

Phone : 25367033, 25367035, 25367036  
दूरभाष : 25367033, 25367035, 25367036  
Telegrams : MEDCONCIND, New Delhi-77  
तार : मेडिकल कॉर्सेस नई दिल्ली  
Fax : 0091-11-25367025  
E-mail : mci@bol.net.in  
Website : www.mciindia.org



पोस्ट - 14, सेक्टर - 8,  
द्वारका फैसला - 1  
नई दिल्ली-110 077  
Pocket-14, Sector-8,  
Dwarka Phase - 1  
New Delhi-110077

## भारतीय आयुर्विज्ञान परिषद् MEDICAL COUNCIL OF INDIA

No.MCI-203(1)(Gen.)/2013-Regn./ 59243

Dated: 24/02/14

To,

**The Registrar,  
All State Medical Councils in India.**

**Subject: Enrolment of Medical Practitioners holding recognized medical qualifications under the section 13 (4A) of the Indian Medical Council Act, 1956 on State Medical Registers.**

Sir/Madam,

This is in continuation of this office circular dated 15/9/1981, 02/05/1985, 09/02/1987, 07/1998 and 04/06/2003 on the above subject.

2. Your kind attention is invited to section 13 (4A) and 13 (4B) of the Indian Medical Council Act, 1956 that were included in the IMC Act, 1956 by the Indian Medical Council (Amendment) Act, 2001. These provisions permit an Indian citizen/overseas citizen of India to obtain primary medical qualification (MBBS or its equivalent) from any country outside India which is recognized for enrolment as medical practitioner in that country. Such persons are required to conform to the norms for admission in MBBS course in India as laid down in the Graduate Medical Education Regulations, 1997. For the purpose of enrolment on medical register in India such person is required to qualify the Screening Test conducted by the National Board of Examination. Once such person qualifies the Screening Test, the primary medical qualification obtained by such person is deemed to be the recognized medical qualification for the purposes of the IMC Act for that person. Registration to practice medicine as a registered medical practitioner, as postulated under the scheme of the Indian Medical Council Act, 1956, is with the State Medical Council and to be made in the State Medical Register. Consequently, section 15 of the IMC Act confers on such person the right for enrolment on the State Medical Register and by the State Medical Council upon satisfaction of fulfillment of all the requirements by any applicant, for seeking such registration. Similarly, grant of provisional registration by the State Medical Council is provided under section 25 (1) of the Indian Medical Council Act, 1956.

3. Accordingly, this is to bring to the attention of all the concerned that the holders of primary medical qualifications (MBBS or its equivalent) from any country outside India, which is recognized for enrolment as medical practitioner in that country and who have qualified the Screening Test conducted by the National Board of Examination are required to be mandatorily enrolled on the State Medical Register by the State Medical Council upon satisfaction of fulfillment of all the requirements by any applicant, for seeking such registration. Therefore, State Medical Councils are requested to enroll such medical practitioners on their Registers and thereafter communicate the information of such enrolment to the Medical Council of India in accordance with the provisions of the Indian Medical Council Act, 1956. In doing so, the State Medical Councils are advised to necessarily ensure following procedural checks before granting provisional/permanent registration:

- (1) That the applicant who has gone abroad from 15.03.2002 to 14.05.2013 had obtained an Eligibility Certificate from the Medical Council of India. Further, those going abroad on or after 15 May 2013 conform to / fulfill all the norms laid down in the Graduate Medical Education Regulations, 1997 for admission in MBBS course;
- (2) That the foreign medical qualification obtained by the applicant is recognized for enrolment as medical practitioner in that country and confirmation from the Indian Embassy has been obtained to the effect that the degree awarded by the foreign Medical Institution is recognized for enrolment as medical practitioner in that Country;
- (3) That the applicant has qualified the Screening Test conducted by the National Board of Examination;

Phone : 25367033, 25367035, 25367036  
टूर्साय : 25367033, 25367035, 25367036  
Telegrams : MEDCONCIND, New Delhi- 77  
तार : मेडिकल कॉन्सिल नई दिल्ली  
Fax : 0091-11-25367025  
E-mail : mci@bol.net.in  
Website : www.mciindia.org



पोकेट - 14, सेक्टर - 8,  
द्वारका फैसला - 1  
नई दिल्ली-110 077  
Pocket- 14, Sector- 8,  
Dwarka Phase - 1  
New Delhi-110077

## भारतीय आयुर्विज्ञान परिषद् MEDICAL COUNCIL OF INDIA

(4) That the primary medical qualification obtained by the applicant is either apostilled in accordance with the requirements of Hague Convention of 5 October 1961 Abolishing the Requirement of Legalization for Foreign Public Documents (Apostille Convention) or are duly attested by the Indian Embassy of the foreign nation from which such qualification has been obtained;

(5) That the authenticity of 10+2 marksheet and certificate are verified from the concerned Board.

