

**APPLICATION FORM FOR PROVISIONAL/PERMANENT REGISTRATION FOR INDIAN NATIONALS HAVING QUALIFIED FROM FOREIGN MEDICAL INSTITUTIONS**

(Please read the instructions in Appendix-I carefully before filling up the form)

**Application for Registration:**      **Provisional**                      **Permanent**                      **Additional**

Affix attested  
front view,  
passport size  
Colour  
Photograph

1. NAME OF THE APPLICANT  
(BLOCK CAPITAL LETTERS)

2. Sex: Male/Female.

3. FATHER'S NAME  
(BLOCK LETTERS)

4. DATE AND PLACE OF BIRTH

(a) AGE (AS ON 31<sup>st</sup> DEC. OF 1<sup>st</sup> YEAR MEDICAL COURSE). Years                      Months                      Days

5. ARE YOU A CITIZEN OF INDIA

(a) BY BIRTH OR

(b) BY DOMICILE

IF (b) STATE THE DATE OF BECOMING INDIAN CITIZEN.

6. PERMANENT ADDRESS :.....  
WITH PINCODE

.....

.....

.....

7. PRESENT CORRESPONDENCE ADDRESS .....  
(WITH PHONE NO. AND E-MAIL ID)

.....

.....

.....

8. CATEGORY (GENERAL OR RESERVED i.e. SC/ST/OBC) :

9. (a) WHETHER ELIGIBILITY CERTIFICATE OBTAINED  
FROM ANY STATE COUNCIL/MCI BEFORE TAKING  
ADMISSION TO THE FOREIGN INSTITUTION;

(b) IF, YES, GIVE DETAILS:

10. DETAILS OF EDUCATIONAL QUALIFICATIONS:-

10 TH CLASS/ MATRIC/ HIGH SCHOOL	<ul style="list-style-type: none"> <li>School Name &amp; Address ..... ..... .....</li> <li>Board Name &amp; Address ..... ..... .....</li> </ul>	*Roll No.& result..... <input type="text" value="Pass"/> <input type="text" value="Fail"/> *Certificate No.& Date..... ..... *Date of Passing..... *Marks (Obtained/Total) ..... ..... *Percentage.....																																							
11 TH CLASS	<ul style="list-style-type: none"> <li>School Name &amp; Address ..... ..... .....</li> <li>Board Name &amp; Address ..... ..... .....</li> </ul>	*Roll No.& result..... <input type="text" value="Pass"/> <input type="text" value="Fail"/> *Certificate No.& Date..... ..... *Date of Joining ..... *Date of Completion..... *Subjects..... ..... *Marks (Obtained/Total) ..... .....																																							
12 TH CLASS/ Intermedi- ate or 10+2	<ul style="list-style-type: none"> <li>Board Name &amp; Address ..... ..... .....</li> <li>Roll No.....</li> <li>Date of Joining .....</li> <li>Date of Passing .....</li> <li>School Code No.....</li> </ul>	<table border="1"> <thead> <tr> <th>Subjects</th> <th>Marks Total</th> <th>Marks Obtained</th> <th>%</th> <th>Result Pass/ Fail</th> </tr> </thead> <tbody> <tr> <td>English</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Physics</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemistry</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Biology</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Grand Total</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total in physics, chemistry&amp;biology</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Subjects	Marks Total	Marks Obtained	%	Result Pass/ Fail	English					Physics					Chemistry					Biology					Grand Total					Total in physics, chemistry&biology				
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(3)

**11. B.Sc. OR ANY OTHER UNIVERSITY EXAMINATION, (IF ANY) AS PRESCRIBED IN MCI REGULATION ON GRADUATE MEDICAL EDUCATION, 1997:**

●College Name & Address.....  
●University .....  
.....Roll No.....  
●Date of Joining.....Date of Passing.....Examination Passed.....

