

**APPLICATION FORM**  
**For obtaining a certificate of Good Standing**

1. Name of the doctor (as given in the State Medical Register)
2. Present Address.
3. Qualifications.  
(Name of University with year)
4. Working Place :
5. Good Standing certificate required for which Purpose  
(Please mention Country Name)
6. Landline Telephone No. with STD Code :
7. E-mail :
8. Name of the college in which applicant studied and qualified from.
9. State Medical Council (s) with which registered.  
Registration No. (s) and date (s)
10. Places at which he had worked during the last five years, with full details (alongwith Landline Telephone No. with STD Code)  
(Please use separate sheet if space is not sufficient).
11. Two testimonial of character and conduct from persons of standing (in original) (alongwith E-mail & Landline Telephone No. with STD Code of the attesting authority)
12. Name, Registration No. and full address of two doctor's who personally know the applicant, to whom a reference can be made.  
(Regd. With Punjab Medical Council)  
(alongwith their E-mail & Landline Telephone No. with STD Code)
- 13.(a) Nationality : INDIAN / FOREIGN If Indian. Your Passport No . \_\_\_\_\_ Date of issue \_\_\_\_\_ valid upto \_\_\_\_\_ Place of issue \_\_\_\_\_ Mother's Name \_\_\_\_\_  
(b) If foreign : Name of Country \_\_\_\_\_ Date of issue \_\_\_\_\_ Place of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_ (Please note that practioners holding Foreign Passports will have to have additional OCI/PIO card) to be eligible for registrations.

All the information should be true & correct. A copy of attested document has to be enclosed alongwith main application.

Dated.....

**Signature of the Candidate**

**Recommendation of the State Medical Council.**

1. Certified that the particulars given above are correct to the best of my knowledge and according to the record available with me.
2. Certified that the doctor holds current registration with this Council and no disciplinary proceedings had been taken to were in progress against him/her on this date by this Council.

Dated, the .....

**Registrar,  
State Medical Council.**

**NOTE :** The certificate of Good Standing issued by the Medical Council of India will be valid up to six months from date of issue.

**SELF ATTESTED AFFIDAVIT**  
**FORM OF DECLARATION/ UNDERTAKING AS**  
**TERMS & CONDITIONS**

1. I solemnly pledge myself to consecrate my life to service of humanity.
2. Even under threat, I will not use my medical knowledge contrary to the laws of Humanity.
3. I will maintain the utmost respect for human life from the time of conception.
4. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
5. I will practice my profession with conscience and dignity.
6. The health of my patient will be my first consideration.
7. I will respect the secrets which are confined in me.
8. I will give to my teachers the respect and gratitude which is their due.
9. I will maintain by all means in my power, the honour and noble traditions of medical profession.
10. I will treat my colleagues with all respect and dignity.
11. I shall abide by the code of medical ethics as enunciated in the Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations 2002 & 2004.
12. I shall inform the Council in writing through Registered Post in case of change of my Address, Mobile Number & E-mail address.
13. I will not accept or give commissions or cuts for promoting my practice in any way.
14. I will not advertise in any way except as permitted under Medical Ethics regulation 2002 & 2004.
15. I also understand that in violation of ethics as well as all other condition provisions under the act. My registration can be suspended/ cancelled by council.
16. I am aware that I have to have Fifty Credit hours by way of CME/as per guidelines every five years for renewal of my registration.

**Self attested Verification :**

I agree to all the terms of Punjab Medical Council for the registration and agree to abide by that unconditionally.

Signature.....

(Self attested)

Name.....

Registration No. (PMC).....

Place.....

Address.....

SIGNED IN PRESCENCE OF WITNESS

Mobile No.....E Mail Id.....

Date.....

