



# राजस्थान आयुर्विज्ञान परिषद् **RAJASTHAN MEDICAL COUNCIL**

सरदार पटेल मार्ग, सी-स्कीम, जयपुर-302001 (राज0)  
Sardar Patel Marg, C-Scheme, Jaipur-302001 (Raj.)

Visit us at:- [rmcjaipur.org](http://rmcjaipur.org) / दूरभाष / Phone No.:- 0141-2225102, 2221734ई-मेल / E-mail:- [rajmedcouncil@yahoo.in](mailto:rajmedcouncil@yahoo.in)

NO.RMC/FMG/2024 &25 / 6485

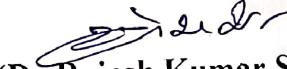
Dated: 12<sup>th</sup> September, 2024

## Public Notice

In Reference to registration of Foreign Medical Graduates (FMG) in the State Registrar, It has been decided that an Affidavit/Indemnity Bond and Affidavit of Surety should be submitted with application form by Foreign Medical Graduates. The above documents(Bond) is required in support of degree/internship completion certificate and other related essentials documents in due compliance of the rules and regulations issued by the National Medical Commission from time to time.

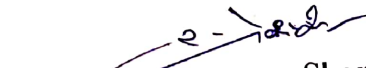
This Issue in the interest of Foreign Medical Graduates to avoid delay in Registration and any documents to be submitted false/ wrong or misleading/fake tempered.

All Foreign Medical Graduates are required to submit Affidavit / Indemnity Bond and Affidavit of Surety on Non-Judicial Stamp of Rs. 100/- duly attsted by Notary Public. Formate of Affidavit /Indemnity Bond and Affidavit of Surety is enclosed with this Public Notice, which is effective with immediate effect.

  
(Dr.Rajesh Kumar Sharma)  
Registrar,  
Rajasthan Medical Council  
Jaipur

Copy forwarded to the following for information and necessary action :-

1. PS to The Principal Health Secretary, Medical & Health Department, Rajasthan, Jaipur.
2. Director (Public Health) & Chairman, RMC, Jaipur.
3. Notice Board.
4. Guard file.

  
(Dr.Rajesh Kumar Sharma)  
Registrar,  
Rajasthan Medical Council  
Jaipur



**(Annexure-A)**

**Affidavit for Foreign Medical Graduates**

(To be submitted on Rs.100/- Non-judicial Stamp dully attested by Notary Public)

I \_\_\_\_\_, aged \_\_\_\_\_ Years  
(D.O.B. \_\_\_\_\_), AADHAAR No. \_\_\_\_\_ Passport  
No. \_\_\_\_\_, S/o \_\_\_\_\_  
r/o \_\_\_\_\_

- \_\_\_\_\_ do hereby solemnly affirm and delcare as under:
1. That I am the bonafide Citizen of India and resident of the state of Rajasthan.
  2. That I have applied to obtain permanent registration to practice medicine within State of Rajasthan or anywhere else in India as a qualified doctor in due compliance of the rules and regulations framed by National Medical Commission, Medical Council of India and Rajasthan Medical Council, respectively, from time to time.
  3. That I have taken admission in MBBS or (Equivalent Course) in the year \_\_\_\_\_ at \_\_\_\_\_ college/ Institution/University situated in \_\_\_\_\_ country.
  4. That I have taken admission in MBBS or (Equivalent Course) in the year \_\_\_\_\_ at \_\_\_\_\_ college/ Institution/University situated in \_\_\_\_\_ country.
  5. That I have qualified and obtained my Medial Graduate Degree from;  
Name of Medical College \_\_\_\_\_  
Degree Reference Number/Date \_\_\_\_\_  
Roll no \_\_\_\_\_  
Name of the University \_\_\_\_\_  
Academic Session \_\_\_\_\_  
Name of the Country \_\_\_\_\_
  6. That I have passed the compulsory Foreign Medical Graduate Examination (FMGE) in the year \_\_\_\_\_, for equivalency to MBBS in India, as per various NMC regulations including National Medical Commission-CRMI Regulations 2021 (Compulsory Rotating Medical Internship Regulations 2021) and Indian Medical Council Act-1956, as last amended.
  7. That I have completed the compulsory minimum period of internship of one year/Two years/ Three Years, \_\_\_\_\_ years, as applicable to me, in India, within two/ two years From the date of completion of my Bachelor

*Dr*



of Medicine and Bachelor of Surgery(MBBS) examination or from the date of passing of equivalent FMGE examination.

8. That I am a Foreign Medical Graduate and I have complete my CRMI (Compulsory Rotating Medical Internship) in India w.e.f. \_\_\_\_\_ to \_\_\_\_\_ Medical College/ Institution/University in the year \_\_\_\_\_, which is approved for providing CRMI to India Medical Graduates.
9. That I Have completed my one year/two years/ three years\_\_\_\_\_ of internship, without any indiscipline, default or irregularity, from \_\_\_\_\_ college / Institution/University, which an affiliated medical college/ institution/university located within India approved by the National Medical Commission and listed by the Undergraduate Medical Education Board (UMEB) in terms of section 35 of the IMC Act 1956.
10. The I have not been debarred by any Medical College/ Institution/ University/ Regulatory body/NMC/MCI/ Government etc. within or outside India to practice medicine as a doctor/medical graduate, in any manner.
11. That I have duly attended and sufficiently compensated classes in physical onsite (Offline) mode w.e.f. \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_ college/Institution/ University situated in \_\_\_\_\_ country in lieu of online classes while completing my MBBS degree course.
12. That my AADHAAR No. is \_\_\_\_\_
13. That my PAN No. is \_\_\_\_\_
14. That I have attached the attested coy of my AADHAAR CARD, PAN CARD, PASSPORT with this affidavit.
15. That I state and declare that in case the above stated contents of my affidavit are found to be false/wrong or misleading then my Licence to Practice as a Doctor/ Medical Practitioner shall be cancelled and revoked and Legal processing shall be initiated in the due course of the law

Dated:

Place:

**Deponent**

**Verification :**





Verified that the contents of para no. 1 to 15 of this Affidavit are true and correct to my Knowledge and belief No. part of it is false and Nothing has been concealed.



