

U.P. MEDICAL COUNCIL, LUCKNOW, U.P.
APPLICATION FORM FOR OBTAINING A
CERTIFICATE OF GOOD STANDING

1. NAME OF THE DOCTOR
2. FATHER'S NAME
3. PRESENT ADDRESS WITH CONTACT DETAILS:
E-MAIL
4. ADDRESS WITH CONTACT DETAILS IF
CERTIFICATE IS TO BE SENT ABROAD.
5. QUALIFICATION
(NAME OF THE UNIVERSITY WITH YEAR)
6. NAME OF THE COLLEGE WHICH APPLICANT
STUDIED AND QUALIFIED FROM:
7. STATE MEDICAL COUNCIL
REGISTRATION NO. (S) AND DATE (S).
8. PLACES AT WHICH HE HAD WORKED DURING
THE LAST FIVE YEARS WITH FULL DETAILS
(PLEASE USE SEPARATE SHEET IF SPACE
IS NOT SUFFICIENT).
9. **DETAILS OF PAYMENT OF FEES :**
 - (a) PAID BY DEMAND DRAFT :
 - (b) AMOUNT RUPEES :
10. **DETAILS OF DEMAND DRAFT:-**
 - (a) NAME & ADDRESS OF ISSUING BANK :
 - (b) DEMAND DRAFT NO. & DATE

SIGNATURE OF THE CANDIDATE

DATED _____
PLACE _____

NOTE: THE CERTIFICATE OF GOOD STANDING ISSUED BY THE U.P. MEDICAL COUNCIL WILL
BE VALID UPTO SIX MONTHS FROM THE DATE OF ISSUE.

APPENDIX-I

INSTRUCTIONS TO CANDIDATE FOR FILLING THE APPLICATION FORM FOR OBTAINING A CERTIFICATE OF GOOD STANDING.

1. THE APPLICATION FORM SHOULD BE PROPERLY AND NEATLY FILLED IN.
2. PLEASE ENCLOSE AN ATTESTED COPY OF THE PERMANENT REGISTRATION CERTIFICATE.
3. NON REFUNDABLE APPLICATION FEE OF RS. 2000/- (RUPEES TWO THOUSAND ONLY) BY A BANK DRAFT IN FAVOUR OF “THE REGISTRAR, U.P. MEDICAL COUNCIL, LUCKNOW”, PAYABLE AT LUCKNOW. ON REVERSE OF THE DRAFT, FOLLOWING DETAILS TO BE FILLED BY THE APPLICANT AND DULY SIGNED: -
 - (a) Name
 - (b) Father’s Name
 - (c) Purpose for which the draft submitted
 - (d) Telephone No with Code/Mobile No.
4. IF THE CERTIFICATE HAS TO BE SENT ABROAD BY COURIER OR BY FAX TO THE FOREIGN COUNCIL/COUNTRY