



# RAJASTHAN MEDICAL COUNCIL

Sardar Patel Marg, C-Scheme, Jaipur-302001

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

## APPLICATION FORM FOR PROVISIONAL REGISTRATION

(Please read the instructions carefully before filling the form)

Provisional Reg. No.....Dt.....  
(For Office Use)

To,  
The Registrar,  
Rajasthan Medical Council,  
Jaipur.

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

Sir/Madam

I.....have the honour to request  
(Name of the applicant)

that my name be provisionally registered under the Indian Medical Council Act. 1956 and that I may be furnished with a certificate of registration (Provisionally). The character certificate issued by the Principal Medical College..... in original with its self-attested photo copy Rs. 1000/- as D.D. Payable to Registrar, Rajasthan Medical Council, Jaipur is enclosed.

When registered I Promise to abide by the rules & regulations framed or to be framed from time to time hereafter, by the Rajasthan Medical Act 1952 and under Medical Council of India Act, 1956. I will inform the Council regarding change in my mailing address, if any.

Yours faithfully

(Name & Signature of the Applicant)

### **FOR OFFICE USE ONLY**

Form is complete & degree is registrable  
& no dues is outstanding.

May be registered Provisionally

(Dealing Clerk)

(Asstt. Registrar)

(Registrar)

Name of Dr.....

(1) Receipt No.& Date .....Rs.....(2) Receipt No.& Date.....Rs.....

**PARTICULARS TO BE FILLED IN BY THE APPLICANT**

1. Name (Surname First In Capital Letters) .....
- (a) Nationality .....
2. S/o/W/o/D/o .....
3. Address (in capital letters)
  - (a) Permanent .....
  - .....
  - .....
  - (b) Professional & Present .....
  - .....
  - (c) Mobile No. ....
  - Phone No. (Residence/Office) .....
  - (d) E-mail : .....
4. Date of Birth and Place .....
5. Recognized medical qualification with year .....
6. Name & Address of the .....
- Institution from which the .....
- qualification were obtained. ....
7. Marks of Identification .....

8. Name & Address of two persons of repute, to whom reference could be made (a) .....  
.....  
(b).....  
.....

9. 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)

# CODE OF MEDICAL ETHICS

## DECLARATION

I solemnly pledge myself to consecrate my life to service of humanity., Even under threat, I will not use my medical knowledge contrary to the laws of Humanity., I will maintain the utmost respect for human life from the time of conception., I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient., I will practice my profession with conscience and dignity., The health of my patient will be my first consideration., I will respect the secrets which are confined in me., I will give to my teachers the respect and gratitude which is their due., I will maintain by all means in my power, the honour and noble traditions of medical profession., I will treat my colleagues with all respect and dignity., I shall abide by the code of medical ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations 2002.

I make these promises solemnly , freely and upon my honour.

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 to be false / untrue, 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 )

### Enclosures

- (1) Original character certificate with self attested photostate copy.
- (2) Self addressed envelope size 9"X 4" with postage stamps of Rs.50/-for registered post.
- (3) D.D. of Total Rs.1000/- in favour of Registrar,Rajasthan Medical Council,Jaipur.

- (4) Self-attested photocopy of any I.D. i.e. Driving Licence / Passport / Voter Id / Aadhar.
- (5) Self attested photocopy of Xth marksheets.
- (6) Self attested photocopy of final MBBS marksheet.

**The Applicant (Completed M.B.B.S. from other State and wants to do internship in Rajasthan) is required to submit the following documents in original with self-attested photocopies:**

1. Provisional Registration Certificate of the concerned State.
2. N.O.C. of Provisional Registration Certificate of concerned State.
3. Character Certificate of the concerned College .
4. Passing Certificate of the concerned University
5. Date of Birth Certificate / Xth or XIIth Marksheets.
6. Coloured N.O.C. of the concerned College.
7. Internship commencement order from Rajasthan of Concerned Medical College .
8. Certificate of internship completion if candidate has done Internship from the concerned State
9. Self addressed envelop size 9"x4" with postage stamps of Rs.50.00 for registered post.
10. Self-attested photocopy of any I.D. i.e. Driving Licence / Passport / Voter Id / Aadhar.
11. Self attested photocopy of final MBBS marksheet.

**Note:-**

- (1) Every registered practitioner should intimate the change of his/her mailing address & E-mail and answer all enquiries, otherwise, vide 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) If Applicant submit no Objection Certificate issued by any other State Medical Council then it will not be considered & this Council will send confirmation letter regarding this to respective State Medical Councils.
- (3) 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.