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APPLICATION FOR PROVISIONAL REGISTRATION

To

The Registrar,
Punjab Medical Council,
Sikhya Bhavan E Block 7th floor,
Phase-8, Mohali

I request that my name may be provisionally registered under section 25 of the Indian Medical Council Act, 1956.

The certificate of having passed the M.B.B.S. Examination of …………… University is sent herewith in original alongwith photograph attested copy of following documents :

1. Matric Certificate in support of Date of Birth.
2. Detail Mark Card of 10+2 certificate.
3. Ist, IInd, IIIrd Prof. Part-I & Part-II Certificate.
5. One Passport size photograph attested by the Principal Medical College or Ist Class Magistrate.
6. Residence proof / Adhar Card.
7. Fee Rs.2000/- by way of Bank Draft only in favour of Registrar Punjab Medical Council Payable at Mohali
   Bank Draft No. ........................................ Dated ....................................
8. Self declaration if graduate out of Punjab

FULL PARTICULARS

Male/Female

1. Applicant’s name in full :
2. Father’s Name :
3. Full Permanent Address :
5. E-mail.
6. Date of Birth :
7. Medical Qualification of which Provisional Registration is required with name of Medical College & University.
8. Date of passing the final MBBS Examination:
9. Date of joining approved Hospital for internship:
10. Name of Hospital :
11. Date by which internship would be completed.

Dated…………… Signature

FOR OFFICE USE ONLY

Registration No…………… Dated…………20
B.D. Receipt No…………… 2 Dated…………20
Despatch No…………… Dated…………20

Photograph attested by the Principal Medical College or Ist Class Magistrate
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 practise 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 care 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.
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…………………..………..

Mobile No……..E Mail Id…………..
Date……………………………..

Signed in presence of Witness
DOCUMENT REQUIRED FOR PROVISIONAL REGISTRATION

PHOTOSTAT ATTESTED COPY OF FOLLOWING DOCUMENTS:

1. Matric Certificate in support of Date of Birth (Board)
2. 10+2 Detail Mark Card.
3. Ist, IInd, IIIrd Prof. Part-I, & Part II Certificate.
5. One Passport size photograph attested by the Principal Medical College or Ist Class Magistrate.
6. Domicile if Graduate out of State.
7. Registration Fee Rs. 2000/- by way of Bank Draft only in favour of Registrar, Punjab Medical Council, Mohali, Payable at Mohali.
8. Self declaration if graduate out of Punjab (as per Format)
9. Screening test certificate if graduate out of India.
11. Application form duly filled by the candidate.

**FORMAT OF SELF DECLARATION**

<table>
<thead>
<tr>
<th>R/o</th>
<th>S/o / D/o</th>
<th>do hereby solemnly affirm and declare as under :-</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1. That I have passed M.B.B.S. Ist Prof from ___________under Roll No. __________, held in __________, 2nd Prof. __________ from Roll No. __________, held in __________, 3rd Prof. __________, held in __________, 2nd Prof. __________ from Roll No. __________, held in __________, 3rd Prof. __________, held in __________.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. That I have applied for Provisional Registration with the Punjab Medical Council.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. That I have not been Provisionally Registered with Medical Council of India or Medical Council of any State till date.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. That I do hereby undertake that, in future, or any stage, any complaint or guilty is proved against me regarding geniuses or my M.B.B.S. certificate. The Punjab Medical Council can cancel my Provisional Registration.</td>
</tr>
</tbody>
</table>

SIGNATURE OF DOCTOR *

**VERIFICATION:-**

Verified that above statement of mine is true and correct to the best of my knowledge and nothing has been concealed therein.

Place :
Date :

SIGNATURE OF DOCTOR *

* Signature in presence of President, Registrar or Superintendent Punjab Medical Council
I ________________ S/o / D/o ______________
R/o ____________________________________________________________________________
do hereby solemnly affirm and declare as under :-

1. That I have passed M.B.B.S. Ist Prof from _______________ under Roll No.____________, held in________________, 2nd Prof._____________ from under Roll No.____________, held in ________________, 3rd Prof.________________, under Roll No., held in _______________.

2. That I have applied for Provisional Registration with the Punjab Medical Council.

3. That I have not been Provisionally Registered with Medical Council of India or Medical Council of any State till date.

4. That I do hereby undertake that, in future, or any stage, any complaint or guilty is proved against me regarding geniuses or my M.B.B.S. certificate. The Punjab Medical Council can cancel my Provisional Registration.

SIGNATURE OF DOCTOR *

VERIFICATION:-

Verified that above statement of mine is true and correct to the best of my knowledge and nothing has been concealed therein.
Place : 
Date : 

SIGNATURE OF DOCTOR *

* Signature in presence of President, Registrar or Superintendent Punjab Medical Council
APPLICATION FORM FOR PERMANENT REGISTRATION

Name: ____________________________________________

Father’s Name: ______________________________________

Working places: _______________________________________

Permanent Address: _______________________________________

Mobile No.: ____________________________________________

E-mail: ________________________________________________

To

The Registrar, Punjab Medical Council,
Sikhya Bhavan E block 7th floor, Phase-8, Mohali.

Sir,

1. I have to request that my name be registered under the Punjab Medical Registration Act II.of 1916 and that I may be furnished with a certificate of registration.

2. The information necessary for registration is specified on the reverse.

3. Photostat attested copies alongwith original certificates of the following are enclosed herewith:
   - The original certificate may please be returned when no longer required.
   1. Matric Certificate (Board) in support of date of birth ………………
   2. 10+2 Detail Mark Card ………………………………………
   3. Ist, IInd & Final Prof Detail Marks…………………………
   4. Attempt Certificate,…………………………………………
   5. Internship Completion Certificate…………………………
   6. Two Coloured non-attested Photograph ……………………..
   7. Provisional Registration Certificate in original………………
   8. Residence proof ……………………………………………
   9. Domicile if out of Punjab……………………………………
   10. Self declaration if graduate out of Punjab…………………..
   11. Screening Test Certificate if graduate out of India………
   12. One file cover………………………………………………
   13. Bank Draft No. ……………………. Dated …………………

* Personal appearance must.

Dated__________________________  Signature of Applicant

FOR OFFICE USE ONLY

Registration No. ___________  Dated ___________20
B.D. Receipt No._______________  Dated ___________20
Despatch No._________________  Dated ___________20
PARTICULARS

1. Applicant’s name in full

2. Father’s Name

3. Mother’s Name

4. Date of Birth

5. Name of the Medical College
   in which undergone training.

6. Medical Qualification of which
   registration is required

7. University or other institution
   from which obtained.

8. Year of degree

9. Provisional Registration No.

10. Screening Test Roll No.
    Date of Passing

11. Any remarks

Any matter or incident reflecting adversely upon the applicant’s previous character and conduct.

