

Application for Provisional Registration with the Maharashtra Medical Council, Mumbai

No. PR / _____

To,
Registrar,
Maharashtra Medical Council
189/A, Anand Complex, 2nd Floor, Sane Guruji Marg, Arthur Road Naka,
Chinchpokali (W), Mumbai - 400 011.

RECENT
PHOTO

(PASSPORT SIZE)

Sir,
I request you to register my name provisionally registration under Section 25 of the Indian Medical Council Act, 1956 and issue the necessary Certificate. My particulars are as follows:

Name of Applicant	:				
		Prefix	(First Name)	(Middle Name)	(Surname)
Name in Devnagari	:				
Name of Father	:				
Name of Mother	:				

In Case of Married Women

Maiden Name	:				
		Prefix	(First Name)	(Middle Name)	(Surname)

Name of Husband :

Name	:				
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PERMANENT ADDRESS : VILLAGE / TOWN _____	TALUKA _____	
DISTRICT _____	STATE _____	PINCODE _____
TELEPHONE (RES) _____	(OFF) _____	MOBILE _____

PRESENT ADDRESS FOR COMMUNICATION : _____	
_____	PIN _____

RESIDENTIAL ADDRESS IN MAHARASHTRA : _____	
(ONLY FOR OTHER STATE CANDIDATE)	
_____	PIN _____

Nationality : Indian Other Specify _____ Sex : Male Female

1. Date of Birth of the Applicant	DD	MM	YYYY
Date of passing the M.B.B.S Examination	DD	MM	YYYY
Name of the educational Institution (and place) from where the applicant completed his course			
Name of the Statutory University (and place) to which the said Institution is affiliated			

Specimen Signature of Applicant			
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I have enclosed following certificates in original, alongwith their neat & legible attested photocopies :

1. Proof of date of birth.
2. Mark - list for the qualifying examination issued by University in original & attested xerox copy.
3. Certificate of being a **bona fide student** issued by the Head of the Institution in original & Xerox copy.
4. Certificate of passing the qualifying examination issued by the University in original & attested xerox copy.
5. Intership allotment letter / intership doing certificate issued by head of institution / Dean in original.(Marriage Certificate,/ Govt. Gazette,/ Affidavit
6. Proof of change of name in case of applicants desirous if registration in new name.
7. Three copies of latest photographs of passport size.

8. Demand Draft / Pay Order for Rs. 500/- Rs. Five Hundred only in favour of Registrar, **Maharashtra Medical Council** payable **at Mumbai**. Demand Draft / Payorder No. _____ date _____
Name of the Bank _____

DECLARATION

I am applying for Registration for the first time and I was not registered as a medical practitioner in India / abroad before the date of this application I am aware of legal consequences of misleading the Maharashtra Medical Council or violating the limitations on practice inherent with provisional registration. I have carefully read the instructions and I certify that the particulars furnished above are true to the best of my knowledge and belief.

Date :

Place

(Signature of applicant)

FOR OFFICE USE ONLY

<u>Particular of Payment :</u>		Provisional Registration Certificate sent by Regd. Post / Speed Post
Receipt No. and Date		at :
Signature of the Clerk	
Name of MMC Clerk		On :

- Note :
- 1) Instruction sheet attached.
 - 2) Read the instructions carefully before filling the form.
 - 3) Incomplete application form will be rejected.

MAHARASHTRA MEDICAL COUNCIL

Instructions for filling up the Application form for Provisional Registration

INSTRUCTIONS

Application needs to be filled in by the applicant in his / her own handwriting. All particulars should be filled in neat legible hand and in block letters ; (i.e., no running hand; lower case is permitted). No short forms should be used. The applicant must ensure that the name entered in the application form exactly corresponds with his / her name with us supporting documents.

Name :

- i. In all boxes of names, fill in the name in Roman as well as Devnagari script.
- ii. Prefix : Mention Mr. Ms. Do not write Dr. in any box. The prefix of Mrs. is permitted in the special box provided for Married women applicants. They can retain the prefix of Ms. In that box, if they so desire.
- iii. Devnagari equivalents are as follows : Mr = श्रीमान ; Ms. = श्रीमती ; Mrs. = सौ.
- iv. Married women applying for provisional registration should write their maiden name in the first box. They should indicate their name after marriage in the bold provided.

POSTING INSTRUCTION

Application may be submitted in person or sent by the registered post / speed post / courier on the address mentioned in the application form.

PAYMENT INSTRUCTION

Registration fee of Rs. 500/- (Rupees Five Hundred only) will be accepted by Demand Draft / Pay Order in the name of Registrar, Maharashtra Medical Council, payable at Mumbai only.

ACCEPTANCE OF APPLICATION

Forms will be accepted Monday to Friday (excluding Holidays) during 10.30 a.m. to 4.00 p.m. at the office of Maharashtra Medical Council. An incomplete form or the one not accompanied with valid payment will not be accepted. No correspondence in this regard will be entertained.

PRESEVATION

The document of Provisional registration is to be preserved by the internist carefully. This document is required to be submitted in original, while applying for permanent registration.

Registrar