**FORM**
**Manipur Medical Council**
Application form for
Provisional Medical Registration

Receipt No .....
Date .....
(for office use)

Affix passport Size photograph attested

**To,**

**The Registrar**

**Manipur Medical Council**

**Imphal**

*Subject :-* *Provisional registration of name in the register.*

**Sir,**

I hereby request that my name and other particulars mentioned below may be entered in the Provisional State Register of Manipur Medical Council as required.

1. Name of the Applicant (in block letters) :
2. Father's/Husband's Name :
3. Mother's Name :
4. Gender
5. Date of Birth (date, month, year) :
6. Nationality :
7. Address
   a) Residential Address :
   b) Permanent Address :
   c) Address of the College/Institution :
8. Telephone No./ Mobile No./Fax No./
   E-mail ID
9. Category (General/ST/SC/OBC) :

10. Training being under taken :

a. Compulsory Ratating Internship :

Or,

b. Practical Traning Course :

c. Date of joining the Training :

11. Qualifications :

***a) General Degree***

| Sl. No. | Description of Qualification | Name of School/ College/Institution | Name of the Board/University | Year of Qualification |
|---|---|---|---|---|
| | | | | |

***b) Medical Degree***

| Sl. No. | Description of Qualification | Name of the College/Institution | Name of the University | Year and month of Passing MBBS |
|---|---|---|---|---|
| | | | | |

I submit herewith original certificates for verification and submit attested copies of the same certificates :

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## 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 & Ethics of Manipur Medical Council and Indian Medical Council and by the Rules of Manipur Medical Council.

Date : ..... **Signature of the Applicant**

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**(for office use only)**

Received the above documents in original.

Signature of registered person .....

Name .....

Date .....

**Instructions :**

i) Birth Certificate, Matriculation Certificate, HSSL Certificate/SSC Exam Certificate with date of birth.

ii) MBBS Degree and marksheets of all examinations.

iii) Other evidence in support of my having obtained the qualification which I posses.

iv) Three recent passport size photographs with name and signature at the backside.

v) Download the Bank Deposit Slip Rs. 2000/- in favour of " The Manipur Medical Council", A/c.# 0652200100007106, Punjab and National Bank, RIMS, Imphal.

*MMC Copy*

# Punjab National Bank

RIMS, Lamphel, Imphal

Date : _____

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

A/c # : **0652200100007106**

Sum of : Rs. 2000/- (Cash only)

in words : Rupees two thousand only

.....

For **Allotment of Provisional Registration** 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/- (Cash only)

in words : Rupees two thousand only

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For **Allotment of Provisional Registration** in Manipur Medical Council.

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Applicant's detail :

Name : _____

Date of Birth : _____

Mobile No. : _____

Email : _____

Signature of depositor

Authorized Signatory & Seal


*Bank Copy*


# Punjab National Bank

RIMS, Lamphel, Imphal

Date : _____

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

A/c # : **0652200100007106**

Sum of : Rs. 2000/- (Cash only)

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For **Allotment of Provisional Registration** 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***

**Additional Format for synchronization of National Register and State Register (to be filled up by the applicant with effect from 15th April, 2021)**

| Sl. No. | Particulars | Information |
|---|---|---|
| 1. | Name (as given in MBBS degree) | |
| 2. | Recent photo (one copy to be affixed) | |
| 3. | Father's Name | |
| 4. | Present/Corresponding Address | |
| 5. | Permanent address | |
| 6. | Aadhaar Numer | |
| 7. | Mobile Number | |
| 8. | e-mail | |
| 9. | Date of birth | |
| 10. | Nationality | |
| 11. | **UG Degree** | |
| i. | Name of Degree | |
| ii. | Name of Medical College/University | |
| iii. | Month & year of passing | |
| iv. | Registration number | |
| v. | Date of Registration | |
| vi. | Name(s) of register (National/State) | |
| vii. | Whether the registration is renewable or permanent | |

| Sl. No. | Particulars | Information |
|---|---|---|
| 12. | **(a) PG Degree (MD/MS)** | |
| i. | Name of Degree | |
| ii. | Name of the Subject | |
| iii. | Name of Medical College/University | |
| iv. | Month & year of passing | |
| v. | Registration number | |
| vi. | Date of Registration | |
| vii. | Name(s) of register (National/State) | |
| viii. | Whether the registration is renewable or permanent | |
| 12. | **(b) PG (DNB from NBE)** | |
| i. | Name of Degree | |
| ii. | Name of the Subject | |
| iii. | Name of Medical College/University | |
| iv. | Month & year of passing | |
| v. | Registration number | |
| vi. | Date of Registration | |
| vii. | Name(s) of register (National/State) | |
| viii. | Whether the registration is renewable or permanent | |

| Sl. No. | Particulars | Information |
|---|---|---|
| 12. | **(c) PG (Medical Diploma)** | |
| i. | Name of Degree | |
| ii. | Name of the Subject | |
| iii. | Name of Medical College/University | |
| iv. | Month & year of passing | |
| v. | Registration number | |
| vi. | Date of Registration | |
| vii. | Name(s) of register (National/State) | |
| viii. | Whether the registration is renewable or permanent | |
| 12. | **(d) Super speciality (DM/MCH)** | |
| i. | Name of Degree | |
| ii. | Name of the Subject | |
| iii. | Name of Medical College/University | |
| iv. | Month & year of passing | |
| v. | Registration number | |
| vi. | Date of Registration | |
| vii. | Name(s) of register (National/State) | |
| viii. | Whether the registration is renewable or permanent | |
| 12. | **(e) Super speciality (DNB)** | |
| i. | Name of Degree | |
| ii. | Name of the Subject | |
| iii. | Name of Medical College/University | |
| iv. | Month & year of passing | |
| v.<br>vi. | Registration number<br>Date of Registration | |
| vii. | Name(s) of register (National/State) | |
| viii. | Whether the registration is renewable or permanent | |

| Sl. No. | Particulars | Information |
|---|---|---|
| 13. | **Name of the Institute/Hospital/ Clinic where engaged in teaching /research/practice of Medicine** | Government/Private/Own<br>Teaching/Non-teaching<br>Research/Non research |
| 14. | Complete Address/Contact details of the Institute/Hospital/Clinic mentioned in Item No.13 above | |
| 15. | Name of person in Hospital/Institute mentioned above in Item No.13 above who is responsible for legal issues regarding patient care provided by the Doctor. | |
| 16. | Registered Medical Practitioner (RMP) no. of the person mentioned in item no.15 above | |

Date :

Signature of the Doctor

(Complete name of the Doctor)