Date___________    Signature of Applicant
SELF ATTESTED AFFIDAVIT
FORM OF DECLARATION/ UNDERTAKING AS TERMS & CONDITIONS

17. I solemnly pledge myself to consecrate my life to service of humanity.
18. Even under threat, I will not use my medical knowledge contrary to the laws of Humanity.
19. I will maintain the utmost respect for human life from the time of conception.
20. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
21. I will practise my profession with conscience and dignity.
22. The health of my patient will be my first consideration.
23. I will respect the secrets which are confined in me.
24. I will give to my teachers the respect and gratitude which is their due.
25. I will maintain by all means in my power, the honour and noble traditions of medical profession.
26. I will treat my colleagues with all respect and dignity.
27. I shall abide by the code of medical ethics as enunciated in the Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations 2002 & 2004.
28. I shall inform the Council in writing through Registered Post in care of change of my Address, Mobile Number & E-mail address.
29. I will not accept or give commissions or cuts for promoting my practice in any way.
30. I will NOT advertise in any way except as permitted under Medical Ethics regulation 2002 & 2004.
31. 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.
32. 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……………………………..….
Place………………………
Address……………………….…….

Mobile No……..E Mail Id………….
Date………………………..………...

SIGNED IN PRESCENCE OF WITNESS
DOCUMENT REQUIRED FOR PERMANENT REGISTRATION

PHOTOSTAT ATTESTED COPY OF FOLLOWING DOCUMENTS :
1. Matric Certificate (Board) in support of date of birth
2. 10+2 Detail Mark Card
3. Ist, IInd , IIInd Prof. Part-I, & Part II Certificate
4. Attempt Certificate
5. Internship Completion Certificate
6. One Passport size photograph attested by the Principal Medical College or Ist Class Magistrate.
7. Two same print Coloured Non-attested Photograph
8. One same print Coloured Non Attested Stamp Size Photograph.
9. Provisional Registration Certificate in original
10. Residence proof.
11. Domicile if Graduate out of Punjab
12. Self declaration if graduate out of Punjab (as per Format)
13. Screening test certificate if graduate out of India
14. One file cover
15. If Registered provisionally from Punjab Medical Council, Registration Fee Rs. 3000/- by way of Bank Draft only in favour of Registrar, Punjab Medical Council, Mohali, Payable at Mohali
16. If Registered provisionally out of state fee Rs. 5000/- by way of Bank Draft only in favour of Registrar, Punjab Medical Council, Mohali, Payable at Mohali
17. Late fee if applied after one year of completion of internship Rs. 1000/- per year by way of bank draft only in favour of Registrar, Punjab Medical Council, Mohali
18. Application form duly filled by the candidate
19. ACLS/BCLS Certificate.

* Personal Appearance must

<table>
<thead>
<tr>
<th>FORMAT OF SELF DECLARATION IF GRADUATE OUT OF PUNJAB.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I___________________________________ S/o / D/o _____________________________</td>
</tr>
<tr>
<td>R/o__________________________________________________________________</td>
</tr>
<tr>
<td>I hereby solemnly affirm and declare as under :-</td>
</tr>
<tr>
<td>1. That I have passed M.B.B.S. Ist Prof from <em><strong><em><strong><strong><strong><strong><strong>under Roll No._____________, held in</strong></strong></strong></strong></strong></em>. 2nd Prof.</strong></em>______ from under Roll No._____<strong><strong>, held in ___________<strong>3rd Prof.</strong></strong><em><strong><strong><strong><strong><strong>, under Roll No., held in</strong></strong>_________________. I have also completed Internship from Medical College</strong></strong></strong></em></strong>_______.</td>
</tr>
<tr>
<td>2. That I have applied for Permanent Registration with the Punjab Medical Council.</td>
</tr>
<tr>
<td>3. That I have not been Permanent Registered with Medical Council of India or Medical Council of any State till date.</td>
</tr>
<tr>
<td>4. That I do hereby undertake that, in future, or any stage, any complaint or guilty is proved against me regarding geniuses or my M.B.B.S. certificate and Internship Completion Certificate. The Punjab Medical Council can cancel my Permanent Registration.</td>
</tr>
</tbody>
</table>

SIGNATURE OF DOCTOR *

VERIFICATION:-
Verified that above statement of mine is true and correct to the best of my knowledge and nothing has been concealed therein.

Place : Signature of Doctor *
Date : Signature of Doctor *

* Signature in presence of President, Registrar or Superintendent Punjab Medical Council
Format of self declaration :- Reason of delay for Permanent Registration

I________________________ S/o / D/o__________________________
R/o__________________________________________________________________do hereby solemnly affirm
and declare as under :-

1. That I have passed M.B.B.S. Ist Prof from _____________________ under
   Roll No._____________, held in__________, 2nd Prof.________________ from
   under Roll No._________________, held in ________________ 3rd part-1 & part-2
   Prof.________________, under Roll No., held in ________________. I have also completed
   Internship from ________________________________Medical
   College__________________.

2. That I have applied for Permanent Registration with Punjab Medical Council.

3. That I have not been Permanently Registration with Medical Council of India or Medical Council of any
   State till date.

4. That there has been delay in getting the registration done due to (Reason of
   Delay)____________________________________________________________________________________
   and did not undertake any unethical practice during the period _______________________________.

5. That I do hereby undertake that, in future or at any stage any complaint or guilty is proved against me
   regarding genuine of my M.B.B.S. Certificate & Internship Completion Certificate. The Punjab Medical
   Council can cancel my Permanent Registration.

SIGNATURE OF DOCTOR *

VERIFICATION:-

Verified that above statement of mine is true and correct to the best of my
knowledge and nothing has been concealed therein.

Place: ________________________________
Date : ________________________________

*Signature in presence of President, Registrar or Superintendent Punjab Medical
Council)
REGISTRATION TRANSFER APPLICATION FORM

Name: _______________________________________

Father’s Name: _____________________________________

Working Places: ______________________________________

Permanent Address: ________________________________

Mobile No.: ______________________________________

Email: __________________________________________

To

The Registrar, Punjab Medical Council,
Sikhya Bhavan E Block 7th floor, Phase-8, Mohali.

Sir,

1. I have to request that my name be registered under the Punjab Medical Registration Act II, of 1916 and that I may be furnished with a certificate of registration.

2. The information necessary for registration is specified on the reverse.

3. Photostat attested copies alongwith original certificates of the following are enclosed herewith:

   1. Attested copy of Matric Certificate/Municipal Committee Birth Certificate/Pan Card, etc.
   2. Photostat attested copy of degree
   3. Photostat attestedDetailed marks sheet (Foreign Graduates)
   4. Photostat attested copy of internship completion
   5. Photostat attested copy of Permanent registration certificate
   6. Photostat attested copy of Residence proof
   7. Screening Test Certificate if graduate out of India
   8. NOC in Original from State Medical Council
   9. One file cover
   10. Bank Draft No. Dated

* Personal appearance must.

FOR OFFICE USE ONLY

Registration No. Dated ___________ 20

B.D. Receipt No. Dated ___________ 20

Despatch No. Dated ___________ 20

Signature of Applicant

Dated ___________
<table>
<thead>
<tr>
<th>PARTICULARS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Applicant’s name in full</td>
<td>____________________________________________________________________</td>
</tr>
<tr>
<td>2. Father’s Name</td>
<td>____________________________________________________________________</td>
</tr>
<tr>
<td>3. Date of Birth</td>
<td>____________________________________________________________________</td>
</tr>
<tr>
<td>4. Name of the Medical College</td>
<td>____________________________________________________________________</td>
</tr>
<tr>
<td>in which undergone training.</td>
<td>____________________________________________________________________</td>
</tr>
<tr>
<td>5. Medical Qualification of which Registration is required</td>
<td>____________________________________________________________________</td>
</tr>
<tr>
<td>6. University or other institution from which obtained.</td>
<td>____________________________________________________________________</td>
</tr>
<tr>
<td>7. Year of degree</td>
<td>____________________________________________________________________</td>
</tr>
<tr>
<td>8. Permanent Registration No.</td>
<td>____________________________________________________________________</td>
</tr>
<tr>
<td>9. Screening test Roll No. &amp; Date of Passing</td>
<td>____________________________________________________________________</td>
</tr>
<tr>
<td>10. Purpose of Registration</td>
<td>____________________________________________________________________</td>
</tr>
<tr>
<td>11. Any remarks</td>
<td>____________________________________________________________________</td>
</tr>
</tbody>
</table>

Any matter or incident reflecting adversely upon the applicant’s previous character and conduct.

