

DECLARATION

I declare and undertake that the entries made by me in this Form are true to the best of my knowledge and all the documents provided/uploaded are correct. I also confirm that I take full responsibility for the details filled in the form and I am aware that no changes are permitted after submission of the application form. I am also aware that all fees are non-refundable in case of rejection. I understand that I am liable for action under the law for any false information or document produced by me without any notice from NMC, New Delhi.

I also understand that the National Medical Commission shall be free to investigate on its own into the correctness of information furnished by me in this application and/or call for any further information in this regard from me and in the event of any information furnished by me being found to be incorrect or false during such investigation or at any subsequent stage, the Commission may refuse to issue the eligibility certificate or if already issued may cancel the same and I shall stand debarred from appearing in the Screening Test prescribed in Sub-Section(4A) of Section 13 of the Indian Medical Council Act, 1956 and any other rule and regulation framed by National Medical Commission, New Delhi without any notice.

I understand that after obtaining the foreign recognized primary medical qualification, and subject to the verification as contained above, I have to pass a screening test prescribed under the Indian Medical Council Act, 1956 read with the Eligibility Requirement for taking Admission in an Undergraduate Medical Course in a Foreign Medical Institution Regulations, 2002 and the Screening Test Regulations, 2002 before grant of provisional/permanent registration by the National Medical Commission or any of the State Medical Councils. I further understand that the primary medical qualification has to be confirmed by the Indian Embassy concerned to be a recognized medical qualification for enrolment as medical practitioner in the country in which the institution awarding the said qualification is situated. In case on confirmation from the Indian Embassy/High Commission of India concerned, it found that the primary medical qualification awarded to me by the university/institution concerned is not recognized/approved for enrolment as medical practitioner in that country, National Medical Commission may reject my application at any time.



(Signature of Candidate)

Name

Place :

Date :

FORMAT FOR AFFIDAVIT
(ON RS. 10 STAMP PAPER DULY NOTARIZED)

I _____ S/D/o _____ resident of _____
_____ do hereby solemnly affirm and declare that:-

1. I am an Indian national by birth/Overseas Citizen of India.
2. I have completed _____ years ___ months age in the year of admission in MBBS or equivalent medical course.
3. I have done my 10th class from _____ (Name of School & Board) in the year ___ and as per my 10th class records, my date of birth is _____ .
4. I have studied 11th class with the subjects of _____ in _____ (Name of School/Board) in the year _____ and declared "PASS".
5. I have studied my 12th class with the subjects of _____ from - _____ (Name of the School) in the year _____ .
6. I have been granted 12th class passing certificate by the _____ (Name of Board).
7. I have to take admission/had joined in MBBS/equivalent medical course at _____ (Name of University/Medical College/Location/Country) in the academic year.
8. I am still pursuing my Medicine course at the same University/Medical College.
9. I have completed my MBBS or equivalent medical course from _____ (Name of the University/Medical College) in the year _____ .

DEPONENT SIGNATURE

VERIFICATION :

I _____ do hereby solemnly affirm and declare that the above Statement given is true and correct to the best of my knowledge and belief and that nothing has been concealed there from.

DEPONENT SIGNATURE

Note: Strike out which is not applicable.