



RAJASTHAN MEDICAL COUNCIL

Sardar Patel Marg, C-Scheme, Jaipur-302001

Phone: 91-141-2225102 Website: <http://www.rmcjaipur.org>

APPLICATION FORM FOR PERMANENT REGISTRATION FOR INDIAN NATIONALS HAVING QUALIFIED FROM FOREIGN INSTITUTIONS

(Please read the instructions carefully before filling the form)

Provisional. Reg.No.....
(To be Fill by Applicant)

Reg. No.....Date.....
(For office Use)

To,
The Registrar
Rajasthan Medical Council,
Jaipur.

To affix recent photograph
Self-Attested
Size(3.5 cm X 2.5 Cm)

Sir/Madam

I.....have the honour to request
(Name of the applicant)

that my name be registered under the Rajasthan Medical Council Act,1952 and that I am furnishing all original certificates with **two set of photocopy** regarding my qualification issued by the concerned institution in original with its self-attested photo copy & Rs. 5000/- as D.D. Payable at Registrar, Rajasthan Medical Council, Jaipur is also enclosed.

When registered I Promise to abide by the rules & regulations framed or to be framed from time to time hereafter, by the Rajasthan Medical Council Act,1952 and under Indian Medical council Act, 1956. I will inform the Council if any change in my mailing address.

Yours faithfully

(Name & Signature of the Applicant)

FOR OFFICE USE ONLY

Form is complete & degree is registrable & no dues is outstanding.

May be registered

(Dealing clerk)

(Asstt. Registrar)

(Registrar)

Name of Dr.....

(1)Receipt No.& DateRs.....(2) Receipt No.& Date.....Rs.....

(PARTICULARS TO BE FILLED IN BY THE APPLICANT)

1. **Name (Surname First In Capital Letters)**
- (a) Nationality**
2. **S/o / D/o / W/o**
3. **Address (in capital letters)**
- (a) Permanent**
-
-
- (b) Professional & Present**
-
- (c) Phone No. With S.T.D. Code** (R).....(O)
- (M).....
- (d) E-mail**
4. **Date of Birth and Place**
5. **Recognized Medical Qualification**
- with Year**
6. **Name & Address of the**
- Institution from which the**
- qualification were obtained**
- with Degree/Diploma No. and Date**
7. **If already Registered**
- (a) Name of Council**
- with Reg. No. & date**
- (b) Qualification (with year)**
- in respect of which**
- applicant is registered**

8. **Marks of Identification**
9. **Name & Address of two persons** (a).....
of repute to whom
- reference could be made** (b).....
.....

10. **DETAILS OF EDUCATIONAL QUALIFICATIONS:-**

12 th CLASS/ Intermediate or 10+2	<ul style="list-style-type: none"> • Board Name & Address • Roll No..... • Date of Joining • Date of Passing • School Code No. 	Subjects	Marks Total	Marks obtained	%	Result Pass/Fail
		English				
		Physics				
		Chemistry				
		Biology				
		Grand TOTAL				

11. **PASSPORT DETAILS No.****Date & Place of issue**
- Address as on Passport
- (a) Date of leaving India.....
- (b) Date of returning to India.....

12. **DID YOU EVER CHANGE/LOSS THE PASSPORT – DUE TO ANY REASON:-** Yes No
- If yes, please give reason for change of passport
- Previous Passport No Date & Place of Issue
- Address on Previous Passport
- FIR Number in respect of lost Passport*

13. **SCREENING TEST PARTICULARS:**

- Date of Passing:.....Year.....
- Roll No.:.....
- Marks Obtained.....

14. **INTERNSHIP COMPLETION DETAILS**

- NAME OF COLLEGE.....
- PERIOD FROM.....TO.....

DATE:.....

PLACE:..... (Name and Signature of the Applicant)

CODE OF MEDICAL ETHICS

DECLARATION

I solemnly pledge myself to consecrate my life to service of humanity., Even under threat, I will not use my medical knowledge contrary to the laws of Humanity., I will maintain the utmost respect for human life from the time of conception., I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient., I will practise my profession with conscience and dignity., The health of my patient will be my first consideration., I will respect the secrets which are confined in me., I will give to my teachers the respect and gratitude which is their due., I will maintain by all means in my power, the honour and noble traditions of medical profession., I will treat my colleagues with all respect and dignity., I shall abide by the code of medical ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations 2002.

I make these promises solemnly , freely and upon my honour.

Place.....

Date.....

