



RAJASTHAN MEDICAL COUNCIL

Sardar Patel Marg, C-Scheme, Jaipur-302001

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

APPLICATION FORM FOR PERMANENT REGISTRATION

(Please read the instructions carefully before filling the form)

Provisional. Reg. No.
(To be Filled by Applicant)

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 registered under the Rajasthan Medical Act, 1952 and that I may be furnished with a certificate of registration. The diploma/degree, along with internship completion certificate in original, together with self attested true copy thereof, are forwarded herewith original certificate/degree may please be returned.

The prescribed fee Rs. 2000.00 for registration is sent by D.D. in favour of Registrar, Rajasthan Medical Council, Jaipur. The provisional registration No.....Dt..... issued by this council is also returned herewith in original.

When registered I Promise to abide by the rules and regulations framed or to be framed from time to time hereafter, by the Rajasthan Medical Council.

Yours faithfully,

(Name & Signature of the Applicant)

FOR OFFICE USE ONLY

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

May be registered

(Dealing clerk)

(Asstt. Registrar)

(Registrar)

Name of Dr.....

(1)Receipt No.& DateRs.....(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 / D/o / W/o

- 3. Address (in capital letters)
- (a) Permanent
-
- (b) Professional & Present
-
- (c) Phone No. with S.T.D. Code (R)(O)
- Mobile No.....
- (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. If already registered
- (a) Name of Council
- with Reg. No. & date
- (b) Registered Qualification
- (with Year)

8. **Marks of Identification**

9. **Aadhar No.**

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

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)

Place

Date

(Name & Signature of the Applicant)

CODE OF MEDICALETHICS

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 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 on oath:-

1. That, I have passed the M.B.B.S examination from
.....in the month of
2. That, I have completed my Internship training of one year from.....
to.....at.....
Hospital.
3. That, I have not, as yet been awarded the Original M.B.B.S. Degree by the.....
..... University.
4. That, I shall submit the Original M.B.B.S Degree to the Registrar, Rajasthan Medical Council as soon as it is awarded to me.
5. 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)

Enclosures:

1. R.M.C. Original Provisional Registration Certificate.
2. Original degree/diploma with self-attested Photostat copy thereof.
3. Original internship completion certificate, Issued by the College, with self-attested photostat copy thereof.
4. Original Provisional / Passing Certificate issued by the University in lieu of degree, with self attested photostat copy thereof.
5. Declaration to be filled by the applicant to produce degree, when awarded. (as per declaration as above in application form).
6. Self address envelop size 12'X15' with postage stamps of Rs. 50/- for registered post.
7. D.D. of Rs. 2000/- in favour of Registrar,Rajasthan Medical Council,Jaipur.
8. Two copies of passport size photograph one affixed on the Form & one spare without self attested.
9. Affidavit to submit for change of surname or change in marital status with marriage certificate if applicable & Fee of Rs. 100/- by D.D. (as per proforma on page 4 of application form).

10. Other state Original Registration Certificate with self attested photostat copy thereof.
11. Please sign a specimen signature on paper size (4"x3") with black gel pen.
12. Self-attested photocopy of any I.D. i.e. Driving Licence / Pan Card / Passport / Voter Id.
13. Self-attested photocopy of Aadhar.

Note:

1. Every Registered practitioner should intimate the change of his/her mailing address, 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.

PROFORMA FOR FURNISHING AFFIDAVIT FOR CHANGE OF SURNAME
(On Non Judicial Stamp Paper 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/oI 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 state above are true & correct to the best of my knowledge and belief and Nothing has been concealed.

Dated.....
.....
 Deponent

OFFICE OF THE NOTARY PUBLIC

No..... Date.....
 Time.....

Presented and sworn before me by the deponent. Dr.....aged.....
 years, resident ofwho admits solemnly the execution and the contents of
 this affidavit to be true and correct.

The deponent is identified by.....who is personally known to me.
.....
 Signature of Notary Public with Seal