

INSTRUCTION

Instructions for Direct PERMANENT Registration for those Indian Nationals/Overseas Citizens Of India having qualified/obtained primary qualification i.e. MBBS or equivalent from foreign Institutions after completion of his/her medical course and internship in the respective country and thereafter qualifying the FGME.

1. The student who are after completion of his/her medical course and internship in the respective country and thereafter qualifying the FGME are entitled for directly permanent registration.
2. As per the procedure, the internship training carried out by a person in as Russian medical College/Institute/hospital, is not considered by the Medical Council of India as 6th year of the medical course from there is considered the part of study. Accordingly such person is not entitled for getting the permanent registration directly.
3. A person who is already registered with his /her basic medical qualification in foreign country and migrated to India and thereafter got the Indian Citizenship certificate from the Govt. of India is also eligible for grant of permanent registration provided that he/she has to clear Screening Test conducted by National Board of Examination New Delhi.
4. A person, who has taken admission in basic medical course in a University/Medical College outside India prior to 15th March, 2002 is exempted from the Eligibility certificate from the Medical Council of India.
5. The name of the candidate and the name of his/ her father etc. should be spelt correctly in the application as it appears in the certificates issued from various institutions.
6. Application must be complete in all respects. No alteration will be allowed once it is submitted to the Council.
7. Carefully choose the application you want to apply from the homepage and proceed by entering all the details required as per the application form.
8. Candidates are required to have a valid personal e-mail ID. In case a candidate does not have a valid personal e-mail ID, he/she should create his/her own new e-mail ID before applying online. No alteration will be allowed once it is submitted to the Council
9. After submission of application, the system will ask to preview the detail. Please check the details and doubly ensure it. The request to edit may not be possible once the proceed button is clicked.
10. On successful submission, the system will generate a Unique Application Number (Case ID) for the application. You should note/remember your Unique Application Number for future reference and use.
11. After hitting the proceed button the system will ask to upload the documents. Kindly upload the documents as per Documents type. Documents are to be uploaded in particular order. No request for wrong upload will be entertained later.
12. Take a colour print out of the "Application form" which is to be produced before the Council along with all supported documents in original along with photocopies in the same order as listed in the application form.
13. Application form (Colour Photograph & Signature) should be duly attested by Registered Medical Practitioner (registered with Madhya Pradesh Medical Council) along-with seal/stamps, name & Registration Number & Date of attestation affixed.
14. Following additional documents and fee are required to be submitted in case of delay in submission of application form for permanent registration after expiry of one year from the date of passing of screening test (FGME) as per MPMC Order No. 459-464 dated 20-1-2016 (Appendix "C").

- (a) Please bring a notarized affidavit on Stamp Paper of Rs. 50.00 along-with application form for permanent registration on the format given in Appendix –“B” at the time of verification.
- (b) Please bring a bonafide and good conduct certificate from the employer, if employed OR a certificate from HOD of concerned institution, if admitted or going through PG course at the time of verification.
- (c) A non refundable fee for Condonation of delay of Rs. 5000.00 (Rs. Five Thousand only) in case of delay in submission of application form for registration after expiry of one year from the month of completion of Internship.
15. Submit, in person, the hard copy of application form (as per instruction No. 8 above) to Madhya Pradesh Medical Council, F-7, Sanchi Complex, Opposite Board Office, Bhopal (MP) 462016 on the appointed date which will be communicated to the applicant through SMS on the given mobile phone number. If failed to respond on appointed date, his/her application may considered as rejected.
16. In case of applicants passed out from the Institutions of Nepal, the candidates along-with application form will have to submit duly authenticated medical degrees from the Embassy of India after getting it duly verified by the concerned universities in Nepal.
17. Please note that applicant has to come in person along with all the original documents including passports for verification in the office of M. P. Medical Council.
18. The photocopies of the documents wherever required should be self attested by the candidate.
19. All the Original Document (except Provisional Registration Certificate & Declaration Form) will be returned to the applicant by Registered Post or in person as the case may be, after verification.
20. Application Form will be accepted in the Council Office between 10:30 am to 3:00 pm on working days.
21. The Digital certificate will be sent on given e-mail address by you in the application form. The Digital Certificate should be downloaded through Internet Explorer 11 only.
22. CHECK LIST for submission of documents
- A. The candidates are requested to ensure that the documents be enclosed and upload as per the order in the Checklist. All papers/documents should be numbered according to the checklist.

