

Additional Registration Certificate
Sr. No.

Receipt No.:
Date :

ADDITIONAL REGISTRATION FORM

PROFORMA-8

MADHYA PRADESH MEDICAL COUNCIL: BHOPAL

APPLICATION FORM OF ADDITIONAL REGISTRATION U/S 13 OF THE M.P. AYURVIGYAN PARISHAD ADHI. 1987

(Before filling this Application Form Please read the important instructions)

To,
The Registrar
Madhya Pradesh Medical council
F- 7, Sanchi Complex, Opp. Board Office
BHOPAL (M.P.) 462016
PH: 0755-2767786, 2551568

I request you to enter my following Additional Qualification(s) in the State Medical Register against my name under the provisions of Madhya Pradesh Ayurvigyan Parishad Adhiniyam, 1987 and to give me a certificate of Registration. The particulars of my medical qualification (s) are given below:-

(THE APPLICATION FORM MUST BE FILLED IN BLOCK LETTERS ONLY)

1. NAME: (Surname First) _____ (MR. /MISS/ MRS) _____

2. FATHER'S NAME: _____

4. PERMANENT REGISTRATION NO. of MPMC: _____ DATE _____

NAME OF THE COUNCIL: _____

5. P. G. MEDICAL QUALIFICATION (s) (Only Recognized Qualification):-

S. No.	P. G. Qualification	Month & Year of Exam	University	Medical College

6. A Bank Draft No. _____ Dated _____ of Rs. _____ Name of Bank _____
_____ is being enclosed here with towards my Registration Fees.

7. Present Address: _____

Distt. _____ State _____ Pin _____

Mob. _____ E-mail _____

9. I hereby solemnly declare that the above particulars furnished by me in this application form are true to the best of my knowledge and belief.

Sign. of the Applicant

(CHECKER)

NAME OF THE APPLICANT _____

RECEIPT NO. _____

10. A Bank Draft No. _____ Dated _____ of Rs. _____ Name of Bank
_____ in favor of _____
is being enclosed here with towards my Verification Fees.

(FOR OFFICE USE ONLY)

1. Received all the original documents from the office of the Registrar M. P. Medical Council, Bhopal

Dated: _____.

(Name and Signature of the Depositor)

2. The application form has been checked and found correct along with the requisite documents.

Dated: _____.

(CHECKER)

3. Registration Fee of Rs. _____ has been received vide Money Receipt No _____

Dated: _____.

(ACCOUNTANT)

4. Confirmation of passing of P. G. Degree/Diploma received from the concerned Universities / College or granted permission on note-sheet and found eligible for issuing ADDITIONAL Registration Certificate.

Dated: _____.

(IN-CHARGE REGN-1 SECTION)

5. Entered the Specified Additional Medical Qualification(s) in the State Medical Register on _____ and Additional Registration Certificate Sr. No. _____ signed.

(WRITER)

(REGISTRAR)

6. Additional Registration Certificate despatched on _____ vide despatch No _____ through Regd AD. / Personally / Authorised person

(DESPATCH CLERK)

(Extra Signature of the Applicant)

(Extra Signature of the Applicant)

**MADHYA PRADESH MEDICAL COUNCIL BHOPAL
PH: 0755-2767786, Website: www.mpmmedicalcouncil
ADDITIONAL REGISTRATION FORM DEPOSIT RECEIPT**

RECEIPT No. MPMC/ _____

Received application form of Dr. _____
along-with the requisite documents and (i) Bank Draft for Registration fee of Rs. _____,
(ii) Bank Draft for Verification fee of Rs. _____ for **Additional Registration.**

Bhopal, Dated

(Signature of Receipt clerk)

(AUTHORITY LETTER)

I, _____ hereby authorize Mr. /
Miss./Mrs. _____ (Whose usual signature is being attested by
me here as under) to receive my **Additional Registration Certificate** and the other originals (if any) from office of
the Registrar, Madhya Pradesh Medical Council, Bhopal.

Dated: _____.

