



ഫാക്സ് : 0471-2301611  
ഫോൺ: 0471-2307227 (Office)  
ഇ-മെയിൽ: [registrartcmc@gmail.com](mailto:registrartcmc@gmail.com)  
[www.medicalcouncil.kerala.gov.in](http://www.medicalcouncil.kerala.gov.in)

**ട്രാവൻകൂർ - കൊച്ചിൻ മെഡിക്കൽ കൗൺസിൽ ഫോർ  
ഇൻഡ്യൻ സിസ്റ്റംസ് ഓഫ് മെഡിസിൻ  
ഓഫ് ക്രോസ് റോഡ്, തിരുവനന്തപുരം, കേരള- 35**

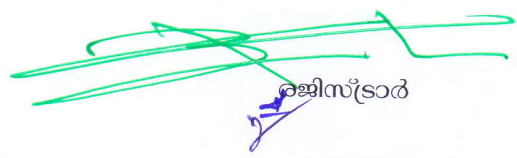
നം.എ2/2940/2018/എം.സി.

തീയതി: 14-03-2018

**നോട്ടീസ്**

നിശ്ചിത സമയപരിധിയ്ക്കകം അപ്ഡേഷൻ ലിസ്റ്റിൽ ഉൾപ്പെട്ടിട്ടില്ലാത്തവർക്ക് ഹോജോഗ്രാം പതിച്ച സർട്ടിഫിക്കറ്റ്, ഗുഡ്സ്റ്റാന്റിംഗ്, എൻ.ഒ.സി. എന്നീ സർട്ടിഫിക്കറ്റുകൾ നൽകുന്നതല്ല. ഇത്തരം സർട്ടിഫിക്കറ്റുകൾ ലഭ്യമാകുന്നതിന് അപ്ഡേഷൻ ലിസ്റ്റിൽ ഉൾപ്പെടെണ്ടതുണ്ട്. ആയതിനാൽ അപ്ഡേഷൻ ലിസ്റ്റിൽ ഉൾപ്പെട്ടിട്ടില്ലാത്തവർ മറ്റു രേഖകളോടൊപ്പം ട്രാവൻകൂർ -കൊച്ചിൻ മെഡിക്കൽ പ്രാക്ടീഷണേഴ്സ് ചട്ടങ്ങളിലെ ചട്ടം 80 (പകാരമുള്ള അപേക്ഷയും അനുബന്ധം-എഫ് (Appendix F)-ൽ കൊടുത്തിരിക്കുന്ന ഫോറം 1,2,3 എന്നിവയിൽ പറയുന്ന സർട്ടിഫിക്കറ്റും സഹിതം രജിസ്റ്ററിൽ വീണ്ടും പേര് ചേർക്കുന്നതിനായി കൗൺസിലിലേയ്ക്ക് അപേക്ഷിക്കേണ്ടതാണെന്ന് ഇതിനാൽ അറിയിക്കുന്നു.

ചട്ടം 80-ന്റെയും അനുബന്ധം എഫ്-ന്റെയും പകർപ്പ് ഇതോടൊപ്പം ഉള്ളടക്കം ചെയ്യുന്നു. കൗൺസിലിൽ രജിസ്ട്രേഷൻ എടുത്തിട്ടുള്ളതും ഇതുവരെ അപ്ഡേഷൻ ലിസ്റ്റിൽ ഉൾപ്പെട്ടിട്ടില്ലാത്ത തുമായ എല്ലാ മോഡേൺ മെഡിസിൻ, ഭാരതീയ ചികിത്സാസമ്പ്രദായം, ഹോമിയോപ്പതി ഡോക്ടർമാർക്കും ഇതു ബാധകമാണെന്ന് അറിയിക്കുന്നു.

  
രജിസ്ട്രാർ

## RESTORATION OF NAMES TO THE REGISTER

79. Applications for re-entering in the Register a name removed under sub-section (1), of Section 28 shall be entertained at the next session of the Council.

80. If any person whose name has been removed from the Register by direction of the Council and who (in the case of a practitioner still possessing a qualification entitling him to be registered) makes application to the Council for re-entering his name in the Register, the following shall be the procedure:—

(i) The application shall be in writing addressed to the Council, and signed by the applicant, and must state the grounds on which the application is made.