1.	Certificate for Date of Birth (10th or 12th or Birth Certificate)
2.	Class 10 th Mark Sheet and passing certificates both scanned on one page or equivalent examination.
3.	Class 12 th Mark Sheet and passing certificates both scanned on one page or equivalent examination.
4.	Copy of Marks-sheet of ‘MBBS / M.D Physician or equivalent Degree (if the same in as language other than English then an authentic translation in English)
5.	Copy of Degree MBBS/MD ‘Physician’ /Doctor of Medicine degree (if the same in as language other than English then an authentic translation in English)
6.	Internship Completion Certificate.
7.	Provisional / Permaent Registration Certificate (in case not registered with any State Medical Council, Medical Council or respective country then upload the Blank with Not Registered on it)
8.	Eligibility Certificate issued to the Candidate by MCI for admission to undergraduate Medical Course abroad
9.	Copy of Screening Test Result

10.	Domicile Certificate of Madhya Pradesh
11.	Certificate of Indian Citizenship certificate from the Govt. of India (For those person who is already registered with his /her basic medical qualification in foreign country and migrated to India and thereafter got the Indian Citizenship certificate from the Govt. of India)
12.	Aadhaar Card
13.	Copy of the passport in possession (all the pages of passports showing visa the date of emigration and migration from and to foreign country and India, scanned on one page)
14.	Letter from the Indian Embassy concerned that primary medical qualification as possessed by the candidate is a recognized qualification for enrolment as medical practitioner in the country in which the institution awarding the said qualification is situated
15.	Copy of Online verification of 10th & 12th not more than 30 days
16.	Declaration Form

B. Additional Document –

Only for those student who are submitted application after expiry of one year from the Date of passing of Screening Test, at the time of verification.

1.	An Affidavit as per Appendix "B"
2.	Bonafide and good conduct certificate from the employer, if employed OR a certificate from HOD of concerned institution, if admitted or going through PG course at the time of verification

23. Fee:

- A. The Non refundable fee of Rs. 5200.00 (along-with late fee, if applicable)
- B. A non refundable fee for Condonation of delay of Rs. 5000.00 in case of delay in submission of application form for registration after expiry of one year from the date of passing of Screening Test (if applicable).
- C. Late fee :

(The Period lapsed between the date of passing of Screening Test and submission of application for permanent registration)	Amount
Up to 3 month	Nil
3 to 6 month	250.00
6 to 12 month	500.00
12 to 24 month	1,000.00
24 to 48 month	3,000.00
48 to 60 month	5,000.00
5 to 6 year	5,500.00
6 to 7 year	6,000.00
7 to 8 year	6,500.00
8 to 9 year	7,000.00
9 to 10 year	7,500.00
10 to 11 year	8,000.00
11 to 12 year	8,500.00

	12 to 13 year	9,000.00
	13 to 14 year	9,500.00
	Above 14 year	10,000.00

24. M. P. Medical Council sends the letter to the respective institution/Board to the Indian Embassy / high Commission of India of the respective country for the verification of documents (Mark-sheet of Class 10th & Class12th, Enrolment of University, Degree, Mark-sheet & FMGC examination certificate etc) from the concerned institutions by this Council.
25. On receipt of all verification from the concerned authorities, the application is processed and in case the application is found to be in order with reference to the above documents, the State Medical Council issues Permanent Registration in respect of the concerned applicant.
26. In case the application is found to be deficient due to non receipt of verification and /or any other required documents, the same is kept pending and on receipt of all the verification from the concerned authorities and / or documents from the concerned applicant, the application is processed for grant of the permanent registration.
27. Photograph Image:
- (i) Photograph must be a recent passport size colour picture with white background.
 - (ii) Ensure that the size of the scanned image is not more than 100KB. If the size of the file is more than 100KB, then adjust the settings of the scanner such as the DPI resolution, no. of colours etc., during the process of scanning.
 - (iii) Images must be in JPG, JPEG or GIF format only.
 - (iv) If the file size and format are not as prescribed, an error message will be displayed.
23. Signature Image :
- (i) The applicant has to sign on white paper with Black/Blue Ink pen.
 - (ii) The signature must be signed only by the applicant and not by any other person.
 - (iii) If the Applicant's signature on the Submitted Application does not match the signature attached by him/her, the application will not be accepted and processed.
 - (iv) Ensure that the size of the scanned image is not more than 100KB. If the size of the file is more than 100KB, then adjust the settings of the scanner such as the DPI resolution, no. of colours etc., during the process of scanning.