(Name & Signature of the Applicant)

(DECLARATION FOR FURNISHING (SELF-ATTESTED) IN LIEU OF ORIGINAL DEGREE) (to be applicable only for having provisional degree and passing certificate)

I, Dr.....S/o./D/o./W/O.....

resident of.....make the following statement on oath:-

1. That, I have passed the M.B.B.S./MD Physician examination from in the month of.....
2. That, I have completed my Internship training of one year from.....to.....at.....Hospital
3. That, I have not, as yet been awarded the Original M.B.B.S/ MD Physician Degree by the.....University.
4. That, I shall submit the Original M.B.B.S/ MD Physician Degree to the Registrar, Rajasthan Medical Council as soon as it is awarded me.
5. That the facts stated above are true and correct to the best of my knowledge and belief and nothing is concealed.

Place.....

Date.....

(Name & Signature of the Applicant)

DECLARATION GIVEN BY THE APPLICANT

I.....Son/Daughter/Wife of

Shri.....Date of Birth

Resident of.....

Here by Declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I am well aware of the fact that if the information given by me is proved false / not true, I will have to face the punishment as per the law. Also all the benefits availed by me shall be summarily withdrawn.

Place.....

Date.....

(Name & Signature of the Applicant)

Enclosures

1. "RMC" Original Provisional Registration Certificate
2. Original 12th Marksheet with self-attested two set of Photostat copy.
3. Original degree/diploma with self-attested two set of Photostat copy.
4. Original internship completion certificate, Issued by the College, with self-attested two set of photostat copy.
5. Original screening test result with self-attested two set of Photostat copy.
6. D.D. of Total Rs. 5000/- in favour of Registrar, Rajasthan Medical Council, Jaipur.
7. Two copies of passport size photograph one affixed on the Form & one spare without self attested.
8. Affidavit to submit for change of surname or change in marital status with marriage certificate if applicable & Fee of Rs. 100/- by D.D. (as per proforma given below).
9. Other state Original Registration Certificate with self attested two set of photostat copy thereof.
10. Please sign a specimen signature on paper size (4"x3") with black gel pen
11. Self-attested photocopy of any I.D. i.e. Driving Licence / Pan Card / Passport / Voter Id / Aadhar.
12. Copies of Marks-sheet of „MBBS/M.D Physician" Degree.
13. Eligibility Certificate issued to the Candidate by MCI for admission to Undergraduate Medical Course abroad.
14. Photocopy of all the pages of all the passports showing visa the date of emigration and immigration from and to Foreign country and India.
15. Original Provisional Registration Certificate *issued by MCI/any other State Medical Council*

Note

1. The applicant should collect registration and original documents from office by himself.
2. Forms are accepted between 10.30 A.M. to 3.00 P.M., Lunch hours 1.30 to 2.00 P.M. Cash/Cheques are not accepted.

PROFORMA FOR FURNISHING AFFIDAVIT FOR CHANGE OF SURNAME

(On Non Judicial Stamp Paper Rs. 10/-)

I, Dr.....S/o / D/o / W/o.....
aged.....by profession..... resident of
.....state the following facts on oath :-

1. I make oath and say that prior to my marriage on
with.....S/o
I used to write Dr. (Miss).....
and now I write Dr. (Mrs.).....
2. I make oath and say that Dr. (Miss).....and
Dr.(Mrs).....is one and the same lady.
3. I make oath and say that the facts state above are true & correct to the best of my knowledge and belief and Nothing has been
concealed.

Dated..... (Deponent)

OFFICE OF THE NOTARY PUBLIC

No..... Date.....

Time.....

Presented and sworn before me by the deponent. Dr.....Aged.....
years, resident ofwho admits solemnly the execution and the contents of
this affidavit to be true and correct.

The deponent is identified by.....who is personally known to me.

