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 with Mark Sheet.

ii) Higher Secondary Certificate (10+2) with Mark Sheet.

iii) MBBS Passing Certificate.

iv) Eligibility Certificate.

v) NBE Passing Certificate.

vi) Compensation Cetificate.

vii) Passport as residence proof updated.

viii) Copies of Passport & VISA of the country where training was undertaken, first entry and last exist must be shown properly.

ix) Aadhar card.

x) Three recent passport size photographs with name and signature on the backside.

xi) 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 on or before 17th November, 2026.

iii) Proof for medium of instruction for 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.

(for office use only)

Received the above documents in original.

Signature of registered person .....

Name .....

Date .....