

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. Domicile if out of Punjab.....
9. Self declaration if graduate out of Punjab.....
10. Screening Test Certificate if graduate out of India
11. One file cover.....
12. 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.....

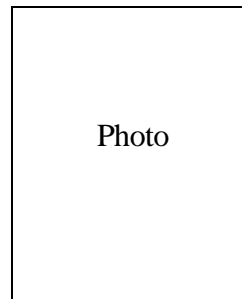
Date.....

FOR OFFICE USE ONLY :-

ADDITIONAL QUALIFICATION REGISTERED IF ANY :-

1. NAME.....
2. PERMANENT REGISTRATION NO.....
3. ADDITIONAL QUALIFICATION.....
4. DATE OF REGISTRATION

FORMAT FOR SELF DECLARATION



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 _____, 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)