Appendix –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:

- a. I solemnly pledge myself to consecrate my life to service of humanity.
- b. Even under threat, I will not use my medical knowledge contrary to the laws of Humanity.
- c. I will maintain the utmost respect for human life from the time of conception.
- d. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
- e. I will practice my profession with conscience and dignity.
- f. The health of my patient will be my first consideration.
- g. I will respect the secrets which are confined in me.
- h. I will give to my teachers the respect and gratitude which is their due.
- i. I will maintain by all means in my power, the honour and noble traditions of medical profession.
- j. I will treat my colleagues with all respect and dignity.
- k. 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

Date

Signature

Name

AFFIDAVIT

I, Dr. _____ S/o Shri _____ R/o
 _____ do hereby solemnly affirm and declare as under:-

1. That I was a student of MBBS /MD (Physician) /at _____
 Medical College from _____ to _____
2. That I have completed my internship training on _____
3. That I could not get myself registered with M. P. Medical Council due to

 (Specific reason for the delay must be spelt out by the candidate)
4. That I have not done any unethical practice after completion of my
 internship training. However, if any complaints made against me for
 unethical practice during this period, I will be responsible for the same.
5. That all the facts stated above are true and correct to the best of my
 knowledge.

Deponent

Verification

Verified _____ of this _____ day of _____ that
 the content of this affidavit are true and correct to the best of my knowledge
 and belief.

Deponent

मध्य प्रदेश आयुर्विज्ञान परिषद्
MADHYA PRADESH MEDICAL COUNCIL: BHOPAL

(Estb. on 1-4-1996 U/s 3 of the Madhya Pradesh Ayurvedigyan Parishad Adhiniyam 1987)
 (M. P. Act No. 11 of 1990)

Tele: (0755) 2767786
 Fax : (0755) 2551568
 Email: registrarmpme@gmail.com



F-7, Sanchi complex,
 Opp. Board Office,
 Bhopal (MP) 462 016
 web:registrarmpmedicalcouncil.net

क्रमांक/एमपीएमसी/स्था./2016/459

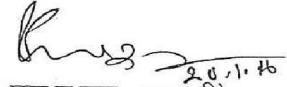
भोपाल दिनांक 20/1/16

// कार्यालय आदेश //

Condonation of delay प्रकरण को परिषद स्तर से निराकरण करने हेतु एम.सी.आय. द्वारा निर्देशित किया गया है। जिसके परिप्रेक्ष्य में परिषद की वार्षिक बैठक दिनांक 07.01.2016 के प्रस्ताव क्रमांक 07 में पारित निर्णय अनुसार Condonation of delay प्रकरण को परिषद स्तर से निराकरण करने हेतु आवेदन फार्म जमा करने के पूर्व निम्नानुसार कार्यवाही किया जाना है :-

1. प्रोफेजन्सल रजिस्ट्रेशन से परमानेन्ट रजिस्ट्रेशन हेतु आवेदन के बीच की अवधि में आवेदक क्या करता रहा है तथा आवेदक के विरुद्ध कहीं कोई अपराध तो पंजीबद्ध नहीं है इस संबंध में शपथ पत्र लेना।
2. यदि कहीं पर चिकित्सा सेवा की गई है या पी0जी0 पाठ्यक्रम में प्रवेश लिया गया हो तो संबंधित संस्थान से प्रमाण पत्र लेना।
3. Condonation of delay हेतु शुल्क की राशि रु. 5000/- निर्धारित की गई है, यह राशि पंजीयन शुल्क एवं पेनाल्टी के अतिरिक्त देय होगी।

अतः उपरोक्तानुसार कार्यवाही की जाकर आवेदन फार्म जमा किये जाने हेतु एतद् द्वारा निर्देशित किया जाता है।



(डा0 एस.ए.एस. काजमी)

रजिस्ट्रार

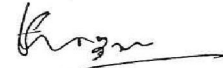
मध्य प्रदेश मेडिकल कौंसिल भोपाल

भोपाल दिनांक 20/1/16

क./एमपीएमसी/रजि./ 2016/460-464

प्रतिलिपि:-

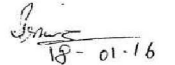
1. उप-पंजीयक म0प्र0 मेडिकल कौंसिल, भोपाल की ओर सूचनार्थ।
2. लेखा शाखा म0प्र0 मेडिकल कौंसिल, भोपाल की ओर सूचनार्थ।
3. रजिस्ट्रेशन शाखा 2, लीगल शाखा,
4. कार्यालय नस्ती



(डा0 एस.ए.एस. काजमी)

रजिस्ट्रार

मध्य प्रदेश मेडिकल कौंसिल भोपाल


18-01-16