Dated:

Place:

**Deponent**

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**Surety Affidavit For Foreign Medical Graduates**

(To be submitted on Rs.100/- Non-judicial Stamp dully attested by Notary Public)

Name of Surety:

Relation of Surety with Foreign Medical Graduate:

Father/Mother \_\_\_\_\_

AADHAAR NO. \_\_\_\_\_

PAN NO \_\_\_\_\_ PASSPORT NO. \_\_\_\_\_

Of surety.

**AFFIDAVIT OF SURETY**

I \_\_\_\_\_, aged \_\_\_\_\_ Years  
(D.O.B. \_\_\_\_\_), AADHAAR No. \_\_\_\_\_ Passport  
No. \_\_\_\_\_ S/o \_\_\_\_\_  
r/o \_\_\_\_\_

- \_\_\_\_\_ do hereby solemnly affirm and delcare as under:
1. That I am the father/mother/brother/sister of Foreign Medical Graduate (FMG) Mr/Ms \_\_\_\_\_, AADHAAR NO. \_\_\_\_\_ PAN no \_\_\_\_\_, Passport No. \_\_\_\_\_.
  2. That Mr/Ms \_\_\_\_\_ is my son/daughter \_\_\_\_\_.
  3. That my son/daughter Mr/Ms \_\_\_\_\_ has qualified his MBBS degree or equivlane degree from college \_\_\_\_\_ /Institution/University situated in \_\_\_\_\_ country.
  4. That the above noted MBBS (Bachelor of Medicine & Bachelor of Surgery) degree or equivalent degree acquired by my ward is genuine and valid which he/she has acquired after attending all his/her classes and completing the requisite syllabus in the field of medicine at \_\_\_\_\_ College/ Institution/ University situated in \_\_\_\_\_ country.
  5. That my son/daughter has applied for Licence to practice as a doctor in the field of medicine and I state and declare that the documents produced by my son/daughter before the Medical Council of India/National medical commission/ Rajasthan Medical council are correct, truthful and upright.

*Jr*

6. That I understand that Medical Profession of a doctor is a very noble profession which is directly related to the services of humanity and no falsity of any kind, in any manner, should be allowed to be perpetrated in medical profession by anyone.

That I state on oath and stand surety for my son/daughter Mr/Ms \_\_\_\_\_, that the credentials of my son/daughter are genuine and valid. And in case fake, tampered etc. then I shall bear the consequence of such falsity/Illegality, arising therefrom, whatsoever.

Place:

Dated:

**Deponent**

**Verification:**

Verification that the contents of this affidavit are true and correct. No part of it is false and nothing material has been concealed.

Place:

Dated:

*[Signature]*

**Deponent**

**INDEMNITY BOND FOR FOREIGN MEDICAL GRADUATE**

(To be submitted on Rs.100/- Non-judicial Stamp dully attested by Notary Public)

I \_\_\_\_\_, aged \_\_\_\_\_ Years  
(D.O.B. \_\_\_\_\_), AADHAAR No. \_\_\_\_\_ Passport  
No. \_\_\_\_\_, S/o \_\_\_\_\_  
r/o \_\_\_\_\_

\_\_\_\_\_ do hereby solemnly affirm and delcare as under:

1. That I am a bonafide citizen of India and resident of the State of Rajasthan.
2. That my present correspondence address is \_\_\_\_\_
3. That I have taken admission in MBBS course or equivalent in the year \_\_\_\_\_ at \_\_\_\_\_ college/Institution/University situated in \_\_\_\_\_ Country.
4. That I have completed my MBBS Course or equivalent in the year \_\_\_\_\_ at \_\_\_\_\_ college/Institution/University situated in \_\_\_\_\_ Country.
5. That I have qualified and acquired my MBBS (Bachelor of Surgery and Bachelor of Medicine) degree or equivalent course during the academic sessions \_\_\_\_\_ to \_\_\_\_\_ from \_\_\_\_\_ college/Institution/University situated at \_\_\_\_\_ Country.
6. That I have cleared my Foreign Medical Graduate Examination, in India, in the year \_\_\_\_\_.
7. That I shall comply with the all teh rules and regulations framed by National Medical Commission, Medical Council of India including CRMI rules and regulation 2021 framed by National Medical Commission.
8. That I state, undertake and declare that I have applied for Licence to practice as a doctor in the field of medicine and all my documents/degree/experience certificates/internship certificates/affidavits are truthful, genuine and correct.
9. That, accordingly, in view of the above, I hereby, indemnify the Rajasthan medical Council having its registered office at Sardar Patel Marg, Near

*[Signature]*



Bais Godawn Circle, Jaipur against all the losses/damages etc. arising out of or related to my MBBS degree/equivalent degree, certificates, qualifications and my professional conduct as a doctor.

Place:

Dated:

**Executant**

### **Verification**

Verified that the contents of this indemnity bond are true and correct to my knowledge and belief, which shall remain binding upon me. Verified further that no part of the contents of para no. 1 to 9 is false or incorrect and Nothing material has been concealed.

Place:

Dated:



**Executant**