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 GRANT OF TEMPORARY PERMISSION U/S 14(1) OF THE INDIAN MEDICAL COUNCIL ACT, 1956 TO FOREIGN NATIONAL HOLDING NON-SCHEDULE MEDICAL QUALIFICATION FOR THE PURPOSES OF TEACHING, RESEARCH OR PRACTICE MEDICINE IN INDIA ON SHORT TERM BASIS.

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

Application for Temporary Permission:

1.	NAME OF THE APPLICANT (IN BLOCK LETTERS)	
2.	FATHER'S NAME (IN BLOCK LETTERS)	
3.	PRESENT CORRESPONDENCE ADDRESS	
4.	PHONE, FAX NO. & E-MAIL ADDRESS	
5.	DATE OF BIRTH & NATIONALITY	
6.	NAME OF THE MEDICAL DEGREE/DIPLOMA OBTAINED AND UNIVERSITY WITH THE MONTH AND YEAR OF PASSING THE QUALIFICATION.	
7.	WHETHER PREVIOUSLY VISITED IN INDIA IF SO, DATE, PERIOD AND PLACE OF PREVIOUS	
8.	REGISTRATION PARTICULARS:- (a) ARE YOU REGISTERED IN ANY OTHER FOREIGN COUNTRY? IF SO, GIVE NAME OF THE BODY WITH WHICH REGISTERED AND THE NUMER AND DATE OF REGISTRATION.	
	(b) ARE YOU REGISTERED AS A MEDICAL	

	PRACTITIONER IN YOUR OWN COUNTRY? IF SO PROVIDE THE NAME OF THE BODY WITH WHICH REGISTERED WITH THE REGISTRATION/LICENSE NUMBER AND DATE.	
	(c) WHETHER THE REGISTRATION/ LICENSE IS RENEWABLE OR PERMANENT.	
9.	NAME OF THE HOSPITAL/INSTITUTE IN INDIA WITH COMPLETE ADDRESS FOR THE PURPOSES OF TEACHING/ RESEARCH/PRACTICE MEDICINE.	
10.	PROPOSED DATE OF TRAINING/ RESEARECH/PRACTICE MEDICINE	
11.	NAME OF THE PERSON IN THE INSTITUTION/HOSPITAL IN INDIA WHO WILL BE RESPONSIBLE FOR THE LEGAL ISSUES REGARDING THE PATIENT CARE PROVIDED BY THE DOCTOR CONCERNED.	
12.	IS THE EMPLOYMENT IS TEMPORARY OR PERMANENT OR FOR A LIMITED PERIOD PLEASE SPECIFY.	
13.	<u>DETAILS OF FEES</u>: AMOUNT IN INR:	<u>DETAILS OF DEMAND DRAF</u> (a) NAME & ADDRESS OF ISSUING BANK .... (b) DEMAND DRAFT NO. ……………………. (c) Date: …………………………….

SIGNATURE AND STAMP OF THE
HEAD OF THE INSTITUTE/HOSPITAL IN INDIA

SIGNATURE OF THE APPLICANT

DATE: _______________

PLACE: _______________

APPENDIX-I
INSTRUCTIONS

1. THE APPLICATION FORM SHOULD BE PROPERLY AND NEATLY FILLED IN BY THE APPLICANT AND SHOULD BE SUBMITTED ALONG WITH THE FOLLOWING DOCUMENTS IN 2 (TWO) SETS: -

   a) COPY OF CURRENT REGISTRATION CERTIFICATE IN YOUR OWN COUNTRY DULY ATTESTED. IN CASE, THE DOCUMENTS ARE IN LANGUAGE OTHER ENGLISH THEN TRUE COPY OF THE DOCUMENT(S) ALONGWITH AUTHENTICATED COPY OF THE SAME IN ENGLISH VERSION, BE ATTACHED WITH THE APPLICATION.

   b) A CERTIFICATE FROM THE HEAD OF THE INSTITUTION/HOSPITAL UNDER WHICH THE CANDIDATE IS EMPLOYED / TO BE EMPLOYED TO THE EFFECT THAT SERVICES RENDERED BY THE FOREIGNER ARE FOR THE PURPOSE OF TEACHING, RESEARCH OR PRACTICE MEDICINE IN INDIA AND NOT FOR PERSONAL GAIN.

   c) COPY OF PASSPORT DULY SELF ATTESTED.

   d) COPIES OF ALL DEGREE/DIPLOMA DULY SELF VERIFIED. IN CASE, THE DOCUMENTS ARE IN LANGUAGE OTHER ENGLISH THEN TRUE COPY OF THE DOCUMENT(S) ALONGWITH AUTHENTICATED COPY OF THE SAME IN ENGLISH VERSION, BE ATTACHED WITH THE APPLICATION.

   e) SPONSORSHIP/APPOINTMENT/ACCEPTANCE LETTER FROM THE INSTITUTE/HOSPITAL CONCERNED IN INDIA.

   f) NON REFUNDABLE APPLICATION FEE OF RS. 5000/- (RUPEES FIVE THOUSAND ONLY) + 18% GST BY A BANK DRAFT IN FAVOUR OF “THE SECRETARY, MEDICAL COUNCIL OF INDIA”, 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 **APPLICATION FOR TEMPORARY PERMISSION FOR FOREIGN NATIONALS FOR TRAINING/PRACTICE IN INDIA MUST BE RECEIVED THROUGH THE HOSPITAL/INSTITUTE IN INDIA ALONGWITH ALL DOCUMENTS AS MENTIONED ABOVE. NO DIRECT APPLICATION FROM THE FOREIGN NATIONALS WILL BE ENTERTAIED.**

   APPLICATION MUST BE RECEIVED IN THE COUNCIL OFFICE AT LEAST 2 MONTHS IN ADVANCE FROM THE SCHEDULED STARTING DATE OF TRAINING/PRACTICE IN A HOSPITAL/INSTITUTE IN INDIA.

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

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Form MCI-07 (A)

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 (Two sets)…………………………………………………………	Yes	No
3.	Copies of degree or diploma or certificate (Two sets) ……………………………	Yes	No
4.	Certificate of permanent Registration (Two sets) …………………………………	Yes	No
5.	Sponsorship/Appointment/Acceptance letter from the Hospital/Institution concerned in India (Two sets)……………………	Yes	No
6.	Copy of passport (Two sets)………………………………………………………….	Yes	No
7.	Admission letter from the college/hospital where the training Is to be scheduled…………………………………………………………..	Yes	No

Signature ______________________________

Dated _________________________________

Form MCI-07 (A)

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 Temporary Registration/Permission.

Signature of Receiving Official
with date