

MODERN MEDICINE

FMG PROVISIONAL REGISTRATION

- **Registration submission mode: Online Only**

- **Documents Required/Procedure**
 1. Apply online
 2. Attested Copy of Foreign Medical degree with Embassy attestation/Apostilled – (2 sets)
 3. Attested Copy of Marks-sheet of Foreign Medical degree – (2 sets)
 4. Attested Copy of Mark sheet of 12th Class (10+2) or equivalent exam (2sets).
(If mark relaxation is applicable, should furnish the attested copy of the Caste Certificate)
 5. Attested copy of Pass Certificate of 12th Class(10+2) or equivalent examination(2 sets)
 6. Attested copy of Pass Certificate of 11th Class/equivalent examination(2 sets)
 7. Attested copy of Pass Certificate of 10th Class/equivalent examination(2 sets)
 8. Attested copy of Eligibility Certificate issued to the Candidate by MCI / NMC for admission to Undergraduate Medical Course at abroad – if applicable (2 sets).
 9. Attested Copy of Screening Test Result (2 sets)
 10. If the applicant is OCI, should furnish the attested copy of the passport of the respective country and OCI card details (2 sets)
 11. Attested Color copy of all the pages of the passports including blank pages showing visa, the date of Emigration and immigration from and

to Foreign country and India(2 sets)

In case of lost passport: should submit the travel details authorized by the Emigration Department (2 Sets)

12. True likeness certificate - same photo must be uploaded online
13. Travel details of the entire course period in the specified format attached below
14. Copy of acknowledgment duly signed by the applicant
15. Self Affidavit in prescribed format for Provisional Registration regarding the authenticity of documents submitted along with the application, in non judicial stamp paper worth Rs.200/- *(No need of notary attestation)*

After completion of online registration, produce hard copy of acknowledgement and SL No. items from 2 to 13 to the council to process your application.

- **Fees Structure**

➤ **Fees- Rs.15000/-**

NB: Attesting Officer must be a Kerala Government Gazetted Officer (Must have Name, Designation and Office Seal of the department). University /Aided institution/ Board attestation/Notary attestation not acceptable

Fee details of 12th class Certificate Verification

- For Tamil Nadu State Board, submit a Demand Degree worth Rs.50/- taken in favour of “The controller of Examination, Tamil Nadu State Board”.
- For ISC Board, Online payment must be done, for which the applicant will be contacted directly from the office.
- For other boards, Information regarding verification will be intimated from the office through the profile *(if required)*

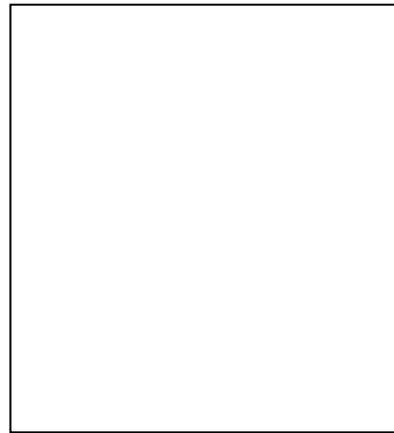
LIKENESS CERTIFICATE

FORMAT FOR ATTESTATION OF SIGNATURE AND PHOTOGRAPH

The photograph and signature of _____
are attested below:-



Applicant 's Signature



Photograph

*Signature , Name and Designation Seal
& Office Seal of the attesting Gazetted Officer
(To be put across the photograph)*

Date :.....

Place:.....

Travel details in Passport during the entire course period

Name of the Applicant :

Passport Details :

Sl.No.	Passport No.	Date & Place of issue	Validity from	Validity up to

Validity of Visa : 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 :

Course Period : From To

The following entry should be in chronological order starting on or before the course start date and ending with last travel date from the country in which the college is situated

Sl. No.	Name of country and Airport from which applicant left	Departure Date	Passport number &Page number of passport in which attestation done (Column 2&3)	Name of country and Airport to which applicant arrived	Arrival Date	Passport number & Page number of passport in which attestation done (Column 5&6)	Purpose of Travel
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Signature :

Name of Applicant :

AFFIDAVIT

(To be submitted on 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 University 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 Examination in (Month
& Year) with Roll:.....
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 KERALA STATE 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 Kerala State 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 KERALA STATE MEDICAL COUNCIL 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.

Signature