



RAJASTHAN MEDICAL COUNCIL

Sardar Patel Marg, C-Scheme, Jaipur-302001
Phone: 91-141-2225102 Website: <http://www.rmcaipur.org>

APPLICATION FORM FOR OBTAINING A CERTIFICATE OF GOOD STANDING FORM

(Please read the instructions carefully as given in Appendix-I before filling the form.)

To,
The Registrar
Rajasthan Medical Council
Jaipur

Name of Dr..... R.No..... Dt.....Rs.....

1. Name of the doctor with address

(As given in the State Medical Register)

2. Present address

3. Qualification

(Name of the University with Year)

4. Name of the College from which
qualified.

5. State Medical Council with which
registered (Reg. No. and date)

6. Places at which he/she had
worked during the last five years

with full details.

7. Two testimonials of character and conduct from persons of standing -----

8. Name & full address of two doctors (i) -----
who personally know the applicant -----
to whom a reference can be made (ii) -----

9. Phone No. /Mobile No. -----
10. Email. -----
11. 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)

Yours faithfully,

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 Also all the benefits availed by me shall be summarily withdrawn.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)

RECOMMENDATION OF THE STATE MEDICAL COUNCIL

1. Certified that the particulars given above are correct to the best of my knowledge and according to the record available with me.
2. Certified that the doctor holds current Registration with this Council and no disciplinary proceedings have been taken or were in progress against him on this date by the Council.

**REGISTRAR
RAJASTHAN MEDICAL COUNCIL,
JAIPUR**

Date

APPENDIX-I

INSTRUCTION TO CANDIDATES FOR FILLING THE APPLICATION FORM FOR THE OBTAINING A CERTIFICATE OF GOOD STANDING

1. The application form should be properly and neatly filled in and sent in duplicate.
2. D.D. of Rs. 2000 + 18% GST only in favour of Secretary , Medical Council of India New Delhi, should be sent along with the application as fee. Cheques are not accepted.
3. Two testimonials of character and conduct as started in column no. "7" of this application form should be from persons of standing i.e. gazette Officers / Members of Parliament/Members of Legislative Assembly/Magistrate 1st. Class and the Principals and Professors of Medical College or from other persons of similar status and enclosed with the application in duplicate.
4. The names of the referees may be mentioned with complete and correct addresses to whom a reference could be made. These should not be the same persons who have issued a certificate as asked for in column no. "7" of this application form.
5. The application is to be forwarded to this office through the Register of the State Medical Council with whom the person concerned is registered. In case, he is registered with more than one State Medical Council, he should give all the registration numbers, with dates and the name of the State Medical Councils but forward his application through the Registrar of one of the Medical Council.
6. Copy of Registration Certificate should be enclosed.
7. D.D. of Total Rs. 600 [Rs.100(form fee) + Rs.500(f. fee)] in favour of Registrar Rajasthan Medical Council, Jaipur.
8. One envelop size 11" X 5" address to Secretary , Medical Council Of India, Pocket-14,Sector-8, Dwarka, New Delhi with postage stamps of Rs. 50.. for registered post.
9. On character certificate please mention clearly name and seal of attesting Officer.

10. Sending Good Standing Certificate out side India a D.D of \$ 100.00 + 18% GST (In Indian Rupees) only in favour of Secretary, Medical Council of India New Delhi should be sent along with the application as fee. Cheques are not accepted.

Note

1. 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.