Form –MCI-08 (B)

(FOR FOREIGN POSTGRADUATE MEDICAL QUALIFICATION HOLDERS)

BOARD OF GOVERNORS
IN SUPERSESSION 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 REGISTRATION OF ADDITIONAL QUALIFICATION/S U/S 26(1) OF THE INDIAN MEDICAL COUNCIL ACT, 1956

(Please read the instructions carefully before filling the form)

Affix attested front view Color Photograp

SR. NO.	TITLE	DETAILS
1.	NAME	
2.	FATHER NAME	
3.	PRESENT ADDRESS	
4.	PERMANENT ADDRESS	
5.	MOBILE NO.	
6.	E-MAIL ADDRESS	
7.	NATIONALITY	
8.(a)	PAN NO.	

8(b)	AADHAR CARD NO.	
9.	PASSPORT NO.	
10.	DETAILS OF PRIMARY MEDICAL QUALIFICATION e.g. MBBS OR EQUIVALENT	
11.	DETAILS OF INTERNSHIP TRAINING e.g. NAME OF HOSPITAL AND PERIOD OF TRAINING	
12.	NAME OF PRIMARY MEDICAL DEGREE AWARDING UNIVERSITY	
13.	YEAR OF OBTAINING OF PRIMARY MEDICAL QUALIFICATION	
14.	REGISTRATION NO. AND NAME OF THE MEDICAL COUNCIL WHERE INITIAL REGISTRATION WAS MADE	
15.	REGISTRATION NO. AND NAME OF MEDICAL COUNCIL IN CASE ANY OTHER POSTGRADUATE MEDICAL QUALIFICATION IS REGISTERED WITH THE MEDICAL COUNCIL OF INDIA/STATE MEDICAL COUNCIL	

16. **DETAILS OF THE POSTGRADUATE MEDICAL QUALIFICATIONS FOR REGISTRATION**

NAME OF QUALIFICATION	NAME OF MEDICAL COLLEGE	NAME OF THE UNIVERSITY	YEAR OF PASSING	WHETHER THE QUALIFICATION IS RECOGNIZED FOR ENROLLMENT FOR PRACTICING IN THE SPECIALTY IN AWARDING COUNTRY

17. Please provide details of your postgraduate training for the degree that you want to register.

Name of Qualification	Name of Medical College	Name of the University	Period of Training		
			FROM	TO	DURATION

18. Examination passed, if so please provide the details alongwith proof.

19. Details of the license/registration with the Medical Council/State Board for practicing in the concerned specialty in your country alongwith documentary proof.

20. **DETAILS OF APPLICATION FEE**

A) DEMAND DRAFT NO. DATED :-

B) AMOUNT (IN RUPEES)

C) NAME & ADDRESS OF ISSUING BANK

DECLARATION

I SOLEMNLY AFFIRM & DECLARE THAT THE ABOVE ENTRIES MADE BY ME ARE CORRECT.

DATE: SIGNATURE OF THE APPLICANT

PLACE:

***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.

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NAME OF APPLICANT ……

NON-ATTESTED PHOTOGRAPH

SPECIMEN SIGNATURE OF THE APPLICANT

Colour Photograph

(Signature of the Candidate)

Colour Photograph

(Signature of the Candidate)

INSTRUCTIONS

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

a) AN ATTESTED COPY OF THE DEGREES/DIPLOMAS OR PROVISIONAL CERTIFICATE OF POSTGRADUATE QUALIFICATION ISSUED BY THE PRINCIPAL/DEAN OF THE COLLEGE OR UNIVERSITY CONCERNED, AS SHOWN AT SR. '10' OF THE APPLICATION FORM.

b) A COPY OF PERMANENT REIGISTRATION CERTIFICATE ISSUED BY THE MCI/ STATE MEDICAL COUNCIL.

c) TWO RECENT (WITHIN SIX MONTHS) PASSPORT SIZE COLOUR PHOTOGRAPHS FRONT VIEW & TWO ADHESIVE SLIPS WITH SIGNATURE.

d) **BANK DRAFT (NON-REFUNDABLE) OF RS. 10000/- (Rupees Ten Thousand Only) + 18% GST FOR EACH ADDITIONAL QUALIFICATION** IN FAVOUR OF "THE SECRETARY, MEDICAL COUNCIL OF INDIA, NEW DELHI", PAYABLE AT NEW DELHI. ON REVERSE OF THE DRAFT, FOLLOWING DETAILS TO BE FILLED BY THE APPLICANT AND DULY SIGNED: -

i. Name

ii. Father's Name

iii. Purpose for which the draft submitted

iv. Telephone No with Code/Mobile No.

2. THE CERTIFICATE WILL BE ISSUED ONLY TO THOSE WHO POSSESS A REGISTRABLE BASIC MEDICAL QUALIFICATION WITH THE MEDICAL COUNCIL OF INDIA/STATE MEDICAL COUNCIL AND SUBSEQUENTLY HAVE OBTAINED RECOGNIZED POSTGRADUATE MEDICAL QUALIFICATION(S) AS PER THE PROVISIONS OF THE I.M.C. ACT, 1956.

3. PUBLIC DEALING TIMINGS ARE BETWEEN 11.00 AM TO 1.00 PM, MONDAY TO FRIDAY. NO APPLICATION WILL BE ENTERTAINED THEREAFTER.

4. APPLICANT IS ADVISED TO RETAIN COPY OF HIS/HER APPLICATION AND DRAFT FOR FUTURE REFERENCE

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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. Bank Draft: ……	Yes	No
2. Application form ……	Yes	No
3. Copy of permanent registration for MBBS or equivalent Qualification with the Medical Council of India/State Medical Council	Yes	No
4. Copy of PG Degree/Diploma certificate from College/University	Yes	No
5. Copy of AADHAR/PAN Card	Yes	No
6. Copy of Passport **(Mandatory)**	Yes	No
7. Copy of Registration/license issued by the concerned Medical Council indicating that the respective qualification is included In the specialist Register for practicing in that country **(Mandatory)**	Yes	No
8. Copy of all academic qualifications/certificates of completion of Training in the concerned specialty/certificates of Residency Programme issued the concerned Medical College/University **(Mandatory)**	Yes	No
9. Copy of certificate of Good Standing if any	Yes	No
10. Two Color photograph with front view	Yes	No
11. Two Signature Self adhesive slips	Yes	No
12. Any other documents (please specify)	Yes	No
13 . Proof of postgraduate training/residency etc. in the concerned specialty.	Yes	No
14. Proof of passing the examination of the concerned Board/University for the qualification which is to be registered.	Yes	No
15. Proof of registration/license of the respective qualification(s) with the licensing board/medical council in which country such postgraduate qualification has been awarded.	Yes	No

Signature _____

Dated _____

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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 consideration of Additional Qualification Registration Certificate u/s 26(1) of IMC Act,1956.

OFFICIAL SEAL

Signature of Receiving Official

with date