

**FORM OF APPLICATION FOR REGISTRATION UNDER SUB-SECTION (8)  
OF SECTION 16 OF THE GUJARAT MEDICAL COUNCIL ACT 1967**

To,

The Registrar,  
Gujarat Medical Council,  
Opp. Maniben Ayurvedic Hospital,  
Nr. F.S.L., Old Cardiology Building,  
B/s. Civil Hospital Post Office, AHMEDABAD-380 016.

Sir,

I request you to register my name and other particulars, as stated below under the Gujarat Medical Council Act, 1967 and further to give me certificate of registration :

Name in full:

(Beginning with Surname and  
Including father's/husband's  
Name in block letter only)\_\_\_\_\_

Maiden Name and Surname in the case of a married women:-  
(Beginning with surname in block letters)\_\_\_\_\_

Permanent Address \_\_\_\_\_

Dist: \_\_\_\_\_ Pin.: \_\_\_\_\_ State \_\_\_\_\_

Mobile/Phone \_\_\_\_\_ E-mail \_\_\_\_\_

(To be entered in the Register.)

Nationality \_\_\_\_\_

Date of Birth \_\_\_\_\_

Description of qualifications of which registration is Desired. The name of the University or the Licensing Body should also be stated

Date of obtaining the qualifications, State also the Institution from which you appeared for the said examination along with your number at the examination.

1. Date of Completion of Internship \_\_\_\_\_
2. Institution \_\_\_\_\_
3. Roll No. at the Final MBBS Examination \_\_\_\_\_
4. Examination Centre \_\_\_\_\_

2. I forward herewith :-

(i) My Birth Certificate  
Matriculation Certificate **OR**  
S.S.C. Certificate **OR**  
School leaving Certificate

In Original : And

(ii) \* the Degree  
Diploma  
License  
Certificates

Other evidence in support of my having obtained the qualification which I possess, in Original, The above documents may please be returned to me when no longer required.

**(P.T.O)**

\*3. The registration fee Rs.1000/- (Rupees One Thousand only)  
Postal Charges Rs. 100/- If desired by Registered Post.  
Total Rs.1100/-

\*in Cash/ by Money Order/ by Crossed Indian Postal Order  
by Demand Draft in favour of Registrar Gujarat Medical Council.

\*4 I am applying for registration for the first time and I was not registered as a medical practitioner under any law in India before this.

\*4 I am/was provisionally registered under Section 25 of the Indian Medical Council Act, 1956 and enclose the certificate of Provisional Registration in Original.

\*4 I am/have been registered under the \_\_\_\_\_ Medical Council  
(State the Act or Law)  
in the date/year \_\_\_\_\_ and My registration number is/was \_\_\_\_\_  
The Registration Certificate of Council is enclosed hereto, in original with copy.

5. I have carefully read the instructions sent with this form. I certify that the particulars furnished above are true to the best of my knowledge and belief.

Yours faithfully,

\*

Date \_\_\_\_\_ (Usual Signature)

**SPECIMEN OF PRACTITIONER'S SIGNATURE AS USED ON MEDICAL CERTIFICATE**

\*

Specimen Signature

**PRESENT ADDRESS**

### **INSTRUCTIONS**

1. All particulars in the application shall be filled by the applicant only.
2. All particulars should be in neat legible hand.
3. The registration fee should be sent in person or by money order only. When the fees is sent by money order, the postal receipt should be attached to the application.
4. The applicants should remember that their names entered in the application must exactly correspond with their names at the University or other Examination as the case may be.
5. All the ORIGINAL CERTIFICATES should be enclosed alongwith the Xerox copies, otherwise original certificate will be retained in the office of the Council.
6. In case of remittance by Crossed Postal Order Rs.30/- (Thirty) extra will have to be sent to meet bank charges for realization of the amount of Indian Postal Order.
7. Xerox Copy of Internship Completion certificate issued by the Dean/Principal of your college should also be forwarded.
8. Evidence regarding change of Name, Surname, be sent viz Gazette/Marriage Registration Certificate, as the case may be.
9. Provisional Degree Certificate i.e. Internship Completion Certificate granted by university be forwarded in Original with copy, if the Degree Certificate has not been received from the university.
10. Attempt certificate granted by the Baroda University be forwarded in original with one Xerox copy.
11. No Objection Certificate will be required to produce alongwith Registration certificate in case of Applicant is registered with any other sate medical council.
12. Three colour passport size photographs duly signed on front side.

\* Strike off the alternative not applicable.

## Chapter I

### 1. Code of Medical Ethics

#### A. Declaration

Each applicant, at the time of making an application for registration under the provision of the Act, shall be provided a copy of the declaration and shall submit a duly signed Declaration as provided in the Appendix 1. The applicant shall also certify that he/she had read and agreed to abide by the same.

A format of Declaration as given in the Regulations vide 'Appendix-I' is as under:-

#### APPENDIX 1 A. DECLARATION

At the time of registration, each applicant shall be given a copy of the following declaration by the Registrar concerned and the applicant shall read and agree to abide by the same.

1. I solemnly pledge myself to consecrate my life to service of humanity.
2. I will maintain the utmost respect for human life from the time of conception.
3. I will not permit consideration of religion, nationality, race, party politics or social standing to intervene between my and my patient.
4. I will practice my profession with conscience and dignity.
5. The health of my patient will be my first consideration.
6. I will respect the secrets, which are confined in me.
7. I will maintain by all means in power, the honour and noble traditions of medical profession.
8. I will treat my colleagues with all respect and dignity.
9. I shall abide by the Code of medical ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.

I make these promises solemnly, freely and upon my honour.

Place.....

Signature.....

Address.....

Name.....

Date.....