(ii) No application for re-entering in the Register the name of a person which has been removed under a direction made under sub-section (1) of Section 28 shall be entertained unless it is accompanied by a declaration made by the applicant setting forth the facts of the case, and stating that he is the person originally registered, and by a certificate from two qualified practitioners of the appropriate system registered under the Act as to his identity or in the case of the applicant residing outside Travancore-Cochin an identity certificate signed by two persons who shall be Magistrates not below the rank of 2nd Class Magistrates or two qualified practitioners of the appropriate system registered under the Act and resident in this State.

(iii) The statements in the application must also be verified by certificates in writing, to be given by a First Class Magistrate and by a qualified registered practitioner of the appropriate system resident in the neighbourhood where the applicant has been residing since his removal, who were and are well acquainted with him before and since the removal of his name, and they must testify to his present good character.

(iv) On receipt of the application it shall be referred by the Registrar to the Executive Committee for consideration and report. Before an application is considered by the Committee, the Registrar shall notify the same to the licensing bodies whose qualifications were held by the applicant at the time his name was removed; and shall further, by letter addressed to the person or body (if any),



on whose complaint the applicant's name has been removed, give notice of the application and of the time when the Committee intends to consider the same.

(v) The Executive Committee shall consider the application and may if it thinks fit, adjourn the consideration to a future date or require further evidence or explanation from the applicant.

(vi) The Executive Committee shall in camera consider the application and submit a report upon it to the Council embodying in such report such recommendations as the Committee may think fit to make together with the reasons for the recommendations.

(vii) The declaration and certificate under clause (ii) shall be in Form Nos. I and II given in Appendix F with such variation as circumstances may require. The certificate of identity shall be in Form No. 3 in the said Appendix F.

APPENDIX F  
FORM No. 1  
(Rule 80)

"Statutory declaration by applicant for re-entering his name in the Register.

"To the Travancore-Cochin Council of Trivandrum.

"(i) I, the undersigned/.....(1) now holding the qualification/ .....  
(2) do solemnly and sincerely declare that the following are the

facts of my case in reasons of which I seek re-entry of my name in the Register.

1. *Insert full name.*
2. *Insert qualifications if any,*

"(ii) In the year/.....(3) was duly registered in the Register in respect of the following qualifications namely/.....(4) and at the date of the removal of my name hereinafter mentioned I was registered in respect of the same qualifications.

3. *Insert date.*
4. *Insert original qualifications.*

(5) and also in respect of the same following qualifications, namely .....(5)

5. *To be added, if necessary.*
6. *Insert date of inquiry.*

"(iii) At an inquiry held on the ..... (6) day of ..... the Travancore-Cochin Medical Council directed my name to be removed from the Register on a complaint made to it by..... (7) of.....and the offence for which the Council directed the removal of my name was..... (8)

7. *Insert name and address of the complainant.*
8. *Insert charge on which name was removed.*

"(iv) Since the removal of my name from the ..... Register I have been residing at..... (9) and my occupation has been

9. *The blanks in this paragraph must be filled in according to circumstances.*

"(v) It is my intention if my name is re-entered in the Register to.....(10)

10. *Insert particulars as to proposed future professional occupation.*

"(vi) The grounds of application are.....(11)

11. *All facts and grounds on which the application is made should be clearly and concisely stated.*

(Signed on)

"Declared at before me."

*Magistrate or Two qualified registered practitioners of the appropriate system of medicine.*

FORM No. 2

**Certificate in support of Application**

I ..... certify as follows:

"(i) I am (1).....

1. *State whether a Magistrate or Registered Practitioner.*

"(ii) I have read paragraphs...(iv) and (v) of the application

of ..... and say that I have been and am well acquainted with the said ..... both before and since his name was removed from the Register, that I believe him to be now a person of good character, and that the statements in the said paragraphs are to the best of my knowledge, information and belief, true.

"Signed" .....

"Name" .....

"Address and qualification" .....

FORM No. 3

**Certificate of Identity**

I hereby certify that the aforesaid applicant is one above specified whose name formerly stood in the Register with the following address and the qualification.

*\*Here insert applicant's former address and registered qualifications.*

Name\* .....

Address\* .....

Registered qualifications .....

Date .....

*Here insert name and address of Person certifying.*