From Sr. No. CGMC________ Proforma -5 Price Rs. 300/-

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CHHATTISGARH MEDCIAL COUNCIL, RAIPUR

APPLICATION FORM FOR **PERMANENT** REGISTRAION UNDER SECTION 11 (2)

OF THE CHHATTISGARH AYURVIGYAN PARISHAD ADHINIYAM 1987 ADAPTION ORDER 2001

NOTICE ;- BEFORE FILLING APPLICATION FORM. PLEASE READ THE IMPORTANT INSTRUCTION GIVEN ON THE SIDE OF THE FORM

TO

The Registrar
Chhattisgarh Medical Council,
1st Floor, Dr. Balmukund Sharma's Clinic
Kankalipara, Near Nagar Nigam Ayurvedic Hospital
Raipur 492001 (C.G.)
TEL NO. 0771-2543393

BOX "A"

Sir,

I Herby apply to the Chhattisgarh Medical Council, Raipur to have my Name entered in the state Register of the Medical Practitoner's as requested for permanent Registration under Sub Section (3) of Section 11 of the Chhattisgarh Ayurvigyan Parishad Adhiniyam, 1987, adaption order 2001. My Particulars are as below;-

1 NAME IN FULL --
(IN BLOCK LETTERS) (SURNAME) (NAME)

2- FATHER'S NAME --

3- NATIONALITY --------------------------------------DATE OF BIRTH ---

4- PERMANENT ADDRESS ---

-- PIN -------------------------- TEL No.--------------------------------------

5- MEDICAL QUALFICATION (S) --

6- NAME OF MEDICAL COLLEGE ---

7- NAME OF THE UNIVERSITY ---

8- MONTH & YEAR OF THE FINAL EXA M OF THE DEGREE --

9- DATE OF COMPLETION OF THE INTERNSHIP TRAINING ---

10- I AM ALREADY REGISTERED PROVISIONALY/PERMANENTLY WITH --

ON -- MY REGISTRAION NO IS --

(Cont------2)

11- A BANK DRAFT NO ---------------------------------- DATED ----------------------------OF RS. ---------------------

IS BEING ENCLOSED HERE WITH TOWARDS MY REGISTRATION FEES.

12- I HEREBY SOLEMNLY DECLARE THAT THE ABOVE PARTICULARS FURNISHED BY ME IN THE APPLICATION FORM ARE TRUE OF THE BEST OF MY KNOWLEDGE AND BELIEF.

13- I HEREBY DECLARE SOLEMNLY THAT I HAVE READ CAREFULLY THE CODE OF MEDICAL ETHICS AND THE DUTIES OF REGISERED MEDUCAL PRACTITIONER AND FURTHER TO ABIDE BY THE SAME.

14- MY PRESENT POSTAL ADDRESS IS

-- - YOURS FAITHFULLY

PIN ------------------- MOBILE. NO --------------------------------- (SIGNATURES OF THE APPLICANT)

Email Id --

(CODE OF MEDICAL ETHICS)

(APPROVED BY THE CENTRAL GOVERNMENT U/S 33 OF THE INDIAN MEDCIAL COUNCIL ACT 1956
VIDE THEIR LETTER NO F -17.44 MPT DATED 23 RD OCTOBER 1970

1- I SOLEMNLY PLEDGE MY SELF TO CONSECRATE MY LIFE TO SERVICE OF HUMANITY
2- EVEN UNDER THREAT I WILL NOT USE MY MEDICAL KNOLEDGE CONTRAY TO THE LAWS OF HUMANITY.
3- I WILL MAINTAIN THE UTMOST RESPECT FOR HUMAN LIFE FROM THE TIME OF CONCEPTION
4- I WILL NOT PERMIT CONSIDERATION OF RELIGION NATIONAL RACE PARTY POLITICS OR SOCIAL STANDING TO INTERVENE BETWEEN MY DUTY AND MY PATIENT.
5- I WILL PRACTISE MY PROFESSION WITH CONSCIENCE AND DIGNITY
6- THE HEALTH OF MY PATIENT WILL BE MY FIRST CONSIDERATION
7- I WILL RESPECT THE SECRETES WHICS ARE CONFIDED IN ME
8- I WILL GIVE TO MY TEACHERS THE RESPECT AND GRATITUDE WHICH IS THEIR DUE.
9- I WILL MAINTAIN BY ALL MEANS IN MY POWES THE HONOUS THE NOBLE TRADITIONS OF MEICAL PROFESSION .
10- MY COLLEAGUES WILL BE MY BROTHERS

I MAKE THESE PROMISES SOLEMNLY FREELY AND UPON MY HONOUR

PLACE & DATE -------------------------------- -----------------------------------

(SIGNATURE OF APPLICANT)

(Cont------3)