(6) That the caste certificate of Scheduled Case/Scheduled Tribe/ Other Backward Classes is verified in case relaxation of marks, as permitted under the MCI Regulations, is sought.

(7) In so far as grant of provisional registration under section 25(1) of the Indian Medical Council Act, 1956 is concerned, provision of Regulation 65 of MCI Regulations 2000, shall also be required to be complied with and which provides as under:

".....65. **Provisional Registration.** – The names of provisionally registered medical practitioners should be borne on a separate list maintained for the purpose and they shall not be included in the State Medical Registers. In order to have a uniform procedure by all State Medical Councils with regard to the list of provisionally registered medical practitioners under section 25, the certificate for provisional registration should be issued in the following proforma:-

Name of Person :

Address :

Qualification :

Date of year of passing examination :

Name of College and University :

4. It may also be noted that the practice of granting direct registration by the Medical Council of India to the Indian citizens who have obtained primary medical qualifications from foreign countries would be stopped with effect from 01.03.2014 and with effect from such date no fresh application would be entertained by the Medical Council of India.

5. All the persons, who have obtained primary medical qualification from foreign country, are also advised to get their names enrolled on the State Medical Register so as to ensure that they are able to avail all the rights and privileges conferred upon by the Indian Medical Council Act, 1956.

6. In case of any clarification/difficulty the Council may be approached by the concerned State Medical Council for advice in the matter.

7. This is issued with the approval of the Competent Authority of the Council.

Yours faithfully,

(Ashok Kumar Harit)  
Deputy Secretary (Admn.)

विदेश से उत्तीर्ण एम.बी.बी.एस./एम.डी. फिजीशियन—जो एम.बी.बी.एस. के समकक्ष हो, पंजीकरण आवेदन पत्र प्रस्तुत करते समय निम्नलिखित प्रमाण—पत्र/अभिलेख जमा करना आवश्यक होगा।

1. मेडिकल कौसिल ऑफ इण्डिया, नई दिल्ली के द्वारा प्रदत्त Eligibility Certificate जो कि विदेश में पढ़ने के पूर्व प्राप्त किया गया हो।
2. उस देश में स्थित भारत की Embassy (दूतावास) से, संबंधित देश से प्राप्त डिग्री के अधिकृत होने का प्रमाण पत्र प्राप्त कर उसे संलग्न करना होगा।
3. नेशनल बोर्ड ऑफ एजामिनेशन से प्राप्त स्क्रीनिंग टेस्ट में उत्तीर्ण सार्टफिकेट संलग्न करना होगा।
4. एम.बी.बी.एस. या उसके समकक्ष योग्यता जिसका पंजीकरण चाहा गया है, वे हेग कन्वेशन (1961) के अन्तर्गत एपास्टल की गई हो या उसका सत्यापन उस देश में स्थित भारतीय एम्बेसी द्वारा कराकर प्रस्तुत करना होगा।
5. 10वीं तथा 10+2 की मार्कशीट एवं सार्टफिकेट संबंधित बोर्ड से प्राप्त, संलग्न करना होगा।
6. एम.बी.बी.एस./एम.डी. फिजीशियन के संपूर्ण अंक—पत्र व प्रमाण—पत्र।
7. इन्टर्नशिप कम्पलीशन सर्टफिकेट की फोटो कापी।
8. आवेदन पत्र पर दिये गये निर्धारित बाक्स में हस्ताक्षर व फोटो को इन्टर्नशिप चिकित्सालय के मुख्य चिकित्सा अधीक्षक अथवा मुख्य चिकित्सा अधिकारी से
9. Seal bearing name and designation of C.M.O. of the district where he/she is residing

**or**

SDM/ADM (first class magistrate), Special Secretary and above official.