Subjects	Maximum Marks		Marks Obtained		% Result	Pass/Fail
	Theory	Practical	Theory	Practical		
<b>Grand Total</b>						

**12. MEDICAL QUALIFICATION**

Name & address of Institution	Address of SENTRALNIYA OVIR (Registration Deptt.- OVIR) (Ministry of Foreign Affairs or Interior Ministry City	Registration Number/(OVIR No.)	Valid from	Valid upto	Recognition Status of Institution & Course
MEDIUM OF INSTRUCTIONS/COURSE.....					

(4)

13. (a) HAVE YOU DONE ANY PART OF YOUR MEDICAL COURSE IN ANY INSTITUTION OTHER THAN WHERE YOU HAVE OBTAINED MEDICAL DEGREE AS MENTIONED IN COLUMN 12, IF YES, ITS DURATION AND LOCATION

Yes

No

(c) If Yes, please give details

14. PASSPORT DETAILS: NO.....Date & Place of issue.....

Address as on Passport.....

(a) Date of leaving India.....

(b) Date of returning to India.....

15. DID YOU EVER CHANGE/LOSS THE PASSPORT – DUE TO ANY REASON:-

Yes

No

If yes, please give reason for change of passport.....

Previous Passport No..... Date & Place of Issue.....

Address on Previous Passport.....

*FIR Number in respect of lost Passport*.....

16. SCREENING TEST PARTICULARS:

1. Date of Passing:.....

2. Roll No.....

3. Chances Appeared.....

4. Copy of Certificate enclosed or not.....

17. INTERNSHIP TRAINING PARTICULARS

1. Date of Training .....

2. Institution of Training.....

3. Whether the institutions is recognized by MCI for doing internship

18. NAME OF THE MEDICAL DEGREE/DIPLOMA OBTAINED AND THAT OF UNIVERSITY/LICENSING BODY WITH THE YEAR OF OBTAINING THE QUALIFICATION.

(5)

19. (a) WHETHER HE/SHE HAS UNDERGONE PRACTICAL TRAINING BEFORE OR AFTER OBTAINING THE MEDICAL QUALIFICATION AS REQUIRED BY THE LAWS/RULES OF THE CONCERNED FOREIGN COUNTRY, GIVE DETAILS.

(b) IF NOT, HAS HE/ SHE UNDERGONE THE PRESCRIBED TRAINING IN AN APPROVED HOSPITAL IN INDIA, GIVE DETAILS.

20. HAVE YOU BEEN DEBARRED BY ANY EDUCATIONAL INSTITUTION/UNIVERSITY IN INDIA FROM STUDYING IN INDIA.

21. IF THE LANGUAGE OF STUDY IN THE COUNTRY BE OTHER THAN ENGLISH, PLEASE INDICATE IF IT WAS STUDIED IN INDIA BEFORE DEPARTURE OR WAS STUDIED IN THAT COUNTRY. PLEASE INDICATE THE TIME TAKEN FOR THAT STUDY AND WHETHER ANY EXAMINATION WAS PASSED.

22. DO THE MEDICAL EXAMINATION (S) PASSED *IPSO FACTO* ENTITLE ONE TO REGISTER IN THE COUNTRY IN WHICH THEY WERE TAKEN OR A SEPARATE EXAMINATION FOR REGISTRATION HAS TO BE PASSED.

23. ARE YOU REGISTERED IN ANY FOREIGN COUNTRY? IF SO, GIVE THE NAME OF THE BODY WITH WHICH REGISTERED AND THE NUMBER AND DATE OF REGISTRATION.