Date________ Signature of Applicant
SELF ATTESTED AFFIDAVIT
FORM OF DECLARATION/ UNDERTAKING AS TERMS & CONDITIONS

33. I solemnly pledge myself to consecrate my life to service of humanity.
34. Even under threat, I will not use my medical knowledge contrary to the laws of Humanity.
35. I will maintain the utmost respect for human life from the time of conception.
36. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
37. I will practise my profession with conscience and dignity.
38. The health of my patient will be my first consideration.
39. I will respect the secrets which are confined in me.
40. I will give to my teachers the respect and gratitude which is their due.
41. I will maintain by all means in my power, the honour and noble traditions of medical profession.
42. I will treat my colleagues with all respect and dignity.
43. I shall abide by the code of medical ethics as enunciated in the Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations 2002 & 2004.
44. I shall inform the Council in writing through Registered Post in care of change of my Address, Mobile Number & E-mail address.
45. I will not accept or give commissions or cuts for promoting my practice in any way.
46. I will NOT advertise in any way except as permitted under Medical Ethics regulation 2002 & 2004.
47. 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.
48. 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………………………….
Mobile No……..E Mail Id…………..
Date………………………..………..

SIGNED IN PRESCENCE OF WITNESS
DOCUMENT REQUIRED FOR REGISTRATION TRANSFER

PHOTOSTAT ATTESTED COPY OF FOLLOWING DOCUMENTS :
1. Proof of Date of Birth:- Matric Certificate/ Municipal Committee Birth Certificate/ PAN Card etc.
2. Photostat attested copy of degree.
3. Internship Completion Certificate
4. Photostat attested Detailed marks sheet (Foreign Graduates)
5. One Passport size photograph attested by the Principal Medical College or Ist Class Magistrate.
6. Two same print Coloured Non-attested Photograph
7. One same print Coloured Non Attested Stamp Size Photograph
8. Photostat attested copy of Permanent Registration Certificate.
9. Screening test pass certificate in graduate out of India.
10. Application form duly filled by the candidate
11. One file cover
12. Residence Proof.
13. NOC if registered in other State Medical Council.
14. Registration Fee Rs. 3000/- by way of Bank Draft only in favour of Registrar, Punjab Medical Council, Mohali, Payable at Mohali
15. **Personal Appearance must**
ADDITIONAL QUALIFICATION REGISTRATION
APPLICATION FORM

1. Name of the Doctor ..................................................
   (In Block Letters)

2. Father’s Name ........................................................

3. Working Places ......................................................
   .................................................................

Telephone No./Mobile No. .................................

E-Mail : .................................................................

4. Permanent Address ................................................
   & Telephone No. ..................................................

5. Correspondence Address ...........................................

5. Permanent Registration No. & Dates...........................

6. Attested copy of Recognised Qualification with name of
   University & year of obtaining ..................................
   the same.

7. What is your Nationality …INDIAN/FOREIGN ?
   IF INDIAN. Your passport number if any. Date of issue ...........Valid
   Upto .............................................................. place of Issue. Name of your Mother
   .............................................................................

8. …...if Foreign(a)Name of Country. Date of issue ........ place of issue ...........
   Date of Expiry (please note that practitioners 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
Along with the main application

Date........................... Signature of
the candidate..............

FOR OFFICE USE ONLY

Registration No. ............... Dated .................20
B.D. Receipt No............... Dated .................20
Dispatch No. ................. Dated .................20
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 care 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.
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…………………………

Mobile No……..E Mail Id………..
Date…………………………
Specimen Signature & Photo Attested by the Member
Punjab medical Council/ Principal Medical College or Civil Surgeon.

Signature should be attested by the Member
Punjab medical Council/ Principal Medical College
Or Civil Surgeon.

Check List for Additional Qualification

1. Form of self declaration in original
2. Self Attested Copy of Recognized qualification Postgraduate Degree/Diploma.
3. Self Attested Copy of Permanent Registration Certificate
4. Self Attested Copy of Renewal Registration Certificate.
5. Specimen Signature
6. One photo attested by gazetted officer
7. 2 Same print non-attested photograph.
8. Self Attested copy of complete passport .If don’t have passport then Self Attested copy
   of current Residence Proof
9. Personal Appearance Not mandatory
10. Fee Should be in the way of draft in favour of Registrar Punjab Medical Council
    Rs. 2000 Per qualification.
APPLICATION FORM FOR RENEWAL OF REGISTRATION
& 2nd OR SUBSEQUENT RENEWAL OF REGISTRATION

To

The Registrar,
Punjab Medical Council.
Mohali

Sir,

I am registered with Punjab Medical Council vide Regd. No.___________ dated___________ It is requested that my registration may please be renewed for the period of 5 years. The information necessary for registration is specified below :-

PARTICULARS

3. Applicant’s name in full

4. Father’s Name

3. Date of Birth

10. Working Place

5. Permanent Address

6. Correspondence Address

6 Mobile No.

7 E-mail.

8 Qualification

(along with Name of Medical College & University)

9 Permanent Registration No.

10 What is your Nationality…INDIAN/FOREIGN ?

IF INDIAN. Your passport number if any. Date of issue………………..Valid Upto…………………………place of Issue. Name of your Mother ……………………………………………………………………….

11 …. if Foreign.(a)Name of Country. Date of issue…………place of issue……………….

Date of Expiry .(please note that practitioners 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 along with main application.

Any remarks

Bank Draft No. …………………. Dated ……………… Amount……………………

Date __________ Signature of Applicant

FOR OFFICE USE ONLY

Registration No. __________ Dated _______ 20

B.D. Receipt No. __________ Dated _______ 20

Dispatch No. __________ Dated _______ 20

All formalities completed. May renew his/her Name.

Superintendent

Submitted for approval & signature.

Registrar
SELFF ATTESTED AFFIDAVIT
FORM OF DECLARATION/ UNDERTAKING AS
TERMS & CONDITIONS

49. I solemnly pledge myself to consecrate my life to service of humanity.
50. Even under threat, I will not use my medical knowledge contrary to the laws of Humanity.
51. I will maintain the utmost respect for human life from the time of conception.
52. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
53. I will practice my profession with conscience and dignity.
54. The health of my patient will be my first consideration.
55. I will respect the secrets which are confined in me.
56. I will give to my teachers the respect and gratitude which is their due.
57. I will maintain by all means in my power, the honour and noble traditions of medical profession.
58. I will treat my colleagues with all respect and dignity.
59. I shall abide by the code of medical ethics as enunciated in the Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations 2002 & 2004.
60. I shall inform the Council in writing through Registered Post in case of change of my Address, Mobile Number & E-mail address.
61. I will not accept or give commissions or cuts for promoting my practice in any way.
62. I will not advertise in any way except as permitted under Medical Ethics regulation 2002 & 2004.
63. 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.
64. 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.

