



FORM - 6
(See Rule 39(3))
Manipur Medical Council
Application for Registration of Additional Qualification(s)

Receipt No

Date
(For office use)

To
The Registrar
Manipur Medical Council
Imphal

Affix a recent
passport size
photograph, duly
attested

Sub:- **Registration of additional qualification**

Sir,

I am a registered practitioner of Manipur Medical Council and my Registration No. is I have acquired an additional qualification in modern system of medicine and desired to registered the same. My particulars are as under:-

1. Name of the Applicant (in BLOCK letters):

2. Mother's Name :

3. Father's / Husband's Name :

4. Gender :

5. Date of Birth (date, month, year) ফটমিহে ফংসিহিব

6. Nationality মিহিহিব

7. Category (General/ST/SC/OBC) : **2014**

8. Address
a. Residential Address :

b. Permanent Address :

c. Professional Address :

9. Telephone No. / Mobile No. / Fax No. :
Email ID :

10. Nomenclature of Additional Degree / Diploma obtained with the name of the University / Licensing Body and the year of obtaining qualification. The subjects of post graduation(s) should also be indicated:

Sl. No.	Description of Qualification	Name of the College / Medical Institution	Name of the University / Licensing Body	Year of obtaining the Qualification

I hereby submit a Bank Draft No. Dated obtained from the (Bank) for Rs. 1000/- (Rupees one thousand) as non-refundable fee in favor of "The Manipur Medical Council" payable at Imphal.

DECLARATION

I solemnly affirm and declare that the particulars furnished above by me are true to the best of my knowledge and belief and i undertake to abide by the code of conduct and Ethics of Manipur Medical Council and Indian Medical Council and by the Rules of Manipur Medical Council.

Date.....

Signature of the Applicant.

Note:

1. Copies of relevant additional qualification may be submitted with this application along with the originals, which would be returned after verification.
2. Only post graduate qualification(s) recognised by the Medical Council of India would be entered in the register.
3. Entries of additional qualification(s) would be entered only for those persons who possess a registrable basic medical qualification as included in the schedule to the Indian Medical Council Act 1956.
4. The certificate of Registration with Manipur Medical Council shall be required to be submitted, in original, with this application.
5. Two recent passport size photographs with name and signature at the backside.
- * 6. Bank Draft of Rs. 1000/- (Rupees one thousand) in favor of "The Manipur Medical Council" payable at Imphal (no-refundable).

(for office use only)

Received the above documents in original.

Signature of registered person

Name.....

Date.....

* The Applicants are encouraged (requested) to deposit the necessary registration fee directly to our 'The Manipur Medical Council' Bank A/c # 06751000017048, IFSC PSIB0000675 of Punjab & Sind Bank, Deulahland, Imphal, by a challan which is attached to the application form.

Bank Copy



Punjab & Sind Bank
Deulahland, Imphal.

Date: _____

In favor of: **The Manipur Medical Council**

A/c #: **06751000017048**

Sum of: **Rs.1000/- (Cash only)**

in words: **Rupees one thousand only.**

**For Registration of one Additional
Qualification in Manipur Medical Council
Register.**

Applicant's detail:

Name: _____

Date of Birth: _____

Mobile no.: _____

Email: _____

Signature of _____
depositor Authorized Signatory
& Seal

Manipur Medical Council Bank Deposit Slip

MMC Copy



Punjab & Sind Bank
Deulahland, Imphal.

Date: _____

In favor of: **The Manipur Medical Council**

A/c #: **06751000017048**

Sum of: **Rs.1000/- (Cash only)**

in words: **Rupees one thousand only.**

**For Registration of one Additional
Qualification in Manipur Medical Council
Register.**

Applicant's detail:

Name: _____

Date of Birth: _____

Mobile no.: _____

Email: _____

Signature of _____
depositor Authorized Signatory
& Seal

Personal Copy



Punjab & Sind Bank
Deulahland, Imphal.

Date: _____

In favor of: **The Manipur Medical Council**

A/c #: **06751000017048**

Sum of: **Rs.1000/- (Cash only)**

in words: **Rupees one thousand only.**

**For Registration of one Additional
Qualification in Manipur Medical Council
Register.**

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.