

FORM A

See Regulation 64 (1)

APPLICATION FORM FOR REGISTRATION IN THE INDIAN MEDICAL REGISTER

1. Name of the applicant
(In Block Letters) (Surname)
2. Sex : Male/Female
3. Father's Name (Full)
4. Date and place of Birth
5. Preliminary education (full particulars of Matriculation/Secondary equivalent examination passed with name of the examining body and with the year of obtaining)
6. Date of passing Inter-Science or Higher Secondary or equivalent examination with the name of the University.
7. Name of the Medical School/College attended with the date of joining and leaving.
8. Name of the Medical Degree / Diploma obtained and University / Licensing Body with the year of obtaining the qualification.
9. Whether he/she has undergone practical training before or after obtaining the medical diploma/degree as an Internee in a hospital? If so, whether the hospital or Institute where such training was obtained is recognised either by the Council or Medical School/College concerned (Give full details of the Hospital/Institution).
10. Details of bank draft attached towards registration
11. Is he/she registered with any State Medical Council? The name of the Body with which registered and number and date of registration.
12. Is he/she a citizen of India
 - a. by birth or
 - b. by domicile

If so, state the date of becoming Indian citizen.
13. Present Occupation and Address (In block letters)
14. Permanent Address (In block letters)

Signature of Applicant

Dated:

Note: Following documents to be enclosed with application:

1. The application form should be properly and neatly filled in.
2. Degree or Diploma in original or Provisional Certificate from the University/or Dean of the college that the applicant is eligible for the award of the degree along with attested copies thereof may be forwarded along with the Registered Certificate.
3. Duly attested copy of certificate of practical training. (Compulsory rotating internship) issued by Dean of the college.
4. Provisional registration Certificate in original.
5. Two recent passport size photographs front view.
6. Signature on two self adhesive slips provided with application.
7. The total registration fee is Rs.1500/- (Rs. 500/- chargeable at the time of Provisional Registration). If already provisionally registered, then a Bank Draft of Rs.1000/- (Rupees One Thousand only) in favour of the Secretary, Medical Council of India, payable at New Delhi, be sent along with the application as fee for registration.