



BOARD OF GOVERNORS
IN SUPERSESION OF MEDICAL COUNCIL OF INDIA
Pocket - 14, Sector - 8, Phase-I, Dwarka, New Delhi - 110 077
Phone : 011-25367033,25367035, 25367036,
Email : mci@bol.net.in, Website : <http://www.mciindia.org>

APPLICATION FORM
FOR INDIAN MEDICAL REGISTER CERTIFICATE
(I.M.R. CERTIFICATE)

(Please read instructions before filling the form)

Paste Recent
Colour
Photograph
with name on
back side of
photograph

1. NAME OF THE DOCTOR (AS GIVEN
IN THE INDIAN MEDICAL REGISTER):
2. FATHER'S/HUSBAND'S NAME:
(AS GIVEN IN INDIAN MEDICAL REGISTER)
3. PRESENT ADDRESS:
*(WITH PHONE, MOB.NO AND E-MAIL.)
4. PERMANENT ADDRESS:
(AS GIVEN IN THE INDIAN
MEDICAL REGISTER)
5. (a) MEDICAL COUNCIL (S) WITH
WHICH REGISTERED FOR
PRIMARY QUALIFICATION.
REGISTRATION NO. (S) AND DATE(S)
- (b) MEDICAL COUNCIL (S) WITH
WHICH REGISTERED FOR
ADDITIONAL QUALIFICATION.
REGISTRATION NO. (S) AND DATE(S)
- (c) COPY OF DOCUMENT INDICATING
COLLEGE NAME FROM WHICH:
 - (i) PRIMARY QUALIFICATION OBTAINED:
 - (ii) ADDITIONAL QUALIFICATION OBTAINED:
6. DATE OF BIRTH & SEX:
7. DETAILS OF PAYMENT OF FEES :
 - (a) PAID BY DEMAND DRAFT:
 - (b) AMOUNT RUPEES:
8. DETAILS OF DEMAND DRAFT:-
 - (a) NAME & ADDRESS OF ISSUING:
BANK WITH BRANCH
 - (b) DEMAND DRAFT NO. & DATE:

(SIGNATURE OF THE CANDIDATE)

DATED -----
PLACE -----

INSTRUCTION TO CANDIDATE FOR FILLING THE APPLICATION FORM FOR OBTAINING AN INDIAN MEDICAL REGISTER CERTIFICATE.

THE APPLICATION FORM SHOULD BE PROPERLY AND NEATLY FILLED IN AND SHOULD BE SUBMITTED ALONG WITH THE FOLLOWING DOCUMENTS: -

1. FOR PRIMARY REGISTRATION A BANK DRAFT OF RS. 1000/- (RUPEES ONE THOUSAND ONLY) + 18% GST IN FAVOUR OF “THE SECRETARY, MEDICAL COUNCIL OF INDIA, NEW DELHI” PAYABLE AT NEW DELHI SHOULD BE SENT ALONGWITH THE APPLICATION (CHEQUES ARE NOT ACCEPTED). **IF, THE CERTIFICATE HAS TO BE SENT ABROAD BY COURIER THEN THE FEE WOULD BE \$100 OR EQUIVALENT IN INDIAN CURRENCY.** ON REVERSE OF DRAFT FOLLOWING DETAILS WILL BE FILLED IN BY THE APPLICANT AND DULY SIGNED
 - (a) Name :
 - (b) Father’s Name
 - (c) Purpose for which the draft submitted
 - (d) Telephone No with Code/Mobile No.
2. FOR EACH ADDITIONAL QUALIFICATION REGISTRATION, A FEE OF Rs 1000/- (RUPEES ONE THOUSAND ONLY) + 18% GST WILL BE CHARGED AND DRAFT BE MADE ACCORDINGLY
3. AN ATTESTED COPY OF PERMANENT REGISTRATION CERTIFICATE.
4. ONE ADDITIONAL RECENT PASSPORT SIZE COLOUR PHOTOGRAPHS (FRONT VIEW) ALONGWITH SIGNATURE ON REVERSE OF PHOTO.
5. RECEIPT DULY FILLED AND SIGNED BY THE RECEIVING OFFICER WILL BE OBTAINED BY THE APPLICANT FOR FUTURE REFERENCE.

***NOTE:** THE APPLICANT MUST PROVIDE HIS/HER EMAIL ADDRESS AND MOBILE NO. THE CERTIFICATES OF THE CANDIDATES WILL BE MADE AVAILABLE ONLINE ON OUR WEBSITE www.mciindia.org W.E.F. 12th MAY, 2014 UNDER “APPLY ONLINE PORTAL”. A LOGIN ID AND PASSWORD WILL BE PROVIDED TO THE APPLICANTS THROUGH SMS AND E-MAIL BY WHICH THEY CAN DOWNLOAD THEIR CERTIFICATES AND CAN TAKE PRINT OUT.

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 papers/documents should be numbered according to the checklist. Please arrange the application in the following order & tick mark the relevant boxes.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Check list | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Bank Draft for Rs. 1000/- + 18% GST | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Application form | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Attested zerox copy of permanent
Registration certificate (MBBS/MS/
MD/DM/M.Ch/DNB etc.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Two Colour photographs(one paste on
application and other attach with
signature on back side of photograph)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signature

Date



MEDICAL COUNCIL OF INDIA

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ACKNOWLEDGEMENT

(to be filled by the candidate)

Received Application from Ms/Mr.....

D/o / S/o Sh..... alongwith Bank Draft/DD

No..... dated..... for Rs.....

Drawn on Bank.....

for issuance of I.M.R. Certificate for consideration.



Signature of Receiving Official
with date