24. WHETHER THE QUALIFICATION AWARDED IS SUFFICIENT TO PRACTICE MEDICINE IN THAT COUNTRY. IF SO PRODUCE A CERTIFICATE FROM INDIAN EMBASSY CONCERNED TO THE EFFECT THAT THE QUALIFICATION IS RECOGNISED FOR REGISTRATION AND PRACTICE THEREOF IN THAT COUNTRY

25. DETAILS OF FEE PAID:

(a) PROVISIONAL	PERMANENT	ADDITIONAL
Rs. <input type="text" value="15,000/"/>	Rs. <input type="text" value="20,000/-"/>	Rs. <input type="text" value="15,000/-"/>

(b) MODE OF PAYMENT : BY D.D. DRAWN IN FAVOUR OF REGISTRAR, TRVANCORE-COCHIN MEDICAL COUNCILS, RED CROSS ROAD, THIRUVANANTHAPURAM-35.

26. DETAILS OF DEMAND DRAFT:-

(a) NAME AND ADDRESS OF ISSUING BANK:-.....

(b) DEMAND DRAFT NO.....DATED.....

(c) IFS CODE OF THE BANK.....

I solemnly affirm and declare that the entries made by me in the form are correct and in the event of any of the entries being found incorrect at any period of time, I shall be held responsible in any court of Law and the registration is liable to be cancelled.

SIGNATURE OF THE APPLICANT

NAME OF THE APPLICANT

DATE:

PLACE;

**DECLARATION**

At the time of registration, each applicant shall be given a copy of the following declaration by the Registrar concerned and the applicant shall read and agree to abide by the same.

1. I solemnly pledge myself to consecrate my life to service of humanity
2. I will maintain the utmost respect for human life from the time of conception.
3. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient
4. I will practice my profession with conscience and dignity
5. The health of my patient will be my first consideration.
6. I will respect the secrets, which are confined in me.
7. I will maintain by all means in power, the honour and noble traditions of medical profession.
8. I will treat my colleagues with all respect and dignity.
9. I shall abide by the Code of medical ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.

I make these promises solemnly, freely and upon my honour.

Signature.....

Name.....

Place.....

Address.....

Date.....

(7)

(AFFIDAVIT IN THE FOLLOWING FORMAT ON NON-JUDICIAL STAMP PAPER OF RS.10/- DULY SWORN IN AND ATTESTED BY FIRST CLASS MAGISTRATE FOR DELAY IN APPLYING FOR REGISTRATION IN CASE DELAY IS MORE THAN ONE MONTH AFTER COMPLETION OF INTERNSHIP TRAINING)

I, DR. \_\_\_\_\_ S/O

SH. \_\_\_\_\_ R/O \_\_\_\_\_

\_\_\_\_\_ DO HEREBY SOLEMNLY AFFIRM AND  
DECLARE AS UNDER:-

1. THAT I WAS A STUDENT OF MBBS OR CORRECT NOMENCLATURE OF  
QUALIFICATION IF OTHER THAN MBBS AT \_\_\_\_\_  
MEDICAL COLLEGE FROM \_\_\_\_\_ TO \_\_\_\_\_
- 2 THAT I HAVE COMPLETED MY COMPULSORY INTERNSHIP TRAINING FROM  
\_\_\_\_\_ TO \_\_\_\_\_
- 3 THAT I HAVE COMPLETED MY COMPULSORY INTERNSHIP TRAINING FOR ONE  
YEAR/ \_\_\_\_\_ (OR MORE AS THE CASE  
MAY BE) AT \_\_\_\_\_ (DETAILS OF  
HOSPITAL WITH COMPLETE ADDRESS)
- 4 THAT I COULD NOT GET MYSELF REGISTERED WITH M.C.I. /T.C.M.C. DUE TO \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(SPECIFIC REASON FOR THE DELAY MUST BE SPELT OUT BY THE CANDIDATE).
- 5 THAT I HAVE NOT DONE ANY UNETHICAL PRACTICE AFTER COMPLETION OF MY  
INTERNSHIP TRAINING. HOWEVER, IF ANY COMPLAINT IS MADE AGAINST ME FOR  
UNETHICAL PRACTISE DURING THIS PERIOD, I SHALL BE HELD RESPONSIBLE FOR  
THE SAME.
- 6 THAT ALL THE FACTS STATED ABOVE ARE TRUE AND CORRECT TO THE BEST OF  
MY KNOWLEDGE.

