

AFFIDAVIT(for PERMANENT REGISTRATION)

(To be submitted on a Rs. 200 non-Judicial Stamp paper and duly attested by a 1st class Magistrate/ Oath Commissioner or by a Notary Public with Notarial Stamp of sufficient value AFFIDAVIT [DELETE which one is not applicable])

I, _____ son/daughter of _____ resident of _____ do solemnly declare and affirm as follows:

1. That I am an Indian citizen/(OCI) having successfully completed and passed my Medical Graduation through regular mode of education (not off campus /distant mode of education) from the University of -----, -----(University ,Country) during the entire period of recognized course in an approved institution by the Medical council of India starting from ----- till----- *after duly obtaining the Eligibility Certificate from the authority concerned* (strike out the italic portion if it is not applicable to those applicant who are exempted) as per **“Eligibility Requirement for taking admission in an undergraduate medical course in a Foreign Medical Institution Regulations, 2002”**.

2. I affirm that the above University is in the approved list maintained by the Medical Council of India during the entire period of my course of Study and passing out abroad and the Course I have undergone is a medical

graduation equivalent to MBBS in India as recognized by the Medical Council of India.

3. I affirm that I have passed the screening test for Foreign Medical Graduate conducted by the National Board of Examinations as per **Screening test regulations 2002** in-----
-(Month&Year) with Roll No.-----

4. I affirm that I have submitted all relevant documents necessary to prove my age, eligibility for the course as per "**Graduate Medical Education Regulation 1997**" and course of study, pass of examination determining qualification for applying Permanent Registration with Travancore –Cochin Medical Councils .I had undergone internship in the MCI approved institution for the prescribed period successfully and completed all the requirement for Permanent Registration.

5. I affirm that I am well aware about the fact that due to the Pandemic COVID -19 situation in and around the world , due document verification , confirmation from the respective institutions and also the in-person original document verification including passport during the entire course period , scrutiny committee meeting and its recommendation followed by the approval of the Modern Medicine Council could not be carried out. I know that my Permanent registration is subject to the full-fillment of all the conditions and criteria as laid down by the statues relevant and the registration number allotted to me can be used for the purpose of employment in accordance with the law after completing all formalities, the original Permanent Registration certificate will be issued to me is liable to be cancelled and the registration certificate to be returned in case of any

false or fabricated document or claims made by me or any laxity on my part to full fill any condition laid down by the Council upon me, and in such an event I am bound to accept the same without any further dispute in any manner.

6. I affirm that all the facts stated above are true and correct to the best of my knowledge and belief and nothing untrue has been stated not any facts has been concealed and if anything found contrary to the above, I understand, I am liable for indemnifying the Travancore-Cochin Medical Councils to the extent it deems fit and proper and also debar from registration of the Council permanently.

[DEPONENT]

Witness (Name, Address, signarture with date)

1.

2.

VERIFICATION

Verified this _____ day of _____ year 202_ that the contents of my above affidavit are true to the best of my knowledge and belief and nothing untrue has been stated not any facts has been concealed.