Name……………………………..
Registration No. (PMC)……………
Place……………………………..
Address……………………………..
Mobile No.,……E Mail Id…………..
Date……………………………..

Signature…………………………
(Self attested)

SIGNED IN PRESCENCE OF WITNESS
Check List for Renewal Registration

1. Form of self declaration in original
2. Self Attested Copy of Permanent Registration Certificate
3. Self Attested Copy of Additional Qualification Registration Certificate if any
4. Renewal Registration Certificate in Original for 2\textsuperscript{nd} or subsequent Renewal
5. One photo attested by Gazetted officer
6. 2 same print non-attested photograph.
7. Self Attested copy of complete passport. If don’t have passport then Self Attested copy of current Residence Proof
8. Self Attested copies of 50CME Hours along with index or undertaking for one year Renewal if don’t have CME Hours.
9. Form of self declaration for gap in original (2) (if applying after Grace Period of 2 months)
10. Personal Appearance Not Mandatory
11. Fee Should be in the way of Draft in favour of Registrar Punjab Medical Council
    Fee Rs :-
    2000(If On Time Or with in grace period)
    3000(If after grace period of two month)
    7000(If Registered before 2008 and never renewed Registration)
FORMAT OF AFFIDAVIT/ SELF DECLARATION FOR RENEWAL REGISTRATION (FOR GAP)

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 my Registration was valid till ___________ but I had applied for Renewal Registration on___________.

3. That there is total gap of_____ Year_____ Month &______Days till when I applied for renewal of my registration.

4. That I am not involving in any complaint, Moral Turpitude/Criminal Case nor any such case is pending against me in any court of law in India.

5. That I was not involved in any unethical practice.

6. That the above given statement of my is correct & True.

7. That if at any later stage the above said statement is found to be false/ incorrect the Renewal Registration 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
NOC Check List

1. Application on Plain Paper (Mention the Council name you want to go)
2. One Attested photo by any Gusseted officer
3. All certificate Surrender in office that are issued by the Punjab Medical Council.
4. Self Declaration for unethical complaint against you.
5. Rs. 5000 By the way of draft in favor Registrar, Punjab Medical Council, Payable at Mohali
APPLICATION FORM FOR DUPLICATE PROVISIONAL/PERMANENT/ADDITIONAL REGISTRATION CERTIFICATE

To

The Registrar,
Punjab Medical Council
SCO No. 25, Phase-I, Mohali.

Sir,

I am enclosing herewith a copy of F.I.R., Self declaration alongwith 2 colour Passport Size Photograph 1 attested by the Magistrate. You are requested to please issue me Duplicate Provisional/ Permanent /Additional Registration Certificate. My registration particular is as under:

1. Name (in block letters) ________________________________________
2. Father’s Name ________________________________________________
3. Qualification __________________________________________________
4. Regn. No. _____________________________________________________
5. Date of Registration _____________________________________________
6. Address ________________________________________________________

7. Working Places
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

Mobile No./ _______________________________________________________

E-Mail : __________________________________________________________

8. Bank Draft No. & Dated __________________________________________

I hereby undertake that if the said lost certificate of Registration in traced out at a time I shall surrender the same to your office.

Date _______________  Signature of Applicant __________________________

FOR OFFICE USE ONLY

Registration No. ___________ Dated __________ 20
B.D. Receipt No.___________ Dated __________ 20
Dispatch No. _____________ Dated __________ 20
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 practise 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 care 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.
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…………………………….
1. Self declaration (demand regarding duplicate registration certificate) (* Format attached)

2. Copy of F.I.R./DDR

3. 2 pass port size colour photograph one attested by the Magistrate/ Member Punjab Medical Council/ Principal Medical College/ Civil Surgeon.

4. Fee 2500/- by way of bank draft only in favour of Registrar, Punjab Medical Council, Mohali, Payable at Mohali.

**Format of self declaration :- For Duplicate Registration Certificate**

I___________________S/o / D/o__________________________R/o______________________________________________________do hereby solemnly affirm and declare as under:-

1. That my Punjab Medical Council's Permanent / Provisional / Additional Registration No. is_____________.
2. That I had lost my registration certificate somewhere.
3. That I made effort to trace it out but all in vain.
4. That If it is found in the near future, I will not misuse it and will deposit the same with the office.

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 *

*(Signature in presence of President, Registrar or Superintendent Punjab Medical Council)*
APPLICATION FORM FOR PROVISIONAL/ PERMANENT REGISTRATION

FOR INDIAN NATIONALS HAVING QUALIFIED FROM FOREIGN INSTITUTIONS AS ADOPTED BY)

Punjab Medical Council
Medical Education Bhawan, 2nd Floor, Sector 69, Mohali
www.punjabmedicalcouncil.com
Email: pmc_chd@yahoo.com

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

<table>
<thead>
<tr>
<th>Application for Registration: Provisional</th>
<th>Permanent</th>
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</thead>
<tbody>
<tr>
<td>1. NAME OF THE APPLICANT (BLOCK CAPITAL LETTERS)</td>
<td></td>
</tr>
<tr>
<td>2. Sex: Male/ Female.</td>
<td></td>
</tr>
<tr>
<td>3. FATHER’S NAME (BLOCK LETTERS)</td>
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<tr>
<td>4. DATE AND PLACE OF BIRTH (a) AGE (AS ON 31ST DEC. OF 1ST YEAR MEDICAL COURSE). Years Months Days</td>
<td></td>
</tr>
<tr>
<td>5. ARE YOU A CITIZEN OF INDIA (a) BY BIRTH OR (b) BY DOMICILE IF (b) STATE THE DATE OF BECOMING INDIAN CITIZEN.</td>
<td></td>
</tr>
<tr>
<td>6. PERMANENT ADDRESS -----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>7. PRESENT CORRESPONDENCE ADDRESS -----------------------------------</td>
<td></td>
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<tr>
<td>(WITH PHONE NO AND EMAIL ID) ----------------------------------------</td>
<td></td>
</tr>
<tr>
<td>8. CATEGORY (GENERAL OR RESERVE i.e. SC/ST/OBC)</td>
<td></td>
</tr>
</tbody>
</table>

FOR OFFICE USE ONLY

Registration No. ________________ Dated ________20
B.D. Receipt No. ________________ Dated ________20
Despatch No. ________________ Dated ________20
9. DETAILS OF EDUCATIONAL QUALIFICATIONS:-

<table>
<thead>
<tr>
<th>10th CLASS/ MATRIC / HIGH SCHOOL</th>
<th>11th CLASS</th>
<th>12th CLASS/Intermediate or 10+2</th>
</tr>
</thead>
<tbody>
<tr>
<td>• School Name &amp; Address</td>
<td>* Roll No. &amp; result ............</td>
<td>Subjects</td>
</tr>
<tr>
<td>....................................</td>
<td>* Certificate No. &amp; Date</td>
<td>English</td>
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<td>....................................</td>
<td>* Date of Passing</td>
<td>Physics</td>
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<td>....................................</td>
<td>* Marks (Obtained/Total)</td>
<td>Chemistry</td>
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<tr>
<td>....................................</td>
<td>* Roll No. &amp; result ............</td>
<td>Biology</td>
</tr>
<tr>
<td>....................................</td>
<td>* Certificate No. &amp; Date</td>
<td>Grand TOTAL</td>
</tr>
<tr>
<td>....................................</td>
<td>* Date of Joining</td>
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<tr>
<td>....................................</td>
<td>* Date of Completion</td>
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<td>....................................</td>
<td>* Subjects</td>
<td></td>
</tr>
<tr>
<td>....................................</td>
<td>* Marks (Obtained/Total)</td>
<td></td>
</tr>
</tbody>
</table>

| 10. B.Sc. or any other University Examination. (if any) as prescribed in Council’s Regulation on Graduate Medical Education,1997: |
### College Name & Address

- University

- Date of Joining............ Date of Passing .................Examination Passed..............

