\_ to \_\_\_\_\_ Total Present in Days \_\_\_\_\_

**NAME OF THE MEDICAL DEGREE / DIPLOMA OBTAINED AND UNIV. / LICENSING BODY WITH THE YEAR OF OBTAINING THE QUALIFICATION.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(a) WHETHER SHE / HE HAS UNDERGONE PRACTICAL TRAINING BEFORE OR AFTER OBTAINING THE MEDICAL QUALIFICATION REQUIRED BY THE RULES OF THE CONCERNED FOREIGN COUNTRY, GIVE DETAILS.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(b)IF NOT, THEN HAS SHE / HE UNDERGONE THE PRESCRIBED TRAINING IN AN APPROVED HOSPITAL IN INDIA, GIVE DETAILS.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WAS ANY MEDICAL COLLEGE / SCHOOL IN INDIA ATTENDED BEFORE DEPARTURE FROM INDIA, (GIVE NAMES OF PERIOD OF STUDY UNDERGONE AND EXAMINATION PASSED).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IN THE LANGUAGE OF STUDY IN THE COUNTRY BE OTHER THAN ENGLISH, PLEASE INDICATE IF IT WAS STUDIED IN INDIA BEFORE DEPARTURE OR WAS STUDIED IN THAT COUNTRY. PLEASE INDICATE THE TIME TAKEN FOR THAT STUDY AND WHETHER ANY EXAMINATION WAS PASSED.**

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**DO THE MEDICAL EXAMINATION (S) PASSED IPSO FACTO ENTITLE ONE TO REGISTER IN THE COUNTRY IN WHICH THEY WERE TAKEN OR A SEPARATE EXAMINATION FOR REGISTRATION HAS TO BE PASSED.**

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**ARE YOU REGISTERED IN ANY FOREIGN COUNTRY? IF SO, GIVE THE NAME OF THE BODY WITH WHICH REGISTERED AND THE NUMBER AND DATE OF REGISTRATION.**

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I solemnly affirm & declare that the entries made by me in the forms here in above are correct and in the event of any of the entries being found incorrect at any period of time, I shall be held responsible & Application for Provisional / Permanent Registration shall Stand and Cancelled.

DATE :

SIGNATURE OF THE APPLICANT

NAME OF THE APPLICANT

PLACE :

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**FOR OFFICE USE ONLY**

|  |   |
|--|---|
| <b>DETAILS OF DEMAND DRAFT / PAY ORDER:</b>              |   |
| Demand Draft / Pay Order No. _____ Date _____ Rs. 5000/- |   |
| Rupees in words : Five Thousand Only                     |   |
| Name of Bank _____ Place of Issue _____                  |   |
| Receipt No. and Date _____                               | Permanent Registration Certificate sent by<br>Regd. Post / Speed Post |
| Signature of the Clerk _____                             |   |
| Name of Clerk _____                                      |   |
|  | at : _____  |
|  | On : _____  |

# DECLARATION

At the time of registration, each applicant shall be given a copy of the following declaration by the Registrar concerned and the applicant shall read and agree to abide by the same.

1. I solemnly pledge myself to consecrate my life to service of humanity.
2. I will maintain the utmost respect for human life from the time of conception.
3. I will not permit considerations of religion, nationality, race party politics or social standing to intervene between my duty and my patient.
4. I will practice my profession with conscience and dignity.
5. The health of my patient will be my first consideration.
6. I will respect the secrets, which are confined in me.
7. I will maintain by all means in power, the honour and noble traditions of medical profession.
8. I will treat my colleagues with all respect and dignity.
9. I shall abide by the Code of medical ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.

**I make these promises solemnly, freely and upon my honour.**

Signature.....

Name.....

Place.....

Address.....

Date.....

# CHECK LIST

(for submission of documents)

The candidates are requested to ensure that the documents be enclosed as per the order in the Checklist. All original certificate / relevant papers / documents for verification should be submitted & numbered according to the checklist. Please arrange the application in the following order & tick mark the relevant boxes:

1. Demand Draft / Pay Order for Rs. Five Thousand Only Rs.5000/- to be submitted after verification from the various authority & approval of the committee. (Bank draft / pay order in favour of "THE REGISTRAR, MAHARASHTRA MEDICAL COUNCIL" payable at mumbai.)
2. Application form.....  Yes  No
3. Declaration form.....  Yes  No
4. Copies of MBBS / MD 'Physician' Degree.....  Yes  No
5. Copies of Marks-Sheet of 'MBBS / MD Physician' Degree.....  Yes  No
6. Copies of Marksheet of 12th Class (10+2) or Equivalent Examination.....  Yes  No
7. Copies of Pass Certificate of 12th Class (10+2) or Equivalent Examination.....  Yes  No  
(showing all the subjects & the name of the school.)
8. Pass Certificate of 11th Class or Equivalent Examination.....  Yes  No
9. Pass Certificate of 10th Class or Equivalent Examination.....  Yes  No
10. Eligibility Certificate issued of the Candidate by MCI for admission to Undergraduate Medical Course Abroad.....  Yes  No
11. Copies of Screening Test Result.....  Yes  No
12. Photocopy of all the pages of all the passports showing visa the date of emigration and immigration from and to Foreign Country and India. ....  Yes  No
13. Two Colour Passport Size photographs with front view & two signature slips .....  Yes  No
14. Original Provisional Registration Certificate issued by MCI / any other State Medical Council.....  Yes  No
15. Internship Completion Certificate showing posting in various departments trained with specific dates issued by the Medical College / Institution Head. ....  Yes  No
16. An affidavit for delay in applying for Permanent Registration- if the delay in applying for registration is more than 30days after completion of internship. ....  Yes  No
17. Letter from the Indian Embassy concerned that primary medical qualification as possessed by the candidate is a recognized qualification for enrollment as medical practitioner in the country in which the institution awarding the said qualification is situated. ....  Yes  No
18. Domicile / Nationality Certificate. ....  Yes  No

Date :

Place :

Signature \_\_\_\_\_

\_\_\_\_\_  
(Name of Applicant)



## **MAHARASHTRA MEDICAL COUNCIL**

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Mumbai - 400011. Phone & Fax No.: 022-23010668  
Website : <http://www.maharashtramedicalcouncil.in>

### **ACKNOWLEDGEMENT**

(to be filled by the candidate)

Received Application from Ms./Mr. ....  
D/o / S/o Sh.....  
for issuance of Provisional/Permanent Registration Certificate for Indian  
Nationals having qualified from the foreign medical institutions, for  
consideration.

Signature of Receiving Official  
with date