

CHECK LIST

(This should be submitted along with all applications for permanent registration)
in each system of medicine in the case of applicants who acquired qualification
from the States Outside Kerala

Sl No.	Documents to be submitted for permanent registration	Applicant		Office use	
1	Duly filled up application form	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Attested copy of birth certificate/attested copy of page of S.S.L.C book wherein date of birth is noted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Attested copy of detailed Internship Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Attested copy of university degree certificate/Provisional Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	a) In the case of Modern Medicine attested copy of permanent Registration Certificate of other State Council	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b) In the case of Homoeopathy attested copy of Permanent /Provisional registration Certificate of other State Councils	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c) In the case of Ayurveda attested copy of Permanent registration Certificate of other State Councils except Tamil Nadu & Goa Council. In the case of Tamil Nadu & Goa Council, original Provisional Registration certificate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Similar passport size colour Photograph of applicant(4Nos.) of which one affixed on a plain paper and attested by a gazetted officer of Kerala Government	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Fees receipt (Rs.3000/-)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	If registered in other State Councils except Modern Medicine, NOC of the concerned State Council after cancellation of Registration. In modern Medicine NOC of the council .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	Self addressed cloth envelope of size 30X26Cm with sufficient stamp for sending certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(N.B:- In attested copies the name, Designation, Office seal etc of the Gazetted Officer should be clearly noted. If not the application will not be accepted)

Declaration

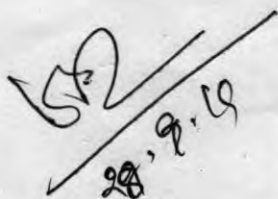
I hereby declare that all the information stated above are correct to the best of my knowledge and belief.

Signature &
Name

Superintendent

Manager

Registrar


28.9.19