



মহাৰাজ্যৰ স্বাস্থ্যৰক্ষণ পঞ্জীয়কৰণ  
**MANIPUR MEDICAL COUNCIL**

Office of the Registrar,  
MMC, Medical Directorate Complex, Lamphel, Imphal - 795001  
Email: registrar.mmc.man@gmail.com  
Website : [www.manipurmedicalcouncil.org](http://www.manipurmedicalcouncil.org)

Receipt No. \_\_\_\_\_

Date \_\_\_\_\_

D.D.No. \_\_\_\_\_

Date \_\_\_\_\_

Drawn on Bank \_\_\_\_\_

**APPLICATION FORM FOR OBTAINING A CERTIFICATE OF GOOD STANDING**

- 1) Name of the doctor as given in MMC registration certificate \_\_\_\_\_
- 2) Name of Father/ Mother/ Husband :- \_\_\_\_\_
- 3) Address :- \_\_\_\_\_
- 4) Manipur Medical Council Registration No. & Date of Registration :- \_\_\_\_\_
- 5) Reason for seeking Certificate of Good Standing \_\_\_\_\_

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**Declaration**

I solemnly affirm & declare that the above entries made by me are true & correct. I further declare that no disciplinary proceedings have ever been initiated or are pending against me before the Manipur Medical Council or any medical regulatory authority nor I have been subject to any inquiry or investigation before any authority which may disentitle me from seeking Certificate of Good Standing from Manipur Medical Council. I undertake to abide by the Code of Conduct & Ethics prescribed by Manipur Medical Council and Medical Council of India.

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

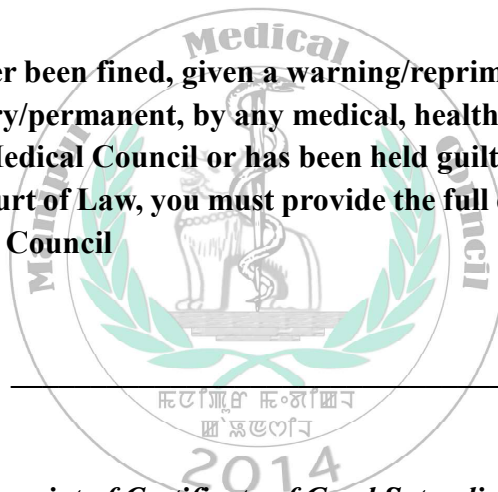
Documents to be submitted for obtaining the good standing certificate

- 1) A Bank Draft of Rs. 2,000/- (Rupees Two Thousand Only) as non-refundable fee in favour of "Manipur Medical Council" payable at Panjab National Bank, RIMS, Imphal, A/c # 0652200100007106.
- 2) Attach a photocopy of MMC Registration Certificate.

**Note**

- The certificate of Good Standing issued by the Manipur Medical Council will be valid upto six month from the date of issue.

- **In case you have ever been fined, given a warning/reprimanded/suspension of registration temporary/permanent, by any medical, health or any regulatory authority including Manipur Medical Council or has been held guilty of medical malpractice or negligence by any Court of Law, you must provide the full details on a separate sheet to the Manipur Medical Council**



***Acknowledgement of receipt of Certificate of Good Standing***

Received the above document in original.

Signature of registered person

\_\_\_\_\_  
Name \_\_\_\_\_

Date \_\_\_\_\_

MMC Copy



# Punjab National Bank

RIMS, Lamphel, Imphal

Date : \_\_\_\_\_

In favour of : **The Manipur Medical Council**  
 A/c # : **0652200100007106**  
 Sum of : **Rs. 2000/- (Case only)**  
 in words : **Rupees two thousand only**



For Good Standing in Manipur Medical Council

Applicant's detail:

Name : \_\_\_\_\_

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

Mobile No. : \_\_\_\_\_

Email : \_\_\_\_\_

Signature of depositor

Authorized Signatory & Seal

Personal Copy



# Punjab National Bank

RIMS, Lamphel, Imphal

Date : \_\_\_\_\_

In favour of : **The Manipur Medical Council**  
 A/c # : **0652200100007106**  
 Sum of : **Rs. 2000/- (Case only)**  
 in words : **Rupees two thousand only**



For Good Standing in Manipur Medical Council

Applicant's detail:

Name : \_\_\_\_\_

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

Mobile No. : \_\_\_\_\_

Email : \_\_\_\_\_

Signature of depositor

Authorized Signatory & Seal

Bank Copy



# Punjab National Bank

RIMS, Lamphel, Imphal

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For Good Standing in Manipur Medical Council

Applicant's detail:

Name : \_\_\_\_\_

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

Mobile No. : \_\_\_\_\_

Email : \_\_\_\_\_

Signature of depositor

Authorized Signatory & Seal

**The Bank copy will be retained by the Bank, MMC copy to be submitted to the Manipur Medical Council, and personal copy to be kept with the Applicant**