<table>
<thead>
<tr>
<th>Subjects</th>
<th>Maximum Marks Theory Practical</th>
<th>Marks Obtained Theory Practical</th>
<th>% Result</th>
<th>Pass/Fail</th>
</tr>
</thead>
<tbody>
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</table>

Grand Total

11. **MEDICAL QUALIFICATION**

<table>
<thead>
<tr>
<th>Name &amp; address of Institute</th>
<th>Address of SENTRALNIYA OVIR (Registration Deptt.- OVIR) (Ministry of Foreign Affairs or Interior Ministry) City.</th>
<th>Registrati on Number/ (OVIR NO.)</th>
<th>Valid from</th>
<th>Valid upto</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

**MEDIUM OF INSTRUCTIONS/COURSE**.................................

12. HAVE YOU DONE ANY PART OF YOUR MEDICAL COURSE IN INDIA, OR ANY COUNTRY OTHER THAN WHERE YOU HAVE OBTAINED MEDICAL DEGREE AS MENTIONED IN COLUMN 11, IF YES, ITS DURATION AND LOCATION

Yes | No


Date of issue valid upto

Place of issue Mother’s Name

14. If foreign :

Name of Country

Date of issue Place of issue

Date of expiry

(Please note that practitioners holding Foreign Passports will have to have additional OCI/PIO card) to be eligible for registrations.

15. PASSPORT DETAILS No. Date & Place of issue Address as on Passport

Date of leaving India

(a)

28
16. DID YOU EVER CHANGE/LOSS THE PASSPORT – DUE TO ANY REASON:-

   Previous Passport No ……………… Date & Place of Issue

Yes [ ] No [ ]

Address on Previous Passport

FIR Number in respect of lost Passport

17. SCREENING TEST PARTICULARS:

   1. Date of Passing:……………………………
   2. Roll No.:…………………………………

18. INTERNSHIP TRAINING PARTICULARS

   1. Date of Training:…………………………
   2. Institution of Training:…………………

19. NAME OF THE MEDICAL DEGREE/ DIPLOMA
    OBTAINED AND UNIV./ LICENSING BODY
    WITH THE YEAR OF OBTAINING THE
    QUALIFICATION.

20. (a) WHETHER S/HE HAS UNDERGONE
    PRACTICAL TRAINING BEFORE OR AFTER
    OBTAINING THE MEDICAL QUALIFICATION
    REQUIRED BY THE RULES OF THE CONCERNED
    FOREIGN COUNTRY, GIVE DETAILS.

   (b) IF NOT, THEN HAS S/HE UNDERGONE
    THE PRESCRIBED TRAINING IN AN APPROVED
    HOSPITAL IN INDIA, GIVE DETAILS.

21. WAS ANY MEDICAL COLLEGE/SCHOOL IN INDIA
    ATTENDED BEFORE DEPARTURE FROM INDIA,
    (GIVE NAMES OF PERIOD OF STUDY
    UNDERGONE AND EXAMINATION PASSED).

22. IF THE LANGUAGE OF STUDY IN THE COUNTRY
    BE OTHER THAN ENGLISH, PLEASE INDICATE IF
    IT WAS STUDIED IN INDIA BEFORE DEPARTURE OR
    WAS STUDIED IN THAT COUNTRY PLEASE INDICATE
    THE TIME TAKEN FOR THAT STUDY AND
    WHETHER ANY EXAMINATION WAS PASSED.

23. DO THE MEDICAL EXAMINATION (S) PASSED IPSO
    FACTO ENTITLE ONE TO REGISTER IN THE
    COUNTRY IN WHICH THEY WERE TAKEN OR A
    SEPARATE EXAMINATION FOR REGISTRATION
    HAS TO BE PASSED.

24. ARE YOU REGISTERED IN ANY FOREIGN COUNTRY?
    IF SO, GIVE THE NAME OF THE BODY WITH WHICH
    REGISTERED AND THE NUMBER AND DATE OF
    REGISTRATION.

25. DETAILS OF PAYMENT OF FEES :

   (a) PAID BY DEMAND DRAFT : 29
   (b) AMOUNT RUPEES :
26. **DETAILS OF DEMAND DRAFT:-**
   (a) **NAME AND ADDRESS OF ISSUING BANK:** ________________________________

   (b) **DEMAND DRAFT NO. _______________DATED ____________**

27. **EMAIL ADDRESS :**

28. **MOBILE NO:**
   
   I solemnly affirm & declare that the entries made by me in the forms are correct and in the event of any of the entries being found incorrect at any period of time, I shall be held responsible in any court of Law.

   **DATE:** ___________________________ **SIGNATURE OF THE APPLICANT**

   **PLACE:** ___________________________ **NAME OF THE APPLICANT**

   **NOTE: THE APPLICANT MUST PROVIDE HIS/HER EMAIL ADDRESS AND MOBILE NO.**

---

**DECLARATION**

At the time of registration, each applicant shall be given a copy of the following declaration by the Registrar concerned and the applicant shall read and agree to abide by the same.

1. I solemnly pledge myself to consecrate my life to service of humanity.
2. I will maintain the utmost respect for human life from the time of conception.
3. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
4. I will practice my profession with conscience and dignity.
5. The health of my patient will be my first consideration.
6. I will respect the secrets, which are confined in me.
7. I will maintain by all means in power, the honour and noble traditions of medical profession.
8. I will treat my colleagues with all respect and dignity.

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

   Signature…………………………

   Name ……………………………..

   **Place …………………………….**

   **Address …………………………**

   **Date …………………………….**
AFFIDAVIT IN THE FOLLOWING FORMAT ON NON-JUDICIAL STAMP PAPER OF RS. 10/- DULY SWORN IN AND ATTESTED BY FIRST CLASS MAGISTRATE FOR DELAY IN APPLYING FOR REGISTRATION IN CASE DELAY IS MORE THAN ONE MONTH AFTER COMPLETION OF INTERNSHIP TRAINING.)

I, DR. ______________________________ S/O SH. _______________________________
R/O ________________________________________________________ DO HEREBY SOLEMNLY AFFIRM AND DECLARE AS UNDER:

1. THAT I WAS A STUDENT OF MBBS OR CORRECT NOMENCLATURE OF QUALIFICATION IF OTHER THAN MBBS AT ___________________________ MEDICAL COLLEGE FROM ___________________________ TO ___________________________.