10. संलग्न प्रारूप के आधार पर Rs.10/- के स्टाम्प ऐपर पर शपथ—पत्र।

( ₹ 10/- के स्टैम्प पेपर पर )

शपथ—पत्र

मैं ..... पुत्र श्री ..... ने

मेडिकल कालेज .....

से एम.बी.बी.एस./एम.डी. फिजीशियन ..... उत्तीर्ण किया है एवं मेरे पास मेडिकल कौसिल ऑफ इण्डिया, नई दिल्ली के पत्र संख्या MCI-203(1)(Gen.)/2013-Regn./59243 Dt. 24-02-2014 में उल्लिखित समस्त प्रमाण पत्र हैं एवं मैं इन समस्त प्रमाण पत्रों की प्रमाणित छायाप्रतियां जमा कर रहा हूं जिसका मूल प्रति से मिलान करा दिया है।

मुझे यह अवगत कराना है कि मुझे मेडिकल कौसिल ऑफ इण्डिया, नई दिल्ली के दिशा-निर्देशों के तहत मेरे द्वारा जमा किये गये समस्त प्रमाण पत्रों का सत्यापन उ0प्र0 मेडिकल कौसिल द्वारा कराया जायेगा एवं सत्यापन विभिन्न सक्षम प्राधिकारियों से कराने के उपरान्त ही मेरा परमानेन्ट रजिस्ट्रेशन प्रमाण पत्र बनाया जाना संभव होगा। चूंकि सत्यापन का यह कार्य उ0प्र0 मेडिकल कौसिल के कार्यक्षेत्र में नहीं आता है इसलिये व इसमें लगने वाला समय अन्य कार्यालयों के रिस्पान्स (सत्यापन) पर निर्भर करता है। इसलिये रजिस्ट्रेशन प्रमाण पत्र जारी करने की समय सीमा मुझे नहीं दी गयी है। मुझे यह भी अवगत करा दिया गया है कि समस्त प्रमाण पत्रों के सत्यापन होने के उपरान्त मेरा प्रमाण पत्र बना दिया जायेगा और मुझे रजिस्टर्ड डाक द्वारा भेज दिया जायेगा। इस कार्य हेतु मैं उ0प्र0 मेडिकल कौसिल पर कोई अनावश्यक सिफारिश/दबाव नहीं बनाऊंगा।

शपथी

**PERSONAL APPEARANCE IS COMPULSORY**  
**(Please read detailed instruction over leaf)**

# UTTAR PRADESH MEDICAL COUNCIL

5, Sarvpalli, Mall Avenue Road, Lucknow

Office : 2235965, 2238846, Fax:-2236600, E-mail:[upsflucknow@yahoo.co.in](mailto:upsflucknow@yahoo.co.in)

Application Form for Registration with U.P. Medical Council

Serial No.

Provisional :  Permanent :  Duplicate :  Additional :

**For Office use only :**

Registration Number : .....

Fee Receipt No. : .....

Fee Deposit    
 Date :  Day     Month       Year

Fee Amount (Rs.) :

Candidate Signature in Upper Box

Neatly paste your latest  
colour photograph in  
this box duly  
attested by principal  
of training centre

Seal & Sign. of attesting authority

Date of Birth :       Gender (M/F) :  Mob. No.

First Name

Middle Name

Sur Name

Father's Name

Permanent Address

Distt.                Pin

State       State Code   Medical College Code    University Code

Name of Medical College

Name of University :

Additional Qualification :

Month & Year of Joining : Month   Year   Month & Year of Passing Month   Year

**Note: Fill the details in this box if in case you are already registered with U.P. Medical Council or any other Medical Council**

Registered with U.P. Medical Council/OtherCouncil (UPM/OTH)    State/U.T. of Registration (State Code)

Which Certificate you posses Provisional/Permanent (PROV/PERM)    Registration No.

**Rotatory training College details (To be filled by the applicant applying for PERMANENT REGISTRATION)**

**Training Hospital-1**

Hospital name :

City :

Joining Date :     Completed On     
 Day Month Year                      Day Month Year

**Training Hospital-2 (If applicable)**

Hospital name :

City :

Joining Date :     Completed On     
 Day Month Year                      Day Month Year

**"Candidate will be required to sign in a register in the council office".**

## Instructions for the Printout of Application Registration Form

- \* Please get the **colored print** out of Application Registration Form.
- \* Print the Application Registration Form in **A4 Paper Size** only.
- \* Fill Separate forms for Provisional/Permanent/Additional (MD/MS/etc) Registrations.
- \* Before Additional Registration candidate should have Permanent (MBBS) Registration from this Council.

