

APPLICATION FOR PROVISIONAL REGISTRATION UNDER SECTION "25"
OF THE INDIAN MEDICAL COUNCIL ACT, 1956

To

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

Attested Photo
Paste Here

I request that my name may be provisionally registered under section 25 of the Indian Medical Council Act, 1956.

The certificate of having passed the M.B.B.S. Examination of University is sent herewith in original alongwith photostat attested copy of following documents :-

1. Matric Certificate in support of Date of Birth.
2. Detail Mark Card of 10+2 certificate.
3. Ist, IInd , IIIrd Prof.Part-1 & Part-II Certificate.
4. Attempt Certificate.
5. One Passport size photograph attested by the Principal Medical College or Ist Class Magistrate.
6. Fee Rs.1000/- by way of Bank Draft only in favour of Registrar Punjab Medical Council Payable at Mohali
Bank Draft No. Dated
7. Self declaration if graduate out of Punjab

FULL PARTICULARS

Male/Female

1. Applicant's name in full :
2. Father's Name :
3. Full Permanent Address :
4. Date of Birth :
5. Medical Qualification of which Provisional Registration is required with name of Medical College & University.
6. Date of passing the final MBBS Examination:
7. Date of joining approved Hospital for internship:
8. Name of Hospital :
9. Date by which internship would be completed.

Dated.....

Signature

FOR OFFICE USE ONLY

Registration No.....

Dated.....20

B.D. Receipt No.....

Dated.....20

Despatch No.....

Dated.....20

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 practice 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.....

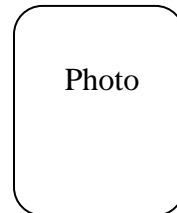
Date.....

DOCUMENT REQUIRED FOR PROVISIONAL REGISTRATION

PHOTOSTAT ATTESTED COPY OF FOLLOWING DOCUMENTS:

1. Matric Certificate in support of Date of Birth (Board)
2. 10+2 Detail Mark Card.
3. Ist, IInd , IIIrd Prof. Part-I, & Part II Certificate.
4. Attempt Certificate.
5. One Passport size photograph attested by the Principal Medical College or Ist Class Magistrate.
6. Domicile if Graduate out of State.
7. Registration Fee Rs. 1000/- by way of Bank Draft only in favour of Registrar, Punjab Medical Council, Mohali, Payable at Mohali.
8. Self declaration if graduate out of Punjab (as per Format)
9. Screening test certificate if graduate out of India.
10. Application form duly filled by the candidate

FORMAT OF 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 _____.

2. That I have applied for Provisional Registration with the Punjab Medical Council.

3. That I have not been Provisionally 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. The Punjab Medical Council can cancel my Provisional 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**