DEPONENT.

**VERIFICATION**

VERIFIED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_  
YEAR \_\_\_\_\_ THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND  
CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DEPONENT

**CHECK LIST for submission of documents by applicants graduated in MBBS from foreign Medical Institution**

The candidates are requested to ensure that the documents are enclosed as per the order in the Check list. All papers/documents should be numbered according to the check list and copies thereof shall be attested by a Gazetted Officer of the Government of Kerala. Please arrange the application in the following order & tick mark the relevant boxes:

1. Bank Draft for Rs. 5,000/- (Provisional)	<input type="text"/>	20,000/- (Permanent)	<input type="text"/>	15,000/- (Additional)	<input type="text"/>
2. Application form .....				<input type="text" value="Yes"/>	<input type="text" value="No"/>
3. Declaration form .....				<input type="text" value="Yes"/>	<input type="text" value="No"/>
4. Copies of MBBS/MD 'Physician' degree .....				<input type="text" value="Yes"/>	<input type="text" value="No"/>
5. Copies of Marks-sheet of MBBS/MD Physician' Degree .....				<input type="text" value="Yes"/>	<input type="text" value="No"/>
6. Original/Copies of Marksheet of 12 <sup>th</sup> Class (10+2) or equivalent examination .....				<input type="text" value="Yes"/>	<input type="text" value="No"/>
7. Copies of Pass Certificate of 12 <sup>th</sup> Class (10+2) or equivalent examination .....				<input type="text" value="Yes"/>	<input type="text" value="No"/>
(showing all the subjects & the name of the school) along with D.D. of required fee drawn in favour of the Board issuing the certificate as mentioned by M.C.I.					
8. Pass Certificate of 11 <sup>th</sup> Class or equivalent examination .....				<input type="text" value="Yes"/>	<input type="text" value="No"/>
9. Pass Certificate of 10 <sup>th</sup> Class or equivalent examination .....				<input type="text" value="Yes"/>	<input type="text" value="No"/>
10. Eligibility Certificate issued to the Candidate by the TCMC/MCI for admission to Undergraduate Medical Course at abroad .....				<input type="text" value="Yes"/>	<input type="text" value="No"/>
11. Copies of Screening Test Result .....				<input type="text" value="Yes"/>	<input type="text" value="No"/>
12. Photocopy of all the pages of all the passports showing visa the date of Emigration and immigration from and to Foreign country and India .....				<input type="text" value="Yes"/>	<input type="text" value="No"/>
13. Three Passport size colour photographs with front view, one affixed on a plain paper and attested by a Gazetted Officer of the Government of Kerala & two signature slips.				<input type="text" value="Yes"/>	<input type="text" value="No"/>
14. Original Provisional Registration Certificate issued by MCI/ any other State Medical Council /TCMC .....				<input type="text" value="Yes"/>	<input type="text" value="No"/>
15. Internship Completion Certificate showing posting in various departments trained with specific dates issued by the Medical College/ Institution Head .....				<input type="text" value="Yes"/>	<input type="text" value="No"/>
16. An affidavit for delay if any, in applying for permanent registration – if the delay in applying for registration is more than 30 days after completion of internship .....				<input type="text" value="Yes"/>	<input type="text" value="No"/>

(10)

17. Letter from the Indian Embassy concerned that the medical qualification possessed by the candidate is a recognized qualification for enrolment as medical practitioner in the country in which the institution awarding the said qualification is situated .....

Yes

No

18. Self addressed cloth lined envelope of size 30x26cm for sending the Certificates

Yes

No

Signature.....