## CHECK LIST

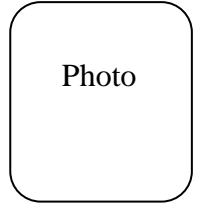
### DOCUMENT REQUIRED FOR GOOD STANDING/ VERIFICATION CERTIFICATE FROM PUNJAB MEDICAL COUNCIL

1. Application form alongwith request on plain paper (Mention for which purpose the GSC is required with name of Country)
2. Photostat Attested copy of Permanent Registration
3. Photostat Attested Copy of Additional Registration if any.
4. Photostat Attested Copy of Renewal Registration Certificate
5. Two testimonial character and conduct in original attested by the Member of Parliament/ MP/ MLA/ Magistrate/ Principal Medical College/ Gazetted Officer or from other persons of similar status (alongwith E-mail & Landline Telephone No. with STD Code of the attesting authority)
6. Photostat Attested copy of Passport (Complete with Blank Page) with stamp of immigration.
7. Attested Affidavit if candidate residing out of India (format enclosed)
8. The certificate of good standing valid up to six month from the date of issue.
9. **Fee Rs. 3100/- ( pay on line only)**

### DOCUMENT REQUIRED FOR GOOD STANDING CERTIFICATE FROM MCI

1. Application form alongwith request on plain paper (Mention for which purpose the GSC is required with name of Country))
  2. Application form download from MCI website i.e. [www.mciindia.org](http://www.mciindia.org) along with duplicate copy.
  3. Photostat Attested copy of Permanent Registration
  4. Photostat Attested Copy of Additional Registration if any.
  5. Photostat Attested Copy of Renewal Registration Certificate
  6. Two testimonial character and conduct in original attested by the Member of Parliament/ MP/ MLA/ Magistrate/ Principal Medical College/ Gazetted Officer or from other persons of similar status (alongwith E-mail & Landline Telephone No. with STD Code of the attesting authority)
  7. Photostat Attested copy of Passport (Complete with Blank Page) with stamp of immigration.
  8. Self declaration (format enclosed )
  9. Attested Affidavit if candidate residing out of India (format enclosed )
  10. Good Standing Fee check from MCI website i.e. [www.mciindia.org](http://www.mciindia.org).
  11. The certificate of good standing valid up to six month from the date of issue.
  12. **Good Standing case forwarding charges Rs. 3100/- pay fee on line only.**
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**FORMAT OF SELF DECLARATION ( If submit personally)**  
**AFFIDAVIT (if submit by Post/ Out of India)**



I \_\_\_\_\_ S/o/D/o \_\_\_\_\_  
R/o \_\_\_\_\_ do hereby solemnly affirm  
and declare as under :-

1. That my Punjab Medical Council Registration No. is \_\_\_\_\_.
2. That I am not involving Moral Turpitude/Criminal Case nor any such case is pending against me in any court of law in India.
3. That the above given statement of my is correct & True.
4. That if at any later stage the above said statement is found to be false/incorrect the Good Standing Certificate being issued to me may be cancelled and I shall have no Objection to the same.

SIGNATURE OF DOCTOR \*

**VERIFICATION:-**

Verified that the above given contents of my this self declaration are correct & True to the best of my knowledge and belief and noting has been concerned therein

Place:

Date :

SIGNATURE OF DOCTOR \*

- \* **If in India and submitted personally then Signature in presence of President, Registrar, O.S.D. or Superintendent Punjab Medical Council.**
- \* **If submit by post then attested by Notary.**
- \* **If out of India then attested from notary of concerned Country.**

**INFORMATION FOR OBTAINING GOOD STANDING CERTIFICATE**

1.	Purpose for which certificate is required?	
2.	Have you ever been issued Good Standing Certificate before, If yes, then provide details.	
3.	When did you or you plan to leave the Country and on which visa (Attach copy of Visa) If already in abroad then specify the date of leave India.	
4.	Whenever you Visit/Come to State of Punjab again then inform Punjab Medical Council promptly.	

**Signature of the Candidate**

**Self Attested Affidavit by any Registered Practitioner for Good Standing Certificate**

I, Dr. \_\_\_\_\_ S/W/D/o \_\_\_\_\_ with Punjab Medical Council registered number \_\_\_\_\_ And PMC registered address do hereby solemnly affirm and pledge that.

1. That My Present address of residence and work is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. That I require Good Standing Certificate for the purpose of overseas/within country outside Punjab for employment / studies. Please specify.

3. That I am aware that three months of issuance this certificate if I don't use this certificate I shall surrender the original certificate to Punjab Medical Council.

4. That I am aware that after issuance of this certificate after three months Punjab Medical Council will be authorized to erase my name from Medical register which can be renewed if and when want to restart my job or Practice in state of Punjab after due procedure.

5. That I am aware If any information given in my application is found to incorrect or wrong I shall be liable for all necessary legal obligations and actions including cancellation of Good standing Certificate.

Deponent

**Verification.**

That the contents of my affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Deponent.