

Candidate's Personal Appearance is Compulsory, is required to sign in a register in the council office".

UTTAR PRADESH MEDICAL COUNCIL

5, Sarvpalli, Mall Avenue Road, Lucknow

Office : 2235965, 2238846, Fax:-2236600, E-mail:upmedicalcouncil@upsmfac.org

Application Form for Registration with U.P. Medical Council

Provisional : ☐ Permanent : ☐ Additional : ☐ Duplicate : ☐

Receipt # Date

Reg. No. :

Date of Birth :

E-mail

Candidate Signature in Upper Box

Seal & Sign. of attesting authority

Neatly paste your latest colour photograph in this box duly attested by principal of training centre

Aadhaar No. Mob. No.

Name

Sur Name

Mother's Name

Father's Name

Address

District Pin

State Gender (M/F) : Year of Passing

Name of Medical College

Name of University :

Additional Qualification :

Month & Year of Joining : Month Year Month & Year of Passing Month Year

Registered with U.P. Medical Council (Y / N) ☐ State/U.T. of Registration (State Code)

Which Certificate you posses Provisional/Permanent (PROV/PERM) Registration No.

Rotatory training College details (To be filled by the applicant applying for PERMANENT REGISTRATION)

Training Hospital-1

Hospital name :

City :

Joining Date : Completed On

Day

Month

Year

Day

Month

Year

Training Hospital-2 (If applicable)

Hospital name :

City :

Joining Date : Completed On

Day

Month

Year

Day

Month

Year

U.P. MEDICAL COUNCIL

5, SARVAPALLI, MALL AVENUE ROAD, LUCKNOW

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) 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.

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

Signature.....

Name.....

Place.....

Address.....

Date.....

FORMAT OF AFFIDAVIT
FOREIGN MEDICAL GRADUATES - PERMANENT REGISTRATION
NON- JUDICIAL STAMP PAPER

I, _____ S/o / D/o Shri _____
R/o _____ do hereby solemnly affirm and declare as under:

1. That I was a student of MBBS/M.D. "Physician"/Doctor of Medicine or correct nomenclature of qualification if other than MBBS at _____ (Name of Medical College/Institute/University) from _____ to _____ (period).
2. That I have passed class 10th _____ Examination from _____ (Name of the School) affiliated to _____ (Name of the Board) in the year _____.
3. That I have passed class 10+2 _____ Examination from _____ (Name of the School) affiliated to _____ (Name of the Board) in the year _____.
4. That I passed the Screening Test Examination in the Month/Year _____ under Roll No. _____ with NBE Marks _____ conducted by National Board of Examinations.
5. That I have completed my compulsory internship training from medical colleges from _____ to _____ (period) at _____ (details of Hospital/Institute with complete address) which is MCI/NMC recognized Institute/Hospital for undergoing internship training.
6. That I have not done any unethical practice before, during or after completion of my internship training. However, if any complaint is made against me for unethical practice during this period, I shall be held responsible for the same entailing besides other action disentitling/cancellation of Internship/Registration.
7. That I have done my studies completely offline.
 1. That I have done my studies online / partly online / full online.
from to(mention period of online). (DD/MM/YYYY).
 2. That I have compensated my online classes in offline mode (in person) & have submitted the Compensatory certificate issued by my college.
 3. If studies found online, I will be completely responsible for rules set by NMC/ UPMC for online studies
8. That 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 enquiry or investigation before any authority which may disentitle me from seeking Internship/Registration from Uttar Pradesh Medical Council, Lucknow.

9. That I have never been fined, given a warning/reprimanded/suspension of Internship/Registration temporary or permanent, by any medical, health or any regulatory authority or has been held guilty of medical malpractice or negligence by any Court of Law.

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

11. 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.

12. I say that U.P. Medical Council shall be at liberty to cancel my Internship/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 U.P. Medical Council that the declaration/information made herein above is false or certificates / documents submitted along with the application is/are fake.

DEPONENT

VERIFICATION

I, the above named deponent do hereby verify that the contents of para 1 to 12 are true and correct to my personal knowledge.

Nothing has been concealed from my part.

DEPONENT

Place:

Dated:

Note: The affidavit is to be typed on a Non-Judicial stamp paper of Rs 100/- which should be duly notarized by Notary Public.

TRAVEL HISTORY DETAILS

NAME OF APPLICANT.....

FATHER'S NAME

M.B.B.S. JOINING DATE

M.B.B.S. COMPLETION DATE

PASSPORT NO.

DURATION OF COURSE

TRAVEL HISTORY DETAILS FOR FMGS

VISIT NO.	DATE OF ARRIVAL AT COUNTRY (FROM INDIA)	DATE OF DEPARTURE FROM COUNTRY TO INDIA	VALIDITY OF VISA ISSUED BY COUNTRY COVERING THIS TRIP (FROM –TO)	TOTAL DURATION SPEND IN THE COUNTRY DURING THIS TRIP
Example	20-08-2018	15-06-2019	JUNE-2018-TO JUNE-2019	9 MONTHS 27 DAYS
	TOTAL NO. OF DAYS			
	OFFLINE CLASSES			
	ONLINE CLASSES			

SIGNATURE OF THE APPLICANT

DATE:.....

विदेश से उत्तीर्ण एम.बी.बी.एस./एम.डी. फिजीशियन – जो एम.बी.बी.एस. के समकक्ष हो, पंजीकरण आवेदन पत्र प्रस्तुत करते समय निम्नलिखित प्रमाण-पत्र/अभिलेख जमा करना आवश्यक होगा।

- 1- नेशनल मेडिकल कमीशन, नई दिल्ली (MCI) के द्वारा प्रदत्त एलिजिबिलटी सर्टिफिकेट जोकि विदेश में पढने के पूर्व प्राप्त किया गया हो।
- 2- उस देश में स्थित भारतीय दूतावास से, संबंधित देश से प्राप्त डिग्री के अधिकृत होने का प्रमाण-पत्र प्राप्त कर उसे संलग्न करना होगा।
- 3- नेशनल बोर्ड ऑफ एग्जामिनेशन से प्राप्त स्क्रीनिंग टेस्ट में उत्तीर्ण सर्टिफिकेट संलग्न करना होगा।
- 4- एम.बी.बी.एस. या उसके समकक्ष योग्यता जिसका पंजीकरण होना है, वे हेग कन्वेंशन 1961 के अन्तर्गत अपोस्टिल की गई हो या उसका सत्यापन उस देश में स्थित भारतीय दूतावास से प्रमाणित कराकर प्रस्तुत करना होगा।
- 5- 10वीं 11वीं तथा 10+2 की मार्कशीट एंव सर्टीफिकेट संबंधित बोर्ड से प्राप्त, संलग्न करना होगा।
- 6- एम.बी.बी.एस./एम.डी. फिजीशियन के संपूर्ण अंक-पत्र व प्रमाण-पत्र।
- 7- जाति प्रमाण पत्र एस.सी./एस.टी./ओ.बी.सी. यदि अंको में छूट के लिए प्रयोग किये गये हों तो उसे संलग्न करना होगा।
- 8- इन्टर्नशिप कम्प्लीशन सर्टीफिकेट केवल परमानेन्ट रजिस्ट्रेशन अभ्यर्थियों के लिये।
- 9- आवेदन पत्र पर दिये गये निर्धारित बाक्स में हस्ताक्षर व फोटो को जिस जिले का आधार कार्ड का पता अभ्यर्थी का हो, उस जिले के मुख्य चिकित्सा अधिकारी/डी.एम./एस.डी.एम./ए.डी.एम. किन्ही एक से फोटो व हस्ताक्षर अलग-अलग प्रमाणित (मोहर व हस्ताक्षर) कराना होगा।
- 10- फ्रेश (FMG) फोरेन मेडिकल ग्रेजुएट, जो किसी भी राज्य की मेडिकल कौंसिल में पंजीकृत न हो फोरेन मेडिकल ग्रेजुएट से पासआउट होने वाले अभ्यर्थी प्रोविजनल रजिस्ट्रेशन व परमानेन्ट रजिस्ट्रेशन फार्म अप्लाई करने के लिए अभ्यर्थी का उ0प्र0 का निवास प्रमाण पत्र और आधार कार्ड होना अनिवार्य है।
- 11- संलग्न प्रारूप के आधार पर ₹ 100/- के स्टैम्प पेपर पर शपथ-पत्र देय होगा।

(REGISTERED IN OTHER COUNCIL)

**DOCUMENTS TO BE ENCLOSED BY FOREIGN MEDICAL GRADUATES(FMG) APPLYING FOR
PERMANENT REGISTRATION IN U.P MEDICAL COUNCIL (REGISTERED IN OTHER COUNCIL) IN
ONLINE MODE**

SCAN ALL & UPLOAD THE REQUISITE DOCUMENTS

1. ELIGIBILITY CERTIFICATE ISSUED BY MCI
2. PHOTOCOPY OF REGISTRATION CERTIFICATE OF OTHER COUNCIL.
3. UPDATED NOC OF THE COUNCIL.
4. APOSTILLE /STAMP ATTESTED BY INDIAN EMBASSY & OTHER RELEVANT DOCUMENTS ,
PASSPORT , VISA AND ADMISSION LETTER
5. MBBS MARKSHEETS & DEGREE CERTIFICATES (TRANSLATED COPIES IN ENGLISH.)
6. SCREENING TEST RESULT ISSUED BY NATIONAL BOARD
7. ICC (INTERNSHIP COMPLETION CERTIFICATE)
8. 10TH ,11TH & 12TH MARKSHEETS & CERTIFICATES
9. SIGN & PHOTO IN THE FORM TO BE ATTESTED SEPARATELY BY ANY OF THE FOLLOWING
OFFICIALS MENTIONED BELOW:
 - A) CMO/SDM/ADM OF THE DISTRICT MENTIONED IN AADHAR CARD
 - B) PRINCIPAL OF MEDICAL COLLEGE
 - C) CMS OF THE HOSPITAL WHERE HE/SHE HAS UNDERGONE INTERNSHIP.
 - D) SPECIAL SECRETARY (I.A.S)
11. ADDRESS PROOF AADHAR CARD & DOMICILE CERTIFICATE OF UTTAR PRADESH
12. PLEASE MENTION THE E-MAIL -ID
13. FEES PAYMENT IN ONLINE MODE
14. ALL ENCLOSURES TO BE SELF-ATTESTED BY THE CANDIDATES
15. KINDLY VISIT OUR WEBSITE-[www. upmedicalcouncil.org](http://www.upmedicalcouncil.org) & DOWNLOAD A4-SIZE COLORED
FORM.
CASTE CERTIFICATE IF ANY.

Phone 25367033, 25367035, 25367036
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Telegrams MEDCONCIND, New Delhi- 77
तार : मेडकॉन्सिन्ड नई दिल्ली
Fax : 0091-11-25367025
E-mail : mci@bol.net.in
Website : www.mciindia.org



पॉकेट - 14 सेक्टर - 3,
द्वारका फेज - 1
नई दिल्ली-110 077
Pocket- 14, Sector- 3,
Dwarka Phase - 1
New Delhi-110077

भारतीय आयुर्विज्ञान परिषद्
MEDICAL COUNCIL OF INDIA

No.MCI-203(1)(Gen.)2013-Regn./59243

Dated: 24/02/14

To,

The Registrar,
All State Medical Councils in India.

Subject: (1) Enrolment of Medical Practitioners holding recognized medical qualifications under the section 13 (4A) of the Indian Medical Council Act, 1956 on State Medical Registers.

Sir/Madam,

This is in continuation of this office circular dated 15/9/1981, 02/05/1985, 09/02/1987, 07/1998 and 04/06/2003 on the above subject.

2. Your kind attention is invited to section 13 (4A) and 13 (4B) of the Indian Medical Council Act, 1956 that were included in the IMC Act, 1956 by the Indian Medical Council (Amendment) Act, 2001. These provisions permit an Indian citizen/qverseas citizen of India to obtain primary medical qualification (MBBS or its equivalent) from any country outside India which is recognized for enrolment as medical practitioner in that country. Such persons are required to conform to the norms for admission in MBBS course in India as laid down in the Graduate Medical Education Regulations, 1997. For the purpose of enrolment on medical register in India such person is required to qualify the Screening Test conducted by the National Board of Examination. Once such person qualifies the Screening Test, the primary medical qualification obtained by such person is deemed to be the recognized medical qualification for the purposes of the IMC Act for that person. Registration to practice medicine as a registered medical practitioner, as postulated under the scheme of the Indian Medical Council Act, 1956, is with the State Medical Council and to be made in the State Medical Register. Consequently, section 15 of the IMC Act confers on such person the right for enrolment on the State Medical Register and by the State Medical Council upon satisfaction of fulfillment of all the requirements by any applicant, for seeking such registration. Similarly, grant of provisional registration by the State Medical Council is provided under section 25 (1) of the Indian Medical Council Act, 1956.

3. Accordingly, this is to bring to the attention of all the concerned that the holders of primary medical qualifications (MBBS or its equivalent) from any country outside India, which is recognized for enrolment as medical practitioner in that country and who have qualified the Screening Test conducted by the National Board of Examination are required to be mandatorily enrolled on the State Medical Register by the State Medical Council upon satisfaction of fulfillment of all the requirements by any applicant, for seeking such registration. Therefore, State Medical Councils are requested to enroll such medical practitioners on their Registers and thereafter communicate the information of such enrolment to the Medical Council of India in accordance with the provisions of the Indian Medical Council Act, 1956. In doing so, the State Medical Councils are advised to necessarily ensure following procedural checks before granting provisional/permanent registration:

(1) That the applicant who has gone abroad from 15.03.2002 to 14.05.2013 had obtained an Eligibility Certificate from the Medical Council of India. Further, those going abroad on or after 15 May 2013 conform to / fulfill all the norms laid down in the Graduate Medical Education Regulations, 1997 for admission in MBBS course:

(2) That the foreign medical qualification obtained by the applicant is recognized for enrolment as medical practitioner in that country and confirmation from the Indian Embassy has been obtained to the effect that the degree awarded by the foreign Medical Institution is recognized for enrolment as medical practitioner in that Country:

(3) That the applicant has qualified the Screening Test conducted by the National Board of Examination:

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E-mail : mci@bol.net.in
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भारतीय आयुर्विज्ञान परिषद् MEDICAL COUNCIL OF INDIA

(4) That the primary medical qualification obtained by the applicant is either apostilled in accordance with the requirements of Hague Convention of 5 October 1961 Abolishing the Requirement of Legalization for Foreign Public Documents (Apostille Convention) or are duly attested by the Indian Embassy of the foreign nation from which such qualification has been obtained;

(5) That the authenticity of 10+2 marksheet and certificate are verified from the concerned Board.

(6) That the caste certificate of Scheduled Caste/Scheduled Tribe/ Other Backward Classes is verified in case relaxation of marks, as permitted under the MCI Regulations, is sought.

(7) In so far as grant of provisional registration under section 25(1) of the Indian Medical Council Act, 1956 is concerned, provision of Regulation 65 of MCI Regulations 2000, shall also be required to be complied with and which provides as under:

“65. **Provisional Registration.** - The names of provisionally registered medical practitioners should be borne on a separate list maintained for the purpose and they shall not be included in the State Medical Registers. In order to have a uniform procedure by all State Medical Councils with regard to the list of provisionally registered medical practitioners under section 25, the certificate for provisional registration should be issued in the following proforma:-

Name of Person :

Address :

Qualification :

Date of year of passing examination :

Name of College and University :

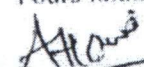
4. It may also be noted that the practice of granting direct registration by the Medical Council of India to the Indian citizens who have obtained primary medical qualifications from foreign countries would be stopped with effect from 01.03.2014 and with effect from such date no fresh application would be entertained by the Medical Council of India.

5. All the persons, who have obtained primary medical qualification from foreign country, are also advised to get their names enrolled on the State Medical Register so as to ensure that they are able to avail all the rights and privileges conferred upon by the Indian Medical Council Act, 1956.

6. In case of any clarification/difficulty the Council may be approached by the concerned State Medical Council for advice in the matter.

7. This is issued with the approval of the Competent Authority of the Council.

Yours faithfully,


(Ashok Kumar Harit)
Deputy Secretary (Admn.)