

## AFFIDAVIT

(To be submitted on a Rs. 200 non-Judicial Stamp paper and duly attested by a 1st class Magistrate or by a Notary Public with sufficiently Notarial Stamped affidavit.)

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

1. That I am an Indian citizen/(OCI with valid OCI card No..... dated,-----) having successfully completed and passed my Medical Graduation from the Medical Council of India approved University and Course, through regular mode of education, from the University of -----, ----  
------(Country) during the period 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).

2. I solemnly affirm that the above Univeristy is in the approved list maintained by the Medical Council of India during the entire period of my course of Study and at the time of 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 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, course of study ,pass of examination determining qualification for applying provisional Registration with Travancore –Cochin Medical Councils for doing internship or after internship for permanent registration provisionally subject to the final decision in the matter.

5. I affirm that I am well aware about the fact that the name of the University in which I have undergone medical graduation abroad is not in the approved list of medical Institution maintained by the Medical Council of India as of now, and I voluntarily admit and convey that any final decision taken by the Travancore-Cochin Medical Councils or Medical Council of India or National Medical Commission or the Central Government or any competent Court of Law about the validity of the recognition and validity of the Course, the Provisional/Permanent registration allowed to me, is liable to be cancelled and the registration certificate to be returned and 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 deem fit and proper and also debar from registration of the Council permanently.

(DEPONENT)

Witness

1.

2.

**VERIFICATION**

Verified this \_\_\_\_\_ day of \_\_\_\_\_ year 20\_\_ 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.