

**छत्तीसगढ़ आयुर्विज्ञान परिषद्, रायपुर**  
**CHHATTISGARH MEDICAL COUNCIL, RAIPUR**

APPLICATION FORM FOR **PROVISIONAL** REGISTRAION U/S 25 (2) of THE I.M.C. 1956

NOTICE :- BEFORE FILLING THIS 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"**  
**Photo**  
**Attested by Dean**

Sir,

I request you to give me Provisional Registration Under Section 25 (2) of the Indian Medical Council Act 1956 and issue me the necessary certificate of Registration of Chhattisgarh Medical Council;-

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

2- FATHER'S NAME -----

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

4- PERMANENT ADDRESS -----

----- PIN ----- TEL NO. -----

5- MEDICAL QUALIFICATION (S) -----

6- NAME OF THE UNIVERSITY -----

7- NAME OF MEDICAL COLLEGE -----

8- MONTH & YEAR OF THE FINAL EXAM OF THE DEGREE -----

9- The Prescribed Registration fee of Rs. (Word) -----

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

IS BEING ENCLOSED HERE WITH TOWARDS MY REGISTRATION FEES.

(Cont-----2)

10- I AM ALREDY REGISTERED PROVISIONALY/ WITH -----  
ON ----- MY REGISTRAION NO IS -----

11- MY PRESENT POSTAL ADDRESS IS

----- YOURS FAITHFULLY  
-----  
-----

PIN ----- MOBILE. NO -----

Email ID ----- ( SIGNATURES OF THE APPLICANT)

**(IMPORTANT INSTRUCTIONS FOR THE APPLICANT)**

- 1- The application form must be filled in BLOCK LETTERS only by applicant in his/her own handwriting
- 2- The applicant should remember that his/her name entered in the application form at column no 1 must exactly correspond with the name mentioned in his/her Degree/Diploma/ Certificate /Marks -Sheet of the final Examination of the Concerned university as the case may be.
- 3- The applicant is required to affix his/her one recent Pass Port Size Photograph ( Not more than of 5.cm×4.5 cm Size) in Box"A" of the application form and it should be duly attested by Dean/ vice Dean of his/her Medial College with Seal. Signature & Date in addition to this one extra Copy MATT FINISH PAPER) ( FRESH & NOT ATTESTED) of the same photograph Should be attached with this Application Form.
- 4- **The Application is required to Submit/ enclose the following in ORIGINAL With their Photo-Copies attested by the Gazetted Officer**
  - (A) ALL THE MARK SHEET OF M.B.B.S. EXAMINATION With their Photo - Copies
  - (B) Original Certificate/Mark Sheet of the School/Higher Secondary SCHOOL Examination (Passed) With its one Photo Copy.
  - (C) Internship Undergoing Certificate on original from the Dean/Vice Dean/ Principal of the Medical College.
  - (D) AADHAAR CARD **AND** CASTE CERTICIATE
- 5- The Prescribed fee of Rs. 3300/- For Provisional Registration Will be accepted only through a Crossed " Bank Draft of State Bank of India" **Payable at Raipur** in Favour of the **REGISTRAR CHHATTISGARH MEDICAL COUNCIL RAIPUR.** Registration fee in cash/ By Money Order or Postal Order are not Accepted

- 6- ALL THE ORIGINAL MARK SHEET/ CERTIFICATE (EXCEPT THE INTERNSHIP CERTIFICATE ) WILL BE RETURNED BACK TO THE APPLICANT AFTER DOING THE NEEDFUL BY REGISTERED POST OR IN PERSON AS THE CASE MAY BE.
- 7- THE APPLICATION FORM WITH ANY OVERWRITING/CUTTING AND WITH ANY MISSING OF THE REQUIRED INFORMATION WILL NOT BE ACCEPTED FOR PROVISIONAL REGISTRATION.

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**(FOR COUNCIL OFFICE USE ONLY)**

- 1- The Application form has cheked and found correct along with the requisite document .

DATED THE -----

-----  
(CHECKER)

- 2- Registration fees of RS.-----  
vide Money Receipt . No. ----- Dt. -----

-----  
(Signature of the Accountant)

- 3- Registered Provisionally No. ----- Dt. -----

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(REGISTRAR )

(Cont-----4)

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Form Sr. No. CGMC -----

**SPECIMEN SIGNATURE OF THE APPLICANT** ;- -----

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

Form Sr. No. CGMC -----

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

and the -----

Raipur Dated -----

-----  
(Signature of the Receipt Clerk)

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

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**(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)