

Receipt No.

Date



Affix a recent
passport size
photograph, duly
attested

**APPLICATIONS FORM
OF FOREIGN MEDICAL GRADUATE INTERNSHIP**

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.

DECLARATION

I, solemnly affirm & declare that the above entries made by me are true & correct. Further, I also undertake to abide by the Code of Conduct & Ethics prescribed by Manipur Medical Council and National Medical Commission.

Date : _____

Signature of Applicant

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) Fee: Rs.4,000/- (Rupees Four Thousand only).

Note :

- i) Number of seats shall depend on the available seat from time to time.
- ii) Duly filled and signed proforma in original along with requisite documents are to be submitted at the office of Manipur Medical Council on or before 19th June, 2026.
- iii) The certificate of Medical Qualification/Degree registrable to practice medicine in their respective jurisdiction of the country in which medical degree is awarded and at par with the license to practice medicine given to the citizen of the country.
- iv) Proof for medium of FMG course in English.
- v) Self-attested copy of provisional registration certificate in Manipur Medical Council, if any.
- vi) Application may be rejected if any discrepancy in the proforma and documents submitted.
- vii) Proof for duration of the course not less than 54 months.

(for office use only)

Received the above documents in original.

Signature of registered person

Name

Date