**APPENDIX – 1**  
**INSTRUCTIONS**

1. THE APPLICATION FORM SHOULD BE PROPERLY AND NEATLY FILLED IN CAPITAL LETTERS AND SHOULD BE DULY SIGNED BY THE CANDIDATE. THE APPLICANT MUST PROVIDE HIS/HER EMAIL ADDRESS AND MOBILE NO AS MENTIONED AT POINT NO 7 IN THE APPLICATION. THE COPIES OF THE DOCUMENTS WHEREEVER REQUIRED SHOULD BE ATTESTED BY A GAZETTED OFFICER OF THE STATE OF KERALA. THE APPLICATION SHOULD BE SUBMITTED ALONG WITH THE FOLLOWING DOCUMENTS:-

- (a) FOUR (4) XEROX COPIES OF
  - (i) MBBS/MD MEDICAL DEGREE CERTIFICATE.
  - (ii) XII PASS/SR. SECONDARY/INTERMEDIATE/+2 MARKSHEET AND PASS CERTIFICATE.
- (b) TWO XEROX COPIES EACH OF.
  - (i) INDIAN PASSPORT.
  - (ii) X PASS/MATRICULATION CERTIFICATE.
- (c) TWO XEROX COPIES OF SCREENING TEST RESULT.
- (d) COPY OF INTERNSHIP COMPLETION CERTIFICATE BY THOSE WHO APPLY FOR PERMANENT REGISTRATION.
- (e) ORIGINAL PROVISIONAL REGISTRATION CERTIFICATE ISSUED BY STATE MEDICAL COUNCIL/MEDICAL COUNCIL OF INDIA BY THOSE WHO ARE APPLYING FOR PERMANENT REGISTRATION.
- (f) AN AFFIDAVIT FOR DELAY IN APPLYING FOR REGISTRATION IF THE DELAY IN APPLYING FOR REGISTRATION IS MORE THAN 30 DAYS AFTER COMPLETION OF INTERNSHIP.
- (g) THREE RECENT PASSPORT SIZE COLOUR PHOTOGRAPHS WITH FRONT VIEW – (Please write name on the reverse of the photograph)
- (h) SIGNATURE ON TWO SELF ADHESIVE SLIPS PROVIDED WITH APPLICATION.
- (i) ORIGINAL 10+2 MARKSHEET BY THE APPLICANTS IN CASE THEY HAVE QUALIFIED THEIR 10+2 EXAMINATION FROM THE EDUCATION BOARDS OF THE FOLLOWING STATES:-
  - i) JAMMU & KASHMIR
  - ii) PUNJAB
  - iii) ANDHRA PRADESH
  - iv) HARYANA
  - v) RAJASTHAN
  - vi) KARNATAKA

(THE ORIGINALS ARE REQUIRED SINCE RESPECTIVE BOARDS CONFIRM THE AUTHENTICITY OF THE CERTIFICATES ONLY UPON SUBMISSION OF ORIGINAL DOCUMENTS)

2. VERIFICATION FEE BY DEMAND DRAFT AS DETAILED BELOW BY THE CANDIDATES WHO HAVE QUALIFIED 10+2 EXAMINATION FROM THE EDUCATION BOARD OF THE FOLLOWING STATES AT THE TIME OF PROVISIONAL REGISTRATION ALONG WITH A XEROX COPY OF THE DRAFT:-

(12)

