



MEDICAL COUNCIL OF INDIA

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India

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MEDICAL COUNCIL OF INDIA

APPLICATION FOR ELIGIBILITY CERTIFICATE FOR GETTING ADMISSION TO A GRADUATE MEDICAL COURSE IN A FOREIGN MEDICAL INSTITUTION

(As per the Eligibility Requirement for taking Admission in an Undergraduate Medical Course in a Foreign Medical Institution Regulations, 2002, framed under Section 13(4B) of the Indian Medical Council Act, 1956)

Affix attested
front view
Photograph

IMPORTANT INSTRUCTIONS

1. Incomplete documents will not be accepted. Application must be complete in all respects. No alteration will be allowed to be made in the application form after it has been submitted to the Council.
2. The Form should be filled up using Capital letters in candidate's own legible handwriting.
3. All the documents should be submitted in original alongwith three clear attested photocopies.
4. Demand draft for Rs.1000/- (Rupees One Thousand only) in favour of Secretary, Medical Council of India, New Delhi.
5. Applicant is required to affix one recent front view photograph duly attested by a Gazetted Officer on the application form and also attach three passport size photographs.
6. Matriculation Certificate showing Date of Birth with three attested photocopies.
7. Original Certificate & Marksheet of qualifying examination alongwith three attested photocopies.
8. Original SC/ST/OBC Certificate alongwith three attested photocopy (in case of reserved category candidates) and a copy of English Version in case of Caste Certificate is in regional language.
9. Original Marksheet of the 11th class (with three attested photocopies).
10. Original +2 Marksheet & pass Certificate (with three attested photocopies).
11. Additional Fee for verification of qualifying examination as prescribed by the State Boards/Universities concerned.
12. Verification fees of documents may be submitted, by candidates who have qualified 10+2 examinations from the following States.
following States.
 - a) *MAHARASHTRA* - A Demand draft of Rs.200/- addressed to DIVISIONAL SECRETARY, M.S. BOARD OF SECONDARY & HIGHER SECONDARY EDUCATION of respective DIVISIONAL BOARD from nationalized bank only.
 - b) *ORISSA* - A Bank Draft of Rs. 20/- in Favour of "FINANCE OFFICER, CHS, ORISSA, BHUBANESHWAR".
 - c) *JAMMU & KASHMIR* - A Demand draft of Rs.400/- in favour of CHAIRMAN J & K STATE BOARD OF SCHOOL EDUCATION, payable at J&K BANK REHARI COLONY JAMMU/LALMANDI SRINAGAR.

- d) *GOA* - A Demand Draft of Rs.100/- in favour of SECRETARY, GOA BOARD OF SECONDARY & HIGHER SECONDARY EDUCATION, ALTO-BETIM-GOA.
- e) *PUNJAB* – A Demand Draft of Rs.200/- in favour of SECRETARY, PUNJAB SCHOOL EDUCATION BOARD, Payable at MOHALI/CHANDIARGH.
- f) *GUJARAT* - A Demand Draft of Rs.25/- in favour of SECRETARY, GUJARAT SECONDARY & HIGHER SECONDARY EDUCATION BOARD, GANDHINAGAR Payable at AHMEDABAD/GANDHINAGAR from nationalized bank only.
- g) *ANDHRA PRADESH*- A Demand Draft of Rs. 100/- in favour of Secretary, B.I.E, AP, Hyderabad.
- h) *CBSE*- A Demand Draft of Rs.100/- in favour of SECRETARY, C.B.S.E., payable at concerned Regional Office

1. NAME :

2. FATHER'S NAME :

3. SEX: MALE/FEMALE (tick Mark the correct Box): M. F.

4. NATIONALITY & DATE OF BIRTH

5. AGE (AS ON 31ST DEC. OF CURRENT YEAR): Years Months Days

6. CATEGORY (GENERAL/RESERVE i.e. SC/ST/OBC) :

7. TWO VISIBLE IDENTIFICATION MARKS:

8. PRESENT ADDRESS

(INCLUDING PIN CODE NO. & PHONE NO.)

.....

.....

9. PERMANENT ADDRESS:

(INCLUDING PIN CODE NO.& PHONE NO.)