THE PRESCRIBED FEE IF RS ------------------------------ FOR PERMANENT/ RECIPROCAL REGISTATION WILL BE ACCEPTED ONLY THROUGH A CROSSED BANK DRAFT OF STATE BANK OF INDIA / NATIONALIZED BANK'' IN FAVOR **REGISTRAR , CHHATTISGARH MEDICAL COUNCIL, RAIPUR (C.G.) PAYABLE AT RAIPUR**

REQUIREMENTS FOR PERMANENT REGISTRAION

THE APPKICANT IS REQIRED TO SUBMIT THE FOLLWING DOCUMENT IN ORIGINAL WITH ITS PHOTOCOPY ATTESTED ;

1- HIGH SCHOOL/H.S.S. MARK SHEET / CERTIFICATE IN SUPPORT OF DATE OF BIRTH
2- AADHAAR CARD AND CASTE CERTICIATE
3- ALL THE MARK SHEET OF M.B.B.S. EXAMINATION
4- INTERNSHIP COMPLETION CERTICATED FROM THE DEAN OF THE MEDICAL COLLEGE
5- PASSING ATTEMPT CERTIFICATE
6- ORIGINAL PROVISIONAL REGISTRATION CERTIFICATE
7 M.B.B.S. DEGREE/ PROVISIONAL DEGREE
8- 3 RECENT PASSPOST SIZE PHOTOGRAPH (MATT FINISH PAPER) (FRESH & NOT ATTESTED)
9 BOND COPY (COLLEGE STUDENT SECTION ISSUE)
10- PHOTOCOPIES OF ALL THE DOCUMENTS RELATED TO BOND
11- THE APPLICANT IS REQUIRED TO AFFIX HIS/HER ONE RECENT PASSPOST SIZE PHOTOGRAPH IN BOX ''A'' OF THE APPLICATION FORM AND IT SHOULD BE DULY ATTESTED BY THE DEAN OF HIS/HER MEDICAL COLLEGE WITH SEAL, SIGNATURE & DATE IN ADDITION TO THIS TWO EXTRA COPY OF THE SAME PHOTOGRAPH SHOULD BE ATTACHED OF THIS APPLICATION FORM.

REQUIREMENTS FOR RECIPROCAL REGISTRATIN

THE APPLICATION IS REQUIRED TO SUBMIT THE FOLLWING DOCUMENT IN ORIGINAL WITH ITS PHOTOCOPIES ATTESTED;

1- ORIGINAL PERMANENT REGISTRAION CERTIFICATE OF THE PARENT STATE MEIDCAL COUNCIL
2- HIGH SCHOOL / HIGHER SECONDARY MARK SHEET IN SUPPORT OF DATE OF BIRH
3- AADHAAR CARD AND CASTE CERTICIATE
4- ALL THE MARK SHEET OF M.B.B.S. EXAMINATION
5 INTERNSHIP COMPLETION CERTIFICATION FROM THE DEAN OF THE MEDICAL COLLEGE
6- M.B.B.S. DEGREE/ PROVISIONAL DEGREE
7- 3 RECENT PASSPOST SIZE PHOTOGRAPH (MATT FINISH PAPER) (FRESH & NOT ATTESTED)
8- ORIGINAL RECOGNIZED POST GRADUATE DEGREE/ DIPLOMA
9- P.G. MARK SHEET / ATTEMPT CERTIFICATE
10-` NAME OF YOUR P.G. MEDICAL COLLEGE WITH A PROOF OF AUTHENTIC DOCUMENT .

(FOR OFFICE USE ONLY)

1- THE APPLICATION FORM HAS CHEKED AND FOUND ELIGIBLE FOR ISSUE OF THE PERMANEBT /RECIPROCAL REGISTRATION CERTIFICATE

DATED THE -----------------   --
(Checker)

2- Received RS -- vide M.R. No. ---------------- Dt. ----------------------------

----
(Signature of the Accountant)

3- Permanent Registration No. ------------------------------ Dt. --------------------------------------

____
(Registrar)

(Cont------4)

Form Sr. No. CGMC ------------

SPECIMEN SIGNATURE OF THE APPLICANT ---

(CHHATTISGARH MEDICAL COUNCIL, RAIPUR) Tel No 0771-2543393
(FORM DEPOSIT RECEIPT) (**PERMANENT/ RECIPROCAL)**

Form Sr. No. CGMC ------------

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(') Received the application of Dr. (') --- --

and the --

Raipur Dated ------------------------------------

(Singnature of the Receipt Clerk)

(') Here in these all the required may be completed by the applicant the sing of the clerk

---

(AUTHORITY LETTER)

I Dr. -- hereby authorise shri/Smt./Ku.-----------------------------------

(Whose usual signature is being attested by me hereunder below to receive my Permanent Registration Certificate and the other originals (if any)from the Registrar, Chhattisgarh Medical Council, Raipur .

Dated; ------------------- ---------------------------------- -----------------------------
(Signature of the authorized Person) (Applicant Signature)