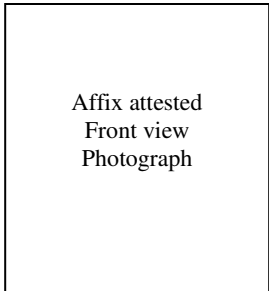


MEDICAL COUNCIL OF INDIA

**APPLICATION FOR ELIGIBILITY CERTIFICATE FOR GETTING
ADMISSION TO A GRADUATE MEDICAL COURSE IN A
FOREIGN MEDICAL INSTITUTION**

(As per the Eligibility Requirement for taking Admission in an Undergraduate Medical Course in a Foreign Medical Institution Regulations, 2002, framed under Section 13(4B) of the Indian Medical Council Act, 1956)



IMPORTANT INSTRUCTIONS

1. Incomplete documents will not be accepted. Application must be complete in all respects. No alternation will be allowed to be made in the application form after it has been submitted to the Council.
2. The Form should be filled up using Capital letters in candidate's own legible handwriting.
3. All the documents should be submitted in original along with two clear attested photocopied.
4. Demand draft for Rs. 500/- (Rupees Five Hundred only) in favour of Secretary, Medical Council of India, New Delhi.
5. Additional Fee for verification of qualifying examination as prescribed by the State Boards / Universities concerned.
6. Applicant is required to affix one recent front view photograph duly attested by a Gazetted Officer on the application form and also attach two passport size photographs.
7. Matriculation Certificate showing Date of Birth.
8. Original Certificate & Marksheet of qualifying examination along with two attested photocopies.
9. Original SC/ST/OBC Certificate alongwith attested photocopy (in case of reserved category candidates).

1. NAME :

2. FATHER'S NAME :

3. SEX : MALE / FEMALE (tick Mark the correct Box) : M... F...

4. NATIONALITY & DATE OF BIRTH

5. AGE (AS ON 31ST DEC. OF CURRENT YEAR) : Years Months Days

6. CATEGORY (GENARAL/RESERVE i.e. SC/ST/OBC):

7. TWO VISIBLE IDENTIFICATION MARKS :

8. PRESENT ADDRESS

(INCLUDE PIN CODE NO. & PHONE NO.)

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9. PERMANENT ADDRESS

(INCLUDE PIN CODE NO. & PHONE NO.)

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10. DETAILS OF EDUCATIONAL QUALIFICATIONS FROM 11TH STANDARD ONWARD:-

11 TH CLASS	<ul style="list-style-type: none"> • School Name & Address • Board Name & Address Roll No. & Result 	<ul style="list-style-type: none"> • Certificate No. & Date • Date of Joining • Date of Completion • Subjects & Marks obtained in each subject (indicate the total marks allotted for each subject) 																																														
12 th CLASS / Intermediate or 10+2	<ul style="list-style-type: none"> • School Name & Address • Board : • Roll No. • Date of Joining • Date of Passing • School Code No. 	<table border="1"> <thead> <tr> <th rowspan="2">Subject</th> <th colspan="2">Marks Total</th> <th colspan="2">Marks Obtained</th> <th rowspan="2">%</th> <th rowspan="2">Result Pass / Fail</th> </tr> <tr> <th>Theory</th> <th>Practical</th> <th>Theory</th> <th>Practical</th> </tr> </thead> <tbody> <tr> <td>Physics</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemistry</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Biology</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>English</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Grand TOTAL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Subject	Marks Total		Marks Obtained		%	Result Pass / Fail	Theory	Practical	Theory	Practical	Physics							Chemistry							Biology							English							Grand TOTAL						
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DECLARATION

I declare that the entries made by me in this Form are true to my knowledge and I understand that am liable for action under the law for any false Information or document produced by me.

I also under and that the Medical Council of India shall be free to investigate on its own into the correctness on information furnished by me in this application and/or call for any further information in this regard from me and in the event of any information furnished by me being found to be incorrect or false during such investigation or at any subsequent stage, the Council may refuse to issue the eligibility certificate or if already issued may cancel the same and I shall stand debarred from appearing in the screening Test prescribed in Sub-Section (4A) of Section 13 of the Indian Medical Council Act, 1956 without any notice.

I understand that after obtaining the foreign recognized primary medical qualification, I have to pass a screening test prescribed under the Indian Medical Council Act, 1956 read with the Eligibility Requirement for taking Admission in an Undregraduate Medical Course in a Foreign Medical Institute Regulations, 2002 and the Screening Test Regulations, 2002 before grant of provisional/permanent registration by the Medical Council of India or any of the State Medical Councils.

Place :
Date :

Signature of candidate :
Name :