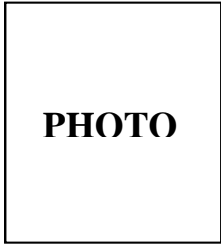




DELHI MEDICAL COUNCIL

Room No. 368, 3rd Floor, Pathology Block
Maulana Azad Medical College, Bahadur Shah Zafar Marg,
New Delhi 110 002 Tel. : 23237962 Fax : 23234416
Email : delhimedicalcouncil@gmail.com
Website : delhimedicalcouncil.nic.in



Receipt No. _____

Date _____

APPLICATION FORM FOR REGISTRATION

1. Name of the Applicant (In block letters)

- First Name :Middle Name:Surname :

- Maiden Name (in case of married women) :

2. Father s Name :

3. Gender : Male / Female.....

4. Address (Mailing Address):

.....

Permanent Address:

.....

5. (a) Telephone Number :(b) Mobile No:.....

(c) E-mail Address :

6. Date and Place of Birth :

7. Nationality : Whether Indian by birth/by Domicile. If by Domicile, state date of becoming Indian citizen

8. Details of Internship (Period & name of the Institution) :

9. Details of Qualifications :

S.No	Description of the Qualifications	Name of the College/Medical Institution	Name of the University/Licensing Body	Year of completion of Internship in case of MBBS/in any other case year of passing examination

10. Details of Provisional Registration / Registration with any other Council :

11. Address of the Clinic/Hospital/Institute where practicing or in service :

.....

I submit herewith **original certificates** for verification and submit copies of the following certificates : -

- a) Four recent passport size photographs with name and signature at the backside.
- b) State Medical Council/Medical Council of India Registration Certificate with MBBS Qualification
- c) MBBS Degree/Post-Graduate Degree/Diploma/Post-Doctoral Degree (Only Degree Certificates issued by the University will be entertained).
- d) Birth certificate/matriculation certificate/SSC Exam certificate/ School Leaving certificate with Date of Birth.
- e) Identity proof : Photo Identity Card / Passport / Driving Licence / Electoral Card.
- f) Other evidence in support of my having obtained the qualification which I possess in original

In case of registration for the first time after completion of Internship

(a) Person registered provisionally with Delhi Medical Council

- 1) Four recent passport size photographs with name and signature at the backside.
- 2) Original Internship Completion Certificate. The same shall be returned along with Delhi Medical Council's certificate of permanent registration.
- 3) Original Provisional Registration Certificate.

(b) Person registered provisionally with other State Medical Councils / MCI

- In addition to requirements mentioned at (a) the following are to be complied with

- 5) Identity proof :Photo Identity Card / Passport / Driving Licence / Electoral Card.
- 6) MBBS passing certificate issued by the College/University
- 7) Marksheets of I, II, III (Part 1 & 2) professional exams
- 8) Class 10th & 12th Marksheets with passing certificates

Note : - Application for registration is to be submitted in Person.

- All the documents are to be produced in original alongwith a photocopy (in case of category (b) attested photocopies).

I hereby submit a **Bank Draft** No.....dateddrawn on Bank for **Rs. 1,000/-** (Rupees One Thousand Only) as non-refundable fee **in favour of Delhi Medical Council** payable at New Delhi.

Date :

Signature of the Applicant

DECLARATION

I solemnly affirm & declare that the above entries made by me are true & correct. I further declare that no disciplinary proceedings have ever been initiated or are pending against me before any medical regulatory authority nor I have been subject to any inquiry or investigation before any authority which may disentitle me from seeking registration with Delhi Medical Council. I undertake to abide by the Code of Conduct & Ethics prescribed by Delhi Medical Council and Medical Council of India.

Note:- In case you have ever been fined, given a warning/reprimanded/suspension of registration temporary/permanent, by any medical, health or any regulatory authority or has been held guilty of medical malpractice or negligence by any Court of Law, you must provide the full details on a separate sheet to the Delhi Medical Council.

Date :

Signature of the Applicant

(For Office use only)

S.No. of Registration Certificate Issued _____ dated.

Acknowledgement of receipt of Registration Certificate.

Received the above document in original.

Signature of registered person _____

Name _____

Date _____