

# TRAVANCORE-COCHIN MEDICAL COUNCILS

## APPLICATION FOR GOOD STANDING CERTIFICATE (Modern Medicine/ Homoeopathy/Indian Systems of Medicine)

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1. Name (in block letters) ::
2. Address ::
  
2. Phone numbers/e-mail ID ::
- 3 Registration No. and date ::
3. Qualifications registered: 1)  
2)  
3)
4. Purpose for the certificate ::
5. Whether new Registration certificate with Security features has been obtained or not ::
5. Details of fee remitted:  
Amount ::  
No. and date of Chalan/DD ::
6. If required to send the certificate directly from the Council by speed post or by fax or by e-mail to abroad, give full address/details of fax number/e-mail ID

### **Declaration**

I, Dr. ...., do hereby declare that no disciplinary action has been taken or is pending against me by the Medical Council of India/Central Council of Indian Medicine/Central Council for Homoeopathy or any State Medical Council.

I also declare that the details given above are true to the best of my knowledge and belief.

Place :

Date :

Signature of the applicant

(2)

**Instructions**

1. Fee for Good Standing Certificate is Rs. 5000/- (Rupees Five Thousand only).
2. Fee can be remitted by the special chalan issued by the Council at the SBI City Branch, Thiruvananthapuram or by D.D. from any Nationalized Bank payable at SBI City Branch, Thiruvananthapuram, drawn in favour of the ***Registrar, Travancore-Cochin Medical Councils, Red Cross Road, Thiruvananthapuram. Fee once remitted shall not be refunded under any circumstances.***
3. Attested copies of the Registration Certificates (Both basic and additional qualifications) should be produced along with the application.  
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