- (a) **JAMMU & KASHMIR** – Rs.485/- in favour of CHAIRMAN, J & K STATE BOARD OF SCHOOL EDUCATION, payable at J&K BANK REHARI COLONY JAMMU OR LALMANDI SRINAGAR
- (b) **PUNJAB** – Rs.600/- in favour of SECRETARY, PUNJAB SCHOOL EDUCATION BOARD, Payable at MOHALI/CHANDIGARH
- (c) **ANDHRA PRADESH** – Rs.100/- in favour of Secretary, B.I.E., A.P., Hyderabad
- (d) **ORISSA** – Rs.20/- in favour of 'FINANCE OFFICER, CHSE, ORISSA, BHUBANESHWAR', PAYABLE AT BHUBANESHWAR
- (e) **GOA** – Rs.100/- in favour of SECRETARY, GOA BOARD OF SECONDARY & HIGHER SECONDARY EDUCATION, ALTO-BETIM-GOA PAYABLE AT GOA.
- (f) **MAHARASHTRA** – Rs.200/- in favour of DIVISIONAL SECRETARY M/S. BOARD OF SECONDARY & HIGHER SECONDARY EDUCATION of respective DIVISIONAL BOARD (Rs.300 for Kolhapur Divisional Board).
- (g) **GUJARAT** – Rs.125/- in favour of SECRETARY, GUJARAT SEC. & HIGHER SEC. EDUCATION BOARD, payable at GANDHINAGAR GUJARAT.
- (h) **RAJASTHAN** – Rs.200/- in favour of BOARD OF SECONDARY EDUCATION RAJASTHAN, AJMER PAYABLE AT AJMER (**Fees required for the students passed on or before 2000**)
- (i) **New Delhi** – Rs.300/- in favour of COUNCIL FOR THE INDIAN SCHOOL CERTIFICATE EXAMINATIONS, payable at NEW DELHI.
- (j) **DHAKA BOARD, BANGLADESH** – 25/- TK Per Document PAYABLE AT .....  
.....
- (k) **JESSORE BOARD, BANGLADESH** – 100/- TK Per Document PAYABLE AT .....  
.....
- (l) **RAJSHAHI BOARD, BANGLADESH** – 100/- TK Per Document PAYABLE AT .....  
.....
- (m) **RAJSHAHI UNIVERSITY, BANGLADESH** – US \$15/- Per Document PAYABLE AT ...  
.....
- (n) **MEGHALAYA BOARD OF SCHOOL EDUCATION** – Rs.200/- PAYABLE AT TURA
- (o) **WESTBENGAL** – Rs.100/- in favour of WEST BENGAL COUNCIL OF HIGHER SECONDARY EDUCATION PAYABLE AT KOLKATA
- (p) **TAMIL NADU** – Rs.50/- in favour of Director, Directorate of Govt. Exam. payable at Chennai (from Nationalized Bank)
- (p) **JHARKHAND** – Rs.100/- in favour of Jharkhand Academic Council, Payable at Ranchi

- (r) **CBSE BOARD AJMER** – Rs.235/- in favour of SECRETARY CBSE, Ajmer Payable at Ajmer.
- (s) **CBSE BOARD CHENNAI** – Rs.240/- in favour of SECRETARY CBSE, Chennai Payable at Chennai
- (t) **CBSE DELHI** – Rs.100/- in favour of SECRETARY CBSE, Payable at Delhi
- (u) **CBSE GUWAHATI** – Rs.200/- in favour of SECRETARY CBSE, Payable at GUWAHATI
- (v) **CBSE PANCHKULA** – Rs.100/- in favour of SECRETARY CBSE, Payable at PANCHIKULA
- (w) **CBSE ALLAHABAD** – Rs.130/- in favour of SECRETARY CBSE, Payable ALLAHABAD
- (x) **HIMACHAL PRADESH** – Rs.200/- in favour of SECRETARY HIMACHAL PRADESH SCHOOL EDUCATION BOARD, DHARMASHALA - 176700
- (x) **ASSAM** – Rs.100/- in favour of Secretary , AHSEC, Guwahat – 21, payable at Guwahati.
- (z) **KERALA** – Rs.100/- be remitted by treasury chellan in to the Head of Account of Kerala State “0202-01-102-97(3)” in Government treasuries in case of students with in the State. For students outside Kerala, the amount shall be drawn by Demand Draft from Nationalized Bank in favour of Joint Director (Exam Wing), Higher Secondary Education, Thiruvananthapuram, payable at Thiruvananthapuram.

