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

നോട്ടീസ്

2020-2021 കാലഘട്ടത്തിൽ താല്ക്കാലിക രജിസ്ട്രേഷനായി അപേക്ഷ സമർപ്പിച്ച വിദേശ മെഡിക്കൽ ബിരുദധാരികളുടെ ശ്രദ്ധയ്ക്ക്

തിരു-കൊച്ചി മെഡിക്കൽ കൗൺസിലിൽ 2020-2021 കാലഘട്ടത്തിൽ താല്ക്കാലിക രജിസ്ട്രേഷനായി അപേക്ഷ സമർപ്പിച്ച വിദേശ മെഡിക്കൽ ബിരുദധാരികളെ സംബന്ധിച്ച് കൗൺസിലിന്റെ ഔദ്യോഗിക വെബ്സൈറ്റിൽ പ്രസിദ്ധീകരിച്ചിരിക്കുന്ന “Attention to all Foreign Medical Graduates –Revised affidavit for incomplete verification for provisional certificate during the period 2020-2021 “ എന്ന തലക്കെട്ടോടു കൂടിയ അഫിഡവിറ്റിന്റെ മാതൃക 200/- രൂപയുടെ പത്രത്തിൽ നോട്ടറൈസ് ചെയ്ത് ഹാജരാക്കുന്ന പക്ഷം കാലതാമസം കൂടാതെ താല്ക്കാലിക രജിസ്ട്രേഷൻ സർട്ടിഫിക്കറ്റ് അനുവദിച്ചു നൽകുന്നതാണ്. കൂടാതെ നോട്ടറി അഫിഡവിറ്റിനോടൊപ്പം പാസ്പോർട്ട് വിവരങ്ങൾ നൽകുന്നതിനായുള്ള മാതൃകയും പൂർത്തിയാക്കി ഹാജരാക്കേണ്ടതാണ്. (മാതൃകയ്ക്കായി വെബ്സൈറ്റ് കാണുക).

N.B.

1. അഫിഡവിറ്റിന്റെ തലക്കെട്ടായി “Revised affidavit for incomplete verification for provisional certificate during the period 2020-2021” എന്നും ഉൾപ്പെടുത്തേണ്ടതാണ്.
2. നോട്ടീസിൽ സൂചിപ്പിച്ചിരിക്കുന്ന രണ്ടു രേഖകളും ഇനി താല്ക്കാലിക രജിസ്ട്രേഷനായി ടി.സി.എം.സി.യിൽ അപേക്ഷ നൽകുന്ന എല്ലാ വിദേശ മെഡിക്കൽ ബിരുദധാരികൾക്കും ബാധകമാണ്. അപേക്ഷയോടൊപ്പം തന്നെ ഈ രേഖകളും സമർപ്പിക്കേണ്ടതാണ്.


രജിസ്ട്രാർ

REVISED AFFIDAVIT FOR INCOMPLETE VERIFICATION FOR PROVISIONAL CERTIFICATE DURING THE PERIOD 2020-2021

(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.-----*also owing to COVID 19 unprecedented situation , the NBE has issued the pass certificate without conducting in person document verification and the confirmation of the said certificate has not yet been carried out which will subject to the final decision of the Council after getting clarification from NBE in this regard for DECEMBER 2019 FMGE pass outs. (strike out the italic portion if it is not applicable to those applicant who are other than DEC 2019 FMGE exam pass outs , in COVID -19 Situation)*

4. I affirm that I have submitted all relevant documents necessary to prove my age, eligibility for the course as per *as per* "Graduate Medical Education Regulation 1997" and course of study, pass of examination determining qualification for applying provisional Registration with Travancore –Cochin Medical Councils for doing internship .

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 the provisional registration number allotted to me.....(Provisional Reg No).....(Reg Date) is subject to the full fillment of all the conditions and criteria as laid down by the statues relevant and the Provisional registration number being issued is solely for

doing CRR in any one of the MCI approved institutions in Kerala and I will not make use of registration number any other purpose other than the purpose for which it has been issued . Further I understand and also affirm that after completing all formalities the original provisional certificate will be issued to me through online is liable to be cancelled and the provisional 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, Signature with date)

1.

2.

VERIFICATION

Verified this _____ day of _____ year 200_ 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.

Passport Details During the Entire Course Period

Name of applicant :

Passport No. :

Date & Place of Issue :

Validity of Visa : From To

Validity of Passport : From To

Whether OCI holder : Yes/No Period From..... To.....

Whether 6 months period
remaining in passport validity,
when OCI status began : Yes/No
If NO , give details:

Name of University with Country:

Study Period : From To

Date of leaving India	Name of Air port at the time of Departure	Page number of passport in which attestation done (Column1&2)	Date of Returning in India	Name of Air Port at the time of arrival	Page number of passport in which attestation done (Column 4&5)	Reason for return in India
(1)	(2)	(3)	(4)	(5)	(6)	(7)