2. THAT I HAVE COMPLETED MY COMPULSORY INTERNSHIP TRAINING FROM ___________________________ TO ___________________________.

3. THAT I HAVE COMPLETED MY COMPULSORY INTERNSHIP TRAINING FOR ONE YEAR/ ___________________________ (OR MORE AS THE CASE MAY BE) AT ___________________________ (DETAILS OF HOSPITAL WITH COMPLETE ADDRESS.)

4. THAT I COULD NOT GET MYSELF REGISTERED WITH PUNJAB MEDICAL COUNCIL DUE ___________________________.

(SPECIFIC REASON FOR THE DELAY MUST BE SPELT OUT BY THE CANDIDATE).

5. THAT I HAVE NOT DONE ANY UNETHICAL PRACTICE AFTER COMPLETION OF MY INTERNSHIP TRAINING. HOWEVER, IF ANY COMPLAINT IS MADE AGAINST ME FOR UNETHICAL PRACTISE DURING THIS PERIOD, I SHALL BE HELD RESPONSIBLE FOR THE SAME.

6. THAT ALL THE FACTS STATED ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DEPONENT.

VERIFICATION:

VERIFIED AT ____________________ THIS ____________________ DAY OF ____________________, THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DEPONENT.
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 for Rs. /- /- /- (if Provisionally registered with MCI)

2. Application form

3. Declaration form

5. Copies of MBBS/MD ‘Physician’ degree

6. Copies of Marks-sheet of ‘MBBS/M.D Physician’ Degree

7. Copies of Marksheet of 12th Class (10+2) or equivalent examination.

8. Copies of Pass Certificate of 12th Class (10+2) or equivalent examination.

9. Pass Certificate of 11th Class or equivalent examination.

10. Pass Certificate of 10th Class or equivalent examination.

11. Eligibility Certificate issued to the Candidate by MCI for admission to Undergraduate Medical Course abroad.

12. Copies of Screening Test Result

13. Photocopy of all the pages of all the passports showing visa the date of emigration and immigration from and to Foreign country and India.

14. Two Colour photographs with front view & two signature slips

15. Original Provisional Registration Certificate issued by MCI/any other State Medical Council

16. Internship Completion Certificate showing posting in various departments trained with specific dates issued by the Medical College/Institution Head.

17. An affidavit for delay in applying for permanent registration-if the delay in applying for registration is more than 30days after completion of internship.

18. Letter from the Indian Embassy concerned that primary medical qualification as possessed by the candidate is a recognized qualification for enrollment as medical practitioner in the country in which the institution awarding the said qualification is situated.

Signature ______________________________
Dated ________________________________
APPENDIX-I
INSTRUCTIONS

1. THE APPLICATION FORM SHOULD BE PROPERLY AND NEATLY FILLED IN CAPITAL LETTERS AND SHOULD BE DULY SIGNED BY THE CANDIDATE. THE APPLICANT MUST PROVIDE HIS/HER EMAIL ADDRESS AND MOBILE NO AS MENTIONED AT POINT NO 25. AND 26 IN THE APPLICATION. THE PHOTOCOPIES OF THE DOCUMENTS WHEREVER REQUIRED SHOULD BE SELF ATTESTED BY THE CANDIDATE AND ALSO BY A GAZETTED OFFICER. THE APPLICATION SHOULD BE SUBMITTED ALONG WITH THE FOLLOWING DOCUMENTS:-

(a) FOUR (4) XEROX COPIES OF
   (i) MBBS/MD MEDICAL DEGREE CERTIFICATE.
   (ii) XII PASS/SR. SECONDARY/INTERMEDIATE/+2 MARKSHEET AND PASS CERTIFICATE.

(b) ONE XEROX COPY OF
   (i) INDIAN PASSPORT.
   (ii) X PASS/MATRICULATION CERTIFICATE.

(c) TWO XEROX COPIES OF SCREENING TEST RESULT

(d) INTERNSHIP COMPLETION CERTIFICATE BY THOSE WHO APPLY FOR PERMANENT REGISTRATION

(e) ORIGINAL PROVISIONAL REGISTRATION CERTIFICATE ISSUED BY STATE MEDICAL COUNCIL/ MEDICAL COUNCIL OF INDIA BY THOSE WHO ARE APPLYING FOR PERMANENT REGISTRATION.

(f) AN AFIDAVIT FOR DELAY IN APPLYING FOR REGISTRATION IF THE DELAY IN APPLYING FOR REGISTRATION IS MORE THAN 30 DAYS AFTER COMPLETION OF INTERNSHIP.

(g) THREE RECENT PASSPORT SIZE COLOUR PHOTOGRAPHS WITH FRONT VIEW - Please write name on the reverse of the photograph)

(h) SIGNATURE ON TWO SELF ADHESIVE SLIPS PROVIDED WITH APPLICATION.

(i) ORIGINAL 10+2 MARKSHEET BY THE APPLICANTS IN CASE THEY HAVE QUALIFIED THEIR 10+2 EXAMINATION FROM THE EDUCATION BOARDS OF THE FOLLOWING STATES:
   (i) JAMMU & KASHMIR
   (ii) PUNJAB
   (iii) ANDHRA PRADESH
   (iv) HARYANA
   (v) RAJASTHAN
   (vi) KARNATAKA

   (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. 540/- 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. 600/- 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..
3. **FEE & MODE OF PAYMENT** – A fee of **Rs. 1000/- (Rs. ONE THOUSAND ONLY) FOR PROVISIONAL REGISTRATION, Rs.2000/- (Rs. TWO THOUSAND) FOR PERMANENT REGISTRATION IF PROVISIONALLY REGISTRED WITH PMC AND Rs.3000/- (THREE THOUSAND) FOR PERMANENT REGISTRATION IF PROVISIONALLY REGISTRED WITH MCI OR OTHER STATE MEDICAL COUNCIL** BY A BANK DRAFT IN FAVOUR OF “THE REGISTRAR, PUNJAB MEDICAL COUNCIL”, PAYABLE AT MOHALI. ON REVERSE OF THE DRAFT, FOLLOWING DETAILS TO BE FILLED 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.

4. APPLICATION MUST BE COMPLETE IN ALL RESPECTS. NO ALTERATION WILL BE ALLOWED TO BE MADE IN THE APPLICATION FORM AFTER IT HAS BEEN SUBMITTED TO THE COUNCIL.

5. IT IS FOR THE INFORMATION OF THE CANDIDATES THAT THE CERTIFICATES WOULD BE SENT BY REGISTERED POST /SPEED POST.

6. PUBLIC DEALING WILL BE BETWEEN **9.30 A.M TO 1.00 P.M., 2.30 P.M. TO 4.00 P.M.** MONDAY TO FRIDAY.

7. APPLICANT IS ADVISED TO RETAIN COPY OF HIS APPLICATION AND DRAFT FOR FUTURE REFERENCE.

8. THE APPLICANT IS REQUIRED TO BRING/SUBMIT ALL THE ORIGINAL DOCUMENTS INCLUDING ALL THE PASSPORTS AT THE TIME OF SUBMISSION OF APPLICATION.
ACKNOWLEDGEMENT

(to be filled by the candidate)

Received Application from Ms/Mr.………………………………………………………………… D/o / S/o
Mr……………………………………………………………………………………………..
Sh……………………………………………………………………………………………... alongwith Bank Draft/DD
No……………………………… dated…………………………….. for Rs………………………
Drawn on
Bank……………………………………………………………………………………………………….. for
issuance of Provisional/ Permanent Registration Certificate for Indian Nationals having qualified from the foreign medical institutions, for consideration.

