



MEDICAL COUNCIL OF INDIA
Pocket – 14, Sector – 8 , Dwarka Phase - 1
New Delhi - 110075
India

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APPLICATION FORM FOR OBTAINING A CERTIFICATE OF GOOD STANDING

1. NAME OF THE DOCTOR (AS GIVEN
IN THE STATE MEDICAL REGISTER)

2. PRESENT ADDRESS:

3. QUALIFICATION
(NAME OF THE UNIVERSITY WITH YEAR)

4. NAME OF THE COLLEGE WHICH APPLICANT
STUDIED AND QUALIFIED FROM:

5. STATE MEDICAL COUNCIL (S) WITH WHICH
REGISTERED REGISTRATION NO. (S) AND DATE (S).

6. PLACES AT WHICH HE HAD WORKED DURING
THE LAST FIVE YEARS WITH FULL DETAILS
(PLEASE USE SEPARATE SHEET IF SPACE
IS NOT SUFFICIENT).

7. TWO TESTOMONIALS OF CHARACTER
AND CONDUCT FROM PERSONS OF STANDING
(IN ORIGINAL).

8. NAME AND FULL ADDRESS OF TWO DOCTORS WHO PERSONALLY KNOW THE APPLICANT TO WHOM A REFERENCE CAN BE MADE.

SIGNATURE
OF THE CANDIDATE

DATED _____

RECOMMENDATION OF THE STATE MEDICAL COUNCIL: -

1. CERTIFIED THAT THE PARTICULARS GIVEN ABOVE ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND ACCORDING TO THE RECORD AVAILABLE WITH ME.
2. CERTIFIED THAT THE DOCTOR HOLDS CURRENT REGISTRATION WITH THIS COUNCIL AND NO DISCIPLINARY PROCEEDINGS HAD BEEN TAKEN OR WERE IN PROGRESS AGAINST HIM ON THIS DATE BY THIS COUNCIL.

REGISTRAR,
STATE MEDICAL COUNCIL

NOTE: THE CERTIFICATE OF GOOD STANDING ISSUED BY THE MEDICAL COUNCIL OF INDIA WILL BE VALID UPTO SIX MONTHS FROM THE DATE OF ISSUE.

INSTRUCTIONS TO CANDIDATE FOR FILLING THE APPLICATION FORM FOR OBTAINING A
CERTIFICATE OF GOOD STANDING.

1. THE APPLICATION FORM SHOULD BE PROPERLY AND NEATLY FILLED IN.
2. A BANK DRAFT OF RS. 1000/- (RUPEES ONE THOUSAND ONLY) IN FAVOUR OF SECRETARY, MEDICAL COUNCIL OF INDIA, NEW DELHI PAYABLE AT NEW DELHI

- SHOULD SEND ALONGWITH THE APPLICATION AS FEE. (CHEQUES ARE NOT ACCEPTED).
3. THE TESTIMONIALS OF CHARACTER AND CONDUCT AS STATED IN COL. '7' OF THE APPLICATION FORM SHOULD BE FROM PERSONS OF STANDING I.E. GAZETTED OFFICERS, MEMBER OF PARLIAMENT, MEMBER OF LEGISLATIVE ASSEMBLY/MEGISTRATE IST CLASS, AND THE PRINCIPALS AND PROFESSORS OF MEDICAL COLLEGES OR FROM OTHER PERSONS OF SIMILAR STATUS.
 4. THE NAMES OF THE REFERENCE MAY BE MENTIONED WITH COMPLETE AND CORRECT ADDRESS TO WHOM A REFERENCE COULD BE MADE. THESE SHOULD NOT BE THE SAME PERSONS WHO HAVE ISSUED A CERTIFICATE AS ASKED FOR THE COL. '7' OF THE APPLICATION.
 5. THE APPLICATION IS TO BE FOR FORWARDED TO THIS OFFICE THROUGH THE REGISTRAR OF THE STATE MEDIAL COUNCIL WITH WHOM THE PERSONS CONCERNED IS REGISTERED. IN CASE HE IS REGISTERED WITH MORE THAN ONE STATE MEDICAL COUNCIL HE SHOULD GIVE ALL THE REGISTRATION NUMBERS, WITH DATES AND THE NAME OF THE STATE MEDICAL COUNCILS, BUT FORWARD HIS APPLICATION THROUGH THE REGISTRAR OF ONE OF THE MEDICAL COUNCILS.
 6. AN ATTESTED COPY OF PERMANENT REGISTRATION CERTIFICATE.