(Sign. of the Authorised Person)

(Sign. of the Applicant)

(IMPORTANT INSTRUCTIONS FOR THE APPLICANT)

1. The application form must be filled in BLOCK LETTERS only by the applicant in his/her own hand-writing.
2. The Application Form with any Overwriting, Cutting, Xerox and with any missing of the required information will not be accepted for Registration.
3. Printed copy of the Application form will be accepted only.
4. The applicant should remember that his / her name entered in the Application Form must exactly correspond with the name mentioned in his/her Registration Certificate.
5. All the Original documents will be returned to the applicant after doing the needful by Registered Post or in person as the case may be.
6. **Application Form is accepted in the office between 11:00 am to 3:00 pm** on working days.
7. Issuance of the Registration certificate takes two months time after receiving confirmation.
8. **Registration Certificate can also be received in person on any working day between 3.00 pm to 5.00 pm** on submission of the Form Deposit Receipt by the applicant after the due-period. In case of any Representative of the applicant an AUTHORITY LETTER will also be required in the prescribed pro-forma as given in this application form.
9. **The applicant is required to submit / enclose the following documents in ORIGINAL with its photocopy.**
 - (i) **Permanent Registration Certificate** self attested. (1 Photocopy)
 - (ii) **Post Graduate DEGREE/Diploma** from the concerned University. (2 Photocopy)
 - (iii) **Any Authentic document of your medical college** for verification of Name of College (1 Photocopy)
 - (iv) **Passing Certificate of qualification from the Dean** of the concerned Medical College. (1 Photocopy)
(only for the students who possessed P.G. qualification from the Medical Colleges of M.P, if available)
 - (v) **The Prescribed fee of Rs.2000.00** each degree + Cost of Application form **Rs. 200.00** for Additional Registration + Late fee (if any) will be accepted only through a Crossed Bank Draft of NATIONALISED BANK in favour of the **“Registrar, Madhya Pradesh Medical Council, Bhopal”** payable at **BHOPAL**. Fees in Cash/by Money Order/by Postal Order / by Cheques will not be accepted.
 - (vi) The amount of fee for obtaining any Confirmation as fixed by the concerned university/ institution, shall be payable by the applicant separately.
10. The late fee shall be payable after the expiry of 3 months period from the month of final examination as mentioned below:-

Late fees payable w.e.f. 1 st November, 2018	
<ul style="list-style-type: none">• If Diploma/Degree already registered in State Medical Council other then M.P. Medical Council, no late fee chargeable.• Only one late fee will be applicable for diploma/degree passing of final exam of diploma /degree which ever earlier in the case may be.• Period laps between the month & year of final exam of Diploma/P.G.Degree and submission of application for Additional Registration-	
Upto 03 months	Nil
03 to 06 months	Rs.2,000.00
06 to 12 months	Rs.5,000.00
Above 12 months	Rs.10,000.00

Receipt No :

Date :

मध्य प्रदेश आयुर्विज्ञान परिषद, भोपाल

MADHYA PRADHESH MEDICAL COUNCIL, BHOPAL

F-7, Sanchi Complex, Opp. Board Office, Bhopal (MP) – 462016

Office : 0755- 2767786, Fax -2551568,

E-mail: registrar@mpmedicalcouncil.net

<div data-bbox="411 555 954 667" style="border: 1px solid black; height: 50px; width: 100%;"></div> <p data-bbox="478 676 884 710">Signature of applicant (in box above)</p> <p data-bbox="462 804 901 840">Signature of verifying officer with stamp</p>

<p data-bbox="1042 584 1342 725">affix a passport size colour photograph duely attested/varified by Dean/Principal</p>
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CERTIFICATE

TO BE ISSUED BY DEAN/PRINCIPAL

Certified* that Dr.....

S/o Shri.....has passed MD/MS/DM/MCh/Diploma
In (subject).....from this Medical College (name of
college).....Roll No.....
admitted in the year.....passed out in the year.....

This is also certified that in The aforementioned Dr.....
S/ohas under taken the training on the
Medical Council of India recognized seat. A duely verified copy of
Degree/Diploma is being enclosed herewith.

(* This certificate is to be granted to the candidate who has undertaken post
graduate training from Medical Council of India recognised seat only)

Signature with stamp
Dean/Principal

Appendix –A

**Format of Affidavit for submitting along-with Application for Additional
Registration
(Notarised AFFIDAVIT on stamp paper of Rs. 50.00 denomination)**

AFFIDAVIT

I, Dr. age years
s/o r/o
..... do hereby solemnly affirm as
under:-

1. My MBBS qualification is registered with M. P. Medical Council,
vide no. dated.....
2. I have obtained additional qualification i.e.
From Medical College (name).....
Affiliated to University (name).....
during Period from to
and that my additional qualification is a MCI recognized qualification.
3. I declare that documents which I have submitted along with my application for
registration are genuine and true.
4. I undertake that documents and declarations submitted by me if found false,
fabricated or otherwise tampered with, then Council shall, cancel my registration
of additional qualification and shall proceed for taking action against me in
accordance with law.

Deponent

VERIFICATION

I, Dr. do hereby verify that contents of Para 1
to 4 of affidavit are true to my personal knowledge.

Verified at on this Day of 20 ..

Deponent