### INSTRUCTIONS

1. Use Black/Blue Ball pen for filling up the form.
2. Stick Coloured passport size photograph, do not staple or pin.
3. Fill the form in English capital letter & number in English numeric character.
4. **Do not use abbreviation as Dr., SMT., LATE, KM., MR., SHRI, etc.**
5. Since it is a ICR form, **please do not fold.**

### List of Enclosures for Registration

#### For Doctors of the State

1. Provisional certificate in original
2. Date of Birth certificate (marksheets/certificate of high school)
3. Internship completion certificate (Form B) in original
4. Photo Copy of MBBS Marksheets
5. Affix Photograph & Signature in the box mentioned in the form and get it duly attested by
  - a) Principal of Medical College  
or
  - b) C.M.S. of the hospital from where he/she has undergone internship

#### For Doctors from other State

1. Photo Copy of Registration of Parent council.
2. Photo Copy of Date of Birth certificate (marksheets / certificate of high school)
3. Photo Copy of Internship completion certificate (form B)
4. Photo Copy of M.B.B.S. Degree & Marksheets
5. NOC of Parent Council (Original)
6. Affix signed photograph in the box only and get it duly attested by -
  - a) Principal of Medical college  
or
  - b) C.M.S. of the Hospital from where he/she has undergone internship  
or
  - c) Seal bearing name and designation of C.M.O. of the district where he / she is practicing.  
or
  - d) SDM / ADM (First class magistrate), Special Secretary and above official.

#### For duplicate Registration

1. Copy of F.I.R.
  2. Publication in News Paper
  3. Affidavit on Rs. 10/- stamp paper.
4. Signature & Photograph should be attested by First Class Magistrate.

#### For registration of Additional Qualification

1. Photo Copy of MBBS registration by U.P. Medical Council.
2. Photo Copy of Additional Qualification (P.G. Degree) Certificate.
3. Affix photograph & signature in the box mentioned in the form and get it duly attested by Dean of the College
4. If he/she has done (P.G. from other state, then enclosed copy of Additional Qualification Registration of that State)

### प्रमाण-पत्र

(डीन / प्रधानाचार्य के द्वारा ही दिया जाय)

प्रमाणित किया जाता है कि डा० ..... ने .....

विषय (एम०डी० / एम०एस० / डिप्लोमा / अन्य) में इस विश्वविद्यालय / मेडिकल कॉलेज से वर्ष ..... में प्रवेश लिया एवं वर्ष ..... में उत्तीर्ण किया।

यह भी प्रमाणित किया जाता है कि इस ब्रान्च में मेडिकल काउंसिल ऑफ इण्डिया द्वारा मान्यता प्राप्त सीटों की संख्या ..... है, और इस बैच में प्रशिक्षण प्राप्त करे रहे अभ्यर्थियों की संख्या ..... है। सम्बन्धित डा० .....

ने मेडिकल काउंसिल ऑफ इण्डिया से मान्यता प्राप्त सीट से ही प्रशिक्षण प्राप्त किया है।

नोट :- केवल मेडिकल काउंसिल ऑफ इण्डिया द्वारा मान्यता प्राप्त सीट से प्रशिक्षण प्राप्त करने वाले छात्रों को ही उक्त प्रमाण-पत्र दिया जाये।

स्थान

दिनांक

Sr. No.	Registration	Fee
1	Permanent Registration	Rs. 2250/-
	Permanent Registration (Foreign Qualified)	Rs. 4250/-
2	Provisional Registration	Rs. 1000/-
	Provisional Registration (Foreign Qualified)	Rs. 3000/-
3	Registration of Addl. Qualification – for each Additional Qualification.	Rs. 1250/-
4	Duplicate Certificate of Provisional/Permanent Registration	Rs. 2000/-
5	Good Standing Certificate	Rs. 2000/-
6	Name Change	Rs. 500/-
7	Smart Card	Rs. 250/-

हस्ताक्षर

डीन / प्रधानाचार्य  
मोहर