.....

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10. DETAILS OF EDUCATIONAL QUALIFICATIONS FROM 11TH STANDARD ONWARDS:-

| | | |
|---------------------------|-------------------------------|--|
| 11 th CLASS | • School Name & Address | * Certificate No. & Date |
| | | * Date of Joining |
| | | * Date of Completion |
| | • Board Name & Address | * Subjects & Marks obtained in each subject (indicate the total marks allotted for each subject) |
| | | |
| | | |
| Roll No. & Result : | | |

DECLARATION

I declare that the entries made by me in this Form are true to my knowledge and I understand that I am liable for action under the law for any false information or document produced by me.

I also understand that the Medical Council of India shall be free to investigate on its own into the correctness of information furnished by me in this application and/or call for any further information in this regard from me and in the event of any information furnished by me being found to be incorrect or false during such investigation or at any subsequent stage, the Council may refuse to issue the eligibility certificate or if already issued may cancel the same and I shall stand debarred from appearing in the Screening Test prescribed in Sub-Section(4A) of Section 13 of the Indian Medical Council Act, 1956 without any notice.

I understand that in the event the University/Institution mentioned in Sl. Nos. 11 & 12 are not included in the Indian Medical Council Act,1956, the MCI would be entitled to verify the status of such University/Institution. In the event I take admission in a foreign medical University/Institution which is not included in the schedule to the Indian Medical Council Act,1956, I shall be bound by the decision of the Hon'ble Delhi High Court in LPA No. 1622-29 of 2006 Abhishek Kumar Dwivedi and Ors. Vs MCI.

However, the issuance of this Eligibility Certificate would not be held up pending such verification.

After obtaining the foreign recognized primary medical qualification, and subject to the verification as contained above , I have to pass a screening test prescribed under the Indian Medical Council Act, 1956 read with the Eligibility Requirement for taking Admission in an Undergraduate Medical Course in a Foreign Medical Institution Regulations, 2002 and the Screening Test Regulations, 2002 before grant of provisional/permanent registration by the Medical Council of India or any of the State Medical Councils.

Place :

Date:

Signature of candidate :

Name :

MEDICAL COUNCIL OF INDIA

{PARTICULARS TO BE FILLED UP BY THE CANDIDATE FOR CONSIDERATION OF ISSUE OF ELIGIBILITY CERTIFICATE}

1. NAME.....
2. FATHER'S NAME:.....
3. NATIONALITY:.....
4. DATE OF BIRTH:.....
5. CATEGORY (GENERAL/RESERVE i.e. SC/ST/OBC):.....
6. DETAILS OF QUALIFYING EXAMINATION (10+2 or equivalent) - PASS or FAIL

| | Subject | Marks Total | Marks Obtained | Result Pass/fail & %age |
|--------------------------------------|----------------------|-------------|----------------|----------------------------------|
| • Name of Examination:..... | English | | | Pass/Fail |
| • School/college Name:..... | Physics | | | Pass/Fail |
| | Chemistry | | | Pass/Fail |
| • Board/Univ.Name:..... | Biology | | | Pass/Fail |
| • Roll No:..... | PCB TOTAL | | | Percentage of PCB |
| • Date of Passing:..... | | | | |

7.B.Sc. or any other Univ. Exam (if any) (B.Sc.-First to Final)

| | Subject | Marks Total | Marks Obtained | Result Pass/Fail |
|-----------------------------|------------------------|-------------|----------------|---------------------|
| • College | | | | |
| • University | | | | |
| | | | | |
| • Roll.No. | Grand TOTAL | | | |

8. CORRESPONDANCE ADDRESS (WITH TELEPHONE NO. IF ANY):

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.....
.....
.....
.....

Signature of the candidate

Date of Application: _____

(FOR OFFICE USE ONLY)

FILE NO. _____

Name of Candidate: _____

Documents submitted (in original/photocopy)

Above documents/information seen and check by

As per information on prepage and the documents submitted by the candidate alongwith his application, conditional eligibility certificate may be issued as per EXECUTIVE COMMITTEE decision dated 09.09.2002, if agreed to please.

Dealing Assistant

Section Officer

DEPUTY SECRETARY