Signature of Receiving Official with date
APPLICATION FORM FOR PERMANENT REGISTRATION FOR
INDIAN NATIONALS/ OCI REGISTERED IN
AUSTRALIA, CANADA, NEW ZEALAND, UK & USA

(Kindly read the instructions carefully as given in Appendix-I before filling the form, in CAPITAL LETTERS in blue/black ball pint pen only)

1. Name of the Applicant as it appears in the latest Postgraduate certificate (Initials not allowed):

2. Father’s Name:

3. Sex: Male Female

4. Date of Birth: MM MMMM

5. Place of Birth:

6. Age (as on 31st Dec of 1st year medical course) Months Days

7. Are you a Citizen of India/Overseas Citizen of India (OCI):
   (a) BY BIRTH
   (b) BY DOMICILE
   (c) OCI
   IF (b) STATE THE DATE OF BECOMING INDIAN DD MM YYYY

8. PERMANENT ADDRESS WITH PIN CODE:

9. PRESENT CORRESPONDENCE ADDRESS WITH PIN CODE:
   (If the permanent address is same as the present address write “SAME” only)

   PHONE/MOBILE

   E-MAIL

10. CATEGORY (GENERAL OR RESERVE i.e. SC/ST/OBC)
11. MEDICAL QUALIFICATION DETAILS:

<table>
<thead>
<tr>
<th>MEDICAL DEGREE/DIPLOMA OBTAINED</th>
<th>NAME &amp; ADDRESS OF THE MEDICAL COLLEGE &amp; UNIVERSITY</th>
<th>DATE OF ADMISSION IN COURSE</th>
<th>DATE OF PASSING THE COURSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRADUATION</td>
<td></td>
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<tr>
<td>POST GRADUATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUPER SPECIALITY</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>OTHER, IF ANY</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

12. REGISTRATION DETAILS:

<table>
<thead>
<tr>
<th>NAME OF MEDICAL COUNCIL WITH COMPLETE ADDRESS, PHONE NO., E-MAIL ETC.</th>
<th>REGISTRATION NO.</th>
<th>VALID FROM</th>
<th>VALID UPTO</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

13. GOOD STANDING CERTIFICATE DETAILS:

<table>
<thead>
<tr>
<th>NAME OF MEDICAL COUNCIL WITH COMPLETE ADDRESS, PHONE NO., E-MAIL ETC.</th>
<th>LICENSE/REGISTRATION NO.</th>
<th>VALID FROM</th>
<th>VALID UPTO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

14. DETAILS OF PAYMENT OF FEES:

I solemnly affirm & declare that the entries made by me in the forms are correct and in the event of any of the entries being found incorrect at any period of time, I shall be held responsible in any court of Law.

DATE: SIGNATURE OF THE APPLICANT
PLACE: NAME OF THE APPLICANT
DECLARATION

At the time of registration, each applicant shall be given a copy of the following declaration by the Registrar concerned and the applicant shall read and agree to abide by the same.

10. I solemnly pledge myself to consecrate my life to service of humanity.
11. I will maintain the utmost respect for human life from the time of conception.
12. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
13. I will practice my profession with conscience and dignity.
14. The health of my patient will be my first consideration.
15. I will respect the secrets, which are confined in me.
16. I will maintain by all means in power, the honour and noble traditions of medical profession.
17. I will treat my colleagues with all respect and dignity.

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

Signature…………………………
Name .................................

Place .................................
Address .................................
Date .................................

(FORMAT OF AFFIDAVIT (DULY NOTARIZED) TO BE SUBMITTED ON NON JUDICIAL STAMP PAPER OF RS.10/- BY THE APPLICANT, SEEKING PERMANENT REGISTRATION AT THE MEDICAL COUNCIL OF INDIA, WHO HAVE SECURED BOTH GRADUATE AND POST GRADUATE QUALIFICATIONS, RECOGNIZED FOR PRACTICING MODERN MEDICINE FROM AUSTRALIA, CANADA, NEW ZEALAND, UNITED KINGDOM & UNITED STATES OF AMERICA.
I, Dr.____________________ son/daughter of____________________ permanent resident of____________________ currently residing at___________________do hereby solemnly affirm and declare as under:

I. I have successfully secured graduate medical qualification namely_______________from____________________(name of University/Institution) situated at____________________(place) in____________________(Country) in year________________.

II. I have successfully secured postgraduate medical qualification namely__________from____________________University/Institution situated at____________________(place) in____________________(Country) in year________________.

III. I say that I have secured undergraduate and postgraduate medical qualifications from____________________(Australia/Canada/New Zealand/United Kingdom/United State of America) and the qualifications obtained by me are recognized medical qualifications for medical practitioner in the country from where I have obtained these qualifications.

IV. I have been registered with the Medical Council of____________________(name of the Country) bearing Registration No.______________, registered in year________________ and I have not been held guilty of professional misconduct.

V. I have also secured Good Standing Certificate issued by the Medical Council of____________________(name of Country) bearing No______________dated__________________.

OR

I have requested the Medical Council of____________________(name of Country) to get a Good Standing Certificate in my favour. As per the Rules and Regulations of the Medical Council of____________________(name of Country) the Good Standing Certificate are not issued directly to the applicant. It is sent directly to the concerned Medical Council.

*/(Strike of whichever is not applicable)*

VI. I say that I am/was covered by Medical Malpractice Insurance bearing Policy No.____________from____________________(Name and address of the Insurance Company). I am covered/not covered by Medical Malpractice Insurance for my practice in India.

VII. I say that the degree certificates/documents submitted along with the application for my registration are true and correct copies of respective originals.

VIII. I say that I have not made any false declaration about my qualifications and none of the certificates/documents submitted by me is/are false or fake.

IX. I say that Medical Council of India shall be at liberty to cancel my registration and take all such measure permissible in law including but not limited to filing of a criminal case for offence of perjury if it comes to the knowledge or discovered on its own or on verification at any stage by Medical Council of India that the declaration/information made herein above is false or certificates/documents submitted along with the application is/are fake.

DEPONENT.

Verified on this day_____________at_____________that the contents of above affidavit is true and correct to my knowledge and nothing material has been concealed therefrom.

DEPONENT.
APPENDIX-I
INSTRUCTIONS

1. THE APPLICATION FORM SHOULD BE PROPERLY AND NEATLY FILLED IN CAPITAL LETTERS AND SHOULD BE DULY SIGNED BY THE CANDIDATE. THE PHOTOCOPIES OF THE DOCUMENTS WHEREVER REQUIRED SHOULD BE SELF ATTESTED BY THE CANDIDATE. THE APPLICATION SHOULD BE SUBMITTED ALONG WITH THE TWO XEROX COPIES OF THE FOLLOWING DOCUMENTS :-

   a) PRIMARY MEDICAL QUALIFICATION DEGREE CERTIFICATE
   b) ALL POSTGRADUATE MEDICAL DEGREE CERTIFICATES/S
   c) REGISTRATION CERTIFICATE
   d) GOOD STANDING CERTIFICATE

   **NOTE:** THE ABOVE CITED DOCUMENTS SHOULD BE DULY AUTHENTICATED BY THE COMPETENT MEDICAL REGULATORY BODY OF THE CONCERNED COUNTRY & DULY ENDORSED BY INDIAN EMBASSY/HIGH COMMISSION IN THE CONCERNED COUNTRY.

   e) TWO ATTESTED COPIES OF PASSPORT
   f) AN AFFIDAVIT OF DECLARATION REGARDING DOCUMENTS PROVIDED AND CREDENTIALS (Link).
   g) THREE RECENT PASSPORT SIZE COLOUR PHOTOGRAPHS WITH FRONT VIEW (Please write name on the reverse of the photograph).
   h) SIGNATURE ON TWO SELF ADHESIVE SLIPS.