**Note:- If Roll Number starts with “1” to Ajmar, “2” to Panchkula, “3” to Guwahati, “4” to Chennai, “5” to Allahabad, “6” to Delhi in case of CBSE BOARD.**

3. FEE & MODE OF PAYMENT – THE FEE SHALL BE DRAWN BY BANK DRAFT IN FAVOUR OF “ THE REGISTRAR, TRAVANCORE-COCHIN MEDICAL COUNCILS, RED CROSS ROAD, THIRUVANANTHAPURAM -35.

ON REVERSE OF THE DRAFT, FOLLOWING DETAILS ARE TO BE FILLED BY THE APPLICANT AND DULY SIGNED:-

- a. NAME
  - b. FATHER’S NAME
  - c. PURPOSE FOR WHICH THE DRAFT SUBMITTED
  - d. TELEPHONE NO WITH CODE/MOBILE NO.
4. APPLICATION MUST BE COMPLETE IN ALL RESPECTS. NO ALTERATION WILL BE ALLOWED TO BE MADE IN THE APPLICATION FORM AFTER IT HAS BEEN SUBMITTED TO THE COUNCIL.
  5. IT IS FOR THE INFORMATION OF THE CANDIDATES THAT THE CERTIFICATES WOULD BE SENT BY REGISTERED POST/SPEED POST WITH ACKNOWLEDGEMENT.
  6. APPLICANT IS ADVISED TO RETAIN COPY OF APPLICATION AND DRAFT FOR FURTHER REFERENCE.
  7. THE APPLICANT IS REQUIRED TO BRING/SUBMIT COPIES OF ALL DOUCMENTS INCLUDING ALL THE PASSPORTS AT THE TIME OF SUBMISSION OF APPLICATION DULY ATTESTED BY A GAZETTED OFFICER OF THE GOVERNMENT OF KERALA AND PRODUCE ORIGINALS WHEN CALLED FOR EXCEPT IN THE CASE MENTIONED AT ITEM (i) OF INSTRUCTION I.



Phone : 0471-2302756 (Office)  
e-mail: registrar.tcmc@kerala.gov.in  
www.medicalcouncil.kerala.gov.in

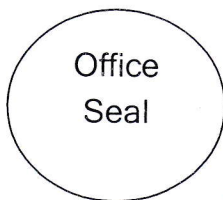
**THE TRAVANCORE-COCHIN COUNCIL OF MODERN MEDICINE**  
COMBINED COUNCIL BUILDING, RED CROSS ROAD, THIRUVANANTHAPURAM, KERALA - 695 035

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**ACKNOWLEDGEMENT**

Your application received in this office on-----(date),  
which is under scrutiny. This acknowledgement does not confer any right to practice.

Signature of receiving official with date



## AFFIDAVIT

I, \_\_\_\_\_ (Name)  
Son/Daughter of \_\_\_\_\_ (Name),  
\_\_\_\_\_ (Address),  
do take the oath and affirm as follows:-

1. Whereas I have successfully completed and passed my Medical Graduation, \_\_\_\_\_ (Name of Course) from \_\_\_\_\_ (Name of University & Country) during the academic year commencing from \_\_\_\_\_ till \_\_\_\_\_ (Period).
2. It is submitted thereafter I have passed the screening test of Foreign Medical Graduate conducted by National board of Examination in \_\_\_\_\_ (month & year) vide Roll no. \_\_\_\_\_
3. I have submitted the afore stated certificates and other relevant records for getting provisional registration from Travancore-Cochin Medical Council, Thiruvananthapuram.
4. If the authority find out any mistake in the documents produced on further verification, I know that the provisional registration issued to me will be automatically cancelled and I have no claim to demand permanent registration.
5. In this premises it is humbly submitted that I may be issued Provisional Registration to start my internship in Kerala and in the event of verification, if any irregularity is detected, I am willing to indemnify the Travancore-Cochin Medical Council from any hardships and inconvenience thereon.

All the facts stated above are true and correct to the best of my knowledge, information and belief.

Dated this the \_\_\_\_\_.

Deponent

Witness    Name and Address

Signature

1.

2.