

Receipt No. ....

Date .....



Affix a recent  
passport size  
photograph, duly  
attested

**APPLICATION FORM FOR  
COMPULSORY ROTATORY INTERNSHIP  
OF FOREIGN MEDICAL GRADUATE**

1. Name of the Candidate (in BLOCK letters) :
2. Father's Name :
3. Mother's Name :
4. Gender
5. Date of Birth :
6. Residential Address :
7. Telephone No. & Email ID :
8. Screening Test Score :
9. PCB Score in (10 + 2) Examination Physics \_\_\_\_\_ Chemistry \_\_\_\_\_ Biology \_\_\_\_\_
10. Aggregate Percentage of Physics, Chemistry and Biology (PCB) \_\_\_\_\_
11. Preference of Medical Colleges :
- i)
- ii)
- iii)
- iv)

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

Signature of Applicant

I do hereby submit the original attested copies of certificates for verification.

**The minimum requirements are as follows : -**

- i) Matriculate Certificate and Birth Certificate
- ii) Higher Secondary Certificate (10+2)
- iii) MBBS Passing Certificate
- iv) Eligibility Certificate
- v) NBE Passing Certificate.
- vi) Passport as residence proof.
- vii) Copies of Passport & VISA of the country where training was undertaken.
- viii) Aadhar card.
- ix) Three recent passport size photographs with name and signature on the backside.
- x) Counselling Fee of an amount of Rs.4,000/- (Rupees four thousand) only.

**Note :**

- i) Number of seats shall depend on the availability of seats as per NMC guidelines.
- ii) Duly filled and signed proforma in original along with requisite documents and certificates are to be submitted to the office of Manipur Medical Council.
- iii) Proof for medium of FMG course in English.
- iv) Application may be rejected in case of discrepancy between information in proforma and documents submitted.
- v) Proof for course duration to be not less than 54 months.

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**(for office use only)**

Received the above documents in original.

Signature of registered person .....

Name .....

Date .....