2. FEE & MODE OF PAYMENT: A FEE OF RS.20,000/- BY ONLINE FEE.

3. APPLICATION MUST BE COMPLETE IN ALL RESPECTS. NO ALTERATION WILL BE ALLOWED TO BE MADE IN THE APPLICATION FORM AFTER IT HAS BEEN SUBMITTED TO THE COUNCIL.

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

5. THE CERTIFICATE WOULD BE SENT BY REGISTERED POST/SPEED POST.
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 (along with 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) (along with 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)
    (along with 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 practitioners 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 along with 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

65. I solemnly pledge myself to consecrate my life to service of humanity.
66. Even under threat, I will not use my medical knowledge contrary to the laws of Humanity.
67. I will maintain the utmost respect for human life from the time of conception.
68. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
69. I will practice my profession with conscience and dignity.
70. The health of my patient will be my first consideration.
71. I will respect the secrets which are confined in me.
72. I will give to my teachers the respect and gratitude which is their due.
73. I will maintain by all means in my power, the honour and noble traditions of medical profession.
74. I will treat my colleagues with all respect and dignity.
75. I shall abide by the code of medical ethics as enunciated in the Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations 2002 & 2004.
76. I shall inform the Council in writing through Registered Post in case of change of my Address, Mobile Number & E-mail address.
77. I will not accept or give commissions or cuts for promoting my practice in any way.
78. I will not advertise in any way except as permitted under Medical Ethics regulation 2002 & 2004.
79. 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.
80. 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.
81. 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 PRESENCE OF WITNESS

Mobile No……..E Mail Id…………

Date………………………..……….
CHECK LIST

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

1. Application form along with 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 (along with E-mail & Landline Telephone No. with STD Code of the attesting authority)
6. Photostat Attested copy of Passport (Complete) 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 months from the date of issue.
9. Fee Rs. 3000/- (pay on line only)

DOCUMENT REQUIRED FOR GOOD STANDING CERTIFICATE FROM MCI

1. Application form along with 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 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 (along with E-mail & Landline Telephone No. with STD Code of the attesting authority)
7. Photostat Attested copy of Passport (Complete) 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.
11. The certificate of good standing valid up to six months from the date of issue.
12. Good Standing case forwarding charges Rs. 3000/- pay fee on line only

FORMAT OF SELF DECLARATION / AFFIDAVIT

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 *

* Signature in presence of President, Registrar or Superintendent Punjab Medical Council
## GOOD STANDING CERTIFICATE

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Purpose for which certificate is required.</td>
</tr>
<tr>
<td>2.</td>
<td>Have you ever been issued Good Standing Certificate before, If yes than why you need second time.</td>
</tr>
<tr>
<td>3.</td>
<td>When did you or you plan to leave the Country and on which visa (Attach) copy of Visa.</td>
</tr>
<tr>
<td>4.</td>
<td>Also please give an undertaking that whenever, You will come to state of Punjab you will inform the Punjab Medical Council because till than your registration will remain suspended.</td>
</tr>
</tbody>
</table>

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.

“Once the doctor leave the country as per Act his registration is not valid and anybody applying after issue if first certificate is not called for.”
Any complainant desirous of filing any complaint(s) against any doctor(s) needs to use the appropriate prescribed proforma as given below (Annexure I) after going through the relevant instructions:

ANNEXURE – I

PROFORMA FOR SUBMITTING ORIGINAL COMPLAINTS UNDER INDIAN MEDICAL COUNCIL (PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS) REGULATIONS, 2002.

1. Name of the complainant: ________________________________
   (In Block letters)

2. Father’s Name: _________________________________________

3. Full Postal address of the complainant
   City ___________________ District __________________ State _____________
   Pin Code ___________________
   Telephone No. (O) ___________________ (R) ___________________ Mobile _____________
   E-mail ____________________________________________

4. Bank Draft No. __________________ dated ____________ for Rs. _____________
   Drawn on (Name & address of issuing branch) _____________________________

5. Does the complainant belongs to BPL category: Yes/No
   If yes, proof may be submitted and listed below _____________________________

6. The name and addresses along with particulars of the doctor(s) against whom complaint is lodged.
   Name of the doctor: _____________________________
   Registration number if available: _____________________________
   (Name of the State Medical Council) _____________________________
   Address: Residential __________________________________
   Clinic/Hospital: __________________________________
   Tel. No. __________ Mobile No. __________
   Office: __________________________________
   Pin code: __________

(Additional Sheets are to be used in case there is more than one doctor is involved.)

7. Nature of the complaint/allegations in brief along with record (in case complaint is against doctor)
   1. __________
   2. __________
   3. __________
   4. __________

I hereby affirm and declare that the information provided above are true to the best of my knowledge and belief and nothing has been concealed therein.

Date: __________________
Place: __________________
Signature __________________
Name in full: __________________
AFFIDAVIT

I, ______________________________________ Son/Daughter/Wife of __________________________ R/o ______________________

here by solemnly affirm that I have submitted a Complaint under Code of Medical Ethics (Professional Conduct, Etiquette & Ethics
Regulations, 2002 & 2004) against ______________________________. The facts of the same have been given in the
Complaint.

COMPLAINANT/ APPELLANT

VERIFICATION :

Verified at _______________ on this the ______ day of _______ that the contents of my Complaint are true to the
best of my knowledge and belief. No part of it is false and nothing has been concealed therein. There is no malafide intention in filing
the said Complaint.

COMPLAINANT/ APPELLANT
INSTRUCTIONS FOR COMPLAINT

1. The Application Form should be properly and neatly filled in.

2. Incomplete applications shall not be entertained by the Council.

3. A Bank draft of Rs. 200/- (Rupees Two Hundred only) in favour of “Registrar, Punjab Medical Council “Payable at Mohali/Chandigarh should be sent alongwith the application as fee (cheques are not acceptable). On reverse of draft, following details will be filled by the applicant and duly signed: -
   (a) Name:
   (b) Father’s Name:
   (c) Purpose:
   (d) Contact Telephone/Mobile No.:

4. Persons Below Poverty Line (BPL) shall not have to pay any fees for the original complaints provided that a certificate issued by a government Authority/attested copy of the BPL Card issued by the Competent Authority is attached with the complaint/appeal.

5. Applicant to retain copy of Complaint and bank draft for future reference.

6. Applicant to attach the affidavit with the complaint as per given proforma on Rs.50/- stamp paper duly attested by Notary Public.

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 lodging Complaint.

Signature of Receiving Official with date

[Official Seal]

Permanent Registration Number