Signature of Notary Public with Seal

APPENDIX-I
INSTRUCTIONS

1. **ORIGINAL 10+2 MARKSHEET BY THE APPLICANTS IN CASE THEY HAVE QUALIFIED THEIR 10+2 EXAMINATION FROM THE EDUCATION BOARDS OF THE FOLLOWING STATES:**
 - a. (i) JAMMU & KASHMIR (iv) HARYANA
 - b. (ii) PUNJAB (v) RAJASTHAN
 - c. (iii) ANDHRA PRADESH (vi) KARNATAKA
 - d. (THE ORIGINALS ARE REQUIRED SINCE RESPECTIVE BOARDS CONFIRM THE AUTHENTICITY OF THE CERTIFICATES ONLY UPON SUBMISSION OF ORIGINAL DOCUMENTS)
2. **VERIFICATION FEE BY DEMAND DRAFT AS DETAILED BELOW BY THE CANDIDATES WHO HAVE QUALIFIED 10+2 EXAMINATIONS FROM THE EDUCATION BOARD OF THE FOLLOWING STATES AT THE TIME OF PROVISIONAL REGISTRATION ALONG WITH A XEROX COPY OF THE DRAFT:**
 - (a) JAMMU & KASHMIR - Rs.485/- in favour of CHAIRMAN J & K STATE BOARD OF SCHOOL EDUCATION, payable at J&K BANK REHARI COLONY JAMMU OR LALMANDI SRINAGAR.
 - (b) PUNJAB –Rs.600/- in favour of SECRETARY, PUNJAB SCHOOL EDUCATION BOARD, Payable at MOHALI/CHANDIGARH.
 - (c) ANDHRA PRADESH – Rs.100/- in favour of Secretary, B.I.E. , A.P. , Hyderabad.

- (d) ORISSA - Rs. 20/- in Favour of "FINANCE OFFICER, CHSE, ORISSA, BHUBANESHWAR", PAYABLE AT BHUBANESHWAR
- (e) GOA - Rs.100/- in favour of SECRETARY, GOA BOARD OF SECONDARY & HIGHER SECONDARY EDUCATION, ALTO-BETIM-GOA. PAYABLE AT GOA.
- (f) MAHARASHTRA - Rs.200/- in favour of DIVISIONAL SECRETARY, M.S. BOARD OF SECONDARY & HIGHER SECONDARY EDUCATION of respective DIVISIONAL BOARD (Rs.300 for Kolhapur Divisional Board).
- (g) GUJARAT –Rs.125/- in favour of SECRETARY, GUJARAT SEC. & HIGHER SEC. EDUCATION BOARD, Payable at GANDHINAGAR, GUJARAT.
- (h) RAJASTHAN –Rs.200/- in favour of BOARD OF SECONDARY EDUCATION RAJASTHAN, AJMER . PAYABLE AT AJMER. (Fees required for the students passed on or before 2000)
- (i) New Delhi –Rs.300/- in favour of COUNCIL FOR THE INDIAN SCHOOL CERTIFICATE EXAMINATIONS,, Payable at NEW DELHI
- (j) DHAKA BOARD, BANGLADESH – 25/- TK Per Document PAYABLE AT _____
- (k) JESSORE BOARD, BANGLADESH – 100/- TK Per Document PAYABLE AT _____
- (l) RAJSHAHI BOARD, BANGLADESH – 100/- TK Per Document PAYABLE AT _____
- (m) RAJSHAHI UNIVERSITY, BANGLADESH – US \$15/- Per Document PAYABLE AT _____
- (n) MEGHALAYA BOARD OF SCHOOL EDUCATION – Rs.200/- PAYABLE AT TURA
- (o) WESTBENGAL - Rs.100/- in favour of WEST BENGAL COUNCIL OF HIGHER SECONDARY EDUCATION PAYABLE AT KOLKATA
- (p) TAMIL NADU – Rs.50/- in favour of Director, Directorate of Govt. Exam, payable at Chennai (From Nationalized Bank.)
- (q) JHARKHAND – Rs.100/- in favour of Jharkhand Academic Council, Payable at Ranchi
- (r) CBSE BOARD AJMER –Rs.235/- in favour of SECRETARY CBSE, Ajmer Payable at Ajmer.
- (s) CBSE BOARD CHENNAI –Rs.240/- in favour of SECRETARY CBSE, Chennai Payable at Chennai.
- (t) CBSE DELHI – Rs.100/- in favour of SECRETARY CBSE , PAYABLE AT DELHI
- (u) CBSE GUWAHATI – Rs.200/- in favour of SECRETARY CBSE, PAYABLE AT GUWAHATI.
- (v) CBSE PANCHKULA – Rs. 100/- in favour of SECRETARY CBSE, PAYABLE AT PANCHKULA
- (w) CBSE ALLAHABAD – Rs. 130/- in favour of SECRETARY CBSE, PAYABLE AT ALLAHABAD
- (x) HIMACHAL PRADESH – Rs. 200/- in favour of Secretary, HIMACHAL PRADESH SCHOOL EDUCATION BOARD, DHARAMSHALA – 176700.
- (y) ASSAM - Rs. 100/- in favour of Secretary, AHSEC, Guwahati – 21, payable at Guwahati.

Note: If Roll Number starts with "1" to Ajmer, "2" to Panchkula , "3" to Guwahati, "4" to Chennai, "5" to Allahabad, "6" to Delhi in case of CBSE BOARD .