



RAJASTHAN MEDICAL COUNCIL

Sardar Patel Marg, C-Scheme, Jaipur-302001

Phone: 91-141-2225102 Website: <http://www.rmcjaipur.org>

APPLICATION FORM FOR ADDITIONAL QUALIFICATION REGISTRATION FOR INDIAN NATIONALS HAVING QUALIFIED FROM FOREIGN INSTITUTIONS

(Please read the instructions carefully before filling the form)

Reg. No.
(To be Fill by Applicant)

Addl. Qualification Reg. No.....Dt.....
(For Office Use)

To affix recent photograph
Self-Attested
Size(3.5 cm X 2.5 Cm)

To,
The Registrar,
Rajasthan Medical Council,
Jaipur

Sir/Madam

I..... have the honour to request that my name
(Name of the applicant)
be registered under section 18, 21 and 31 of the Rajasthan Medical Act, 1952 and that I may be
furnished with certificate of registration.

The degree / diploma in original, together with self attested true copies thereof, with I
possess, are forwarded herewith, which may please be returned when no longer required.

The prescribed registration fee Rs. 5000.00 for additional qualification registration is
send by D.D. in favour of Registrar, Rajasthan Medical Council, Jaipur.

When registered, I Promise to :-

- (i) Abide by the rules & regulations framed or to be framed from time to time hereafter,
by the Rajasthan Medical Council under Rajasthan Medical Act, 1952.

Yours faithfully,

(Name & Signature of the Applicant)

FOR OFFICE USE ONLY

Name of Dr.....

(1) Receipt No.& DateRs..... (2) Receipt No.& DateRs.....

(PARTICULARS TO BE FILLED IN BY THE APPLICANT)

1. Name (Surname First In Capital Letter)
- (a) Nationality
2. S/o / D/o / W/o
3. Address (In Capital Letters)
- (a) Permanent
-
- (b) Professional & Present
-
- (c) Phone No. (Residence)Office.....
- (d) Mobile No. :
- (e) E-mail. :
4. Date of Birth and Place
5. (a) Basic qualification with name of the
- University and year of passing
- (b) R M C Registration Certificate number
- and date
6. Recognized PG qualification with the name
- Of the University and year of Passing
7. Name & address of the Institution from which
- the qualification was obtained
- (If Institution name is not mentioned in
- original Degree or Prov. Passing certificate
- please enclosed supporting self-attested
- photocopy in this regard)
8. Marks of Identification

9. Name & address of two persons of repute to whom a reference could be made (a)
.....
(b)
.....

10. Have you ever been convicted in any form
If yes:- Present status of the case:
Outcome of the case:
(P.S.-Copy enclose the copy of the case)

Place.....
Date.....

(Name & Signature of the Applicant)

(DECLARATION FOR FURNISHING (SELF-ATTESTED) IN LIEU OF ORIGINAL DEGREE)
(to be applicable only for having provisional degree and passing certificate)

I, Dr.S/o./D/o./W/o.

Resident of.....make the following statement an oath

1. That, I have passed the Diploma/M.D./M.S./D.M./M.Ch. examination from
..... in the month of 20
2. That, I have not, as yet been awarded the Original Diploma/M.D./M.S./D.M./M.Ch. Degree by the
..... University.
3. That, I shall submit the Original Diploma/M.D./M.S./D.M./M.Ch. Degree to the Registrar, Rajasthan
Medical Council as soon as it is awarded to me.
4. That the facts stated above are true and correct to the best of my knowledge and belief and nothing is
concealed.

Place.....

Date..... (Name & Signature of the Applicant)

DECLARATION GIVEN BY THE APPLICANT

I.....Son/Daughter/Wife of

Shri.....Date of Birth.....

Resident of.....

Here by Declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I am well aware of the fact that if the information given by me is proved false / not true, I will have to face the punishment as per the law. Also all the benefits availed by me shall be summarily withdrawn.

Place.....

Date..... (Name & Signature of the Applicant)

FOR OFFICE USE ONLY

1. Whether Registration is duly renewed if Yes, Number & Date.....
.....
2. Qualification to be Registered.....
.....
3. The qualification is as per schedule of M.C.I. & is given at page No.
4. Fee of Rs. is received vide R. No. Dt.

I have checked & found the form is properly filled. Required fee and documents etc. is received and placed with the form.

(Sig. of Dealing Clerk)

(Sig. of Asstt. Registrar)

REGISTRAR

Enclosures:

- (1) Original degree/diploma with self attested photostate copy.
- (2) Original Provisional / Passing Certificate issued by the University in lieu of degree, with self-attested photostat copy.
- (3) Performa to be filled by the applicant to produce degree, when awarded. (as given above in application form).
- (4) Self address envelop size 12" x 15" with postage stamps of Rs. 50.00 for registered post.
- (5) D.D. of Rs. 5000/- in favour of Registrar, Rajasthan Medical Council, Jaipur.
- (6) Two Copies of passport size photograph one affixed on the Form & one sparely attached.
- (7) Affidavit to submit for change of surname or change in marital status if applicable & Fee of Rs. 100.00 by D.D. (as per proforma on page 4).
- (8) Please sign specimen signature on paper size (4"x2") with black gel pen.
- (9) Self attested photocopy of any I.D. i.e. Driving Licence / Pan Card / Passport / Voter Id / Aadhar.

- Note :-**
- (1) Every Registered Practitioner should intimate the change of his/her mailing address, and answer email address all enquiries, otherwise, under sub-section (2) of section 16 of the Rajasthan Medical Act, 1952 his/her name is liable to be erased from the Register of Registered Medical Practitioners.
 - (2) DNB candidates please mention your Institution/College name in column No.(7) along with original and self-attested photocopy.
 - (3) Please fill separate Form for each P.G. Qualification.
 - (4) Forms are accepted between 10.30 A.M. to 3.00 P.M., Lunch hours 1.30 to 2.00 P.M. Cash/Cheques are not accepted.

PROFORMA FOR FURNISHING AFFIDAVIT FOR CHANGE OF SURNAME

(On Non-Judicial Stamp Paper of Rs. 10/-)

I, Dr. W/o.
 aged by profession
 resident of

..... state the following facts on oath :-

- 1. I make oath and say that prior to my marriage on
 with S/o I used to write Dr. Miss
 and now I write Dr. (Mrs.)
- 2. I make oath and say that Dr. (Miss) and Dr. (Mrs.)
 is one and the same lady.
- 3. I make oath and say that the facts stated above are true & correct to the best of my knowledge and belief and nothing has been concealed.

Date :

 Deponent

OFFICE OF THE NOTARY PUBLIC

No. Date
 Time.....

Presented and sworn before me by the deponentaged
 years, resident of who admits solemnly the execution and the contents of this
 affidavit to be true and correct. The deponent is identified by
 personally known to me.

.....
 (Signature of Notary Public with Seal)