

**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. Name of the college in which applicant  
studied and qualified from.
5. State Medical Council (s) with which registered.  
Registration No. (s) and date (s)
6. Places at which he had worked  
during the last five years, with  
full details (Please use separate  
sheet if space is not sufficient).
7. Two testimonial of character  
and conduct from persons of  
standing (in original)
8. Name, Regn. 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)
8. Bank Draft No..... dated .....

Signature of the Candidate

Dated.....  
.....

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.

Registrar,  
State Medical Council.

Dated, the .....

NOTE : The certificate of good standing issued by the Medical Council of India will be valid up to six months from date of issue.

## **Instructions To Candidates For Filling The Application Form For Obtaining A Certificate of Good Standing**

1. The Application form should be properly and neatly filled in.
2. For obtaining Medical Council of India Good Standing Certificate please see their website i.e. [www.mciindia.org](http://www.mciindia.org).
3. Good Standing case forwarding charges Rs. 550/- by way of bank draft only in favour of Registrar, Punjab Medical Council, Mohali, Payable at Mohali
4. For obtaining Punjab Medical Council Good Standing certificate Fee is Rs. 1050/- by way of bank draft only in favour of Registrar, Punjab Medical Council, Mohali, Payable at Mohali
5. The testimonials of character and conduct as stated in Col. '7' of the application form should be from persons of standing i.e. Gazetted Officers/ Members of Parliaments/ Members of Legislative Assembly/ Magistrates Ist Class and the Principals and Professors of Medical Colleges or from other persons of similar status.
6. The names of the referees may be mentioned with complete and correct addresses to whom a reference could be made. These should not be the same persons who have issued a certificate as asked for in Col. '7' of the application form.
7. The application is to be forwarded to this office through the Registrar of the State Medical Council with whom the person concerned is registered. In

case, he is registered with more than one State Medical Council, he should give all the registration numbers, with dates the names of the State Medical Councils but forward his application through the Registrar of one of the Medical Councils.

8. Photostat Attested copy of Permanent, Additional & Renewal Registration certificate.
9. Affidavit in case of candidate residing out of India
10. Self declaration

**Affidavit format of Good Standing Certificate on Rs. 15/-  
stamp paper attested by the Notary Public**

**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.

Deponent

**Verification**

Verified that the above given contents of my affidavit are correct & True to the best of my knowledge and belief and noting has been concealed therein.

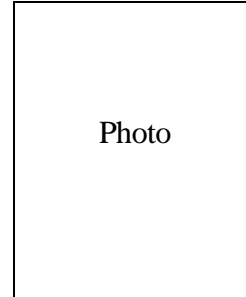
Place :

Deponent

Dated :

For Good Standing Certificate

**SELF DECLARATION**



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 Trupitude/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)