

# APPLICATION FORM FOR PERMANENT REGISTRATION

Name : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Professional/ Correspondence Address : \_\_\_\_\_

Permanent Address : \_\_\_\_\_

Telephone No. : \_\_\_\_\_

ATTESTED  
PHOTO  
PASTE HERE  
Photo attested by  
the Principal  
Medical College/  
Magistrate

To

The Registrar, Punjab Medical Council,  
S.C.O. No. 25, Phase-I, 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**

Signature of Applicant

Dated \_\_\_\_\_

## **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

# FORM OF DECLARATION

(To be signed by the applicant at the time of applying for registration)

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 2001.

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

Signature.....

Name.....

Place.....

Address.....

Date.....

# **FOR OFFICE USE ONLY :-**

ADDITIONAL QUALIFICATION REGISTERED IF ANY :-

1. NAME.....
  2. PERMANENT REGISTRATION NO.....
  3. ADDITIONAL QUALIFICATION.....
  4. DATE OF REGISTRATION .....
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# 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 , IIIrd 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. 2000/- 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. 3000/- 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

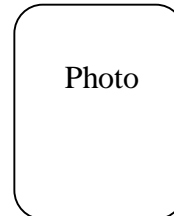
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**Personal Appearance must**

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## FORMAT OF SELF DECLARATION IF GRADUATE OUT OF PUNJAB.



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 \_\_\_\_\_ 3<sup>rd</sup> Prof. \_\_\_\_\_, under Roll No., held in \_\_\_\_\_. I have also completed Internship from Medical College \_\_\_\_\_.
2. That I have applied for Permanent Registration with the Punjab Medical Council.
3. That I have not been Permanent 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 and 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.

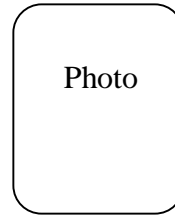
Place \_\_\_\_\_ :

Date : \_\_\_\_\_

SIGNATURE 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 OF DOCTOR \*

**\*(Signature in presence of President, Registrar or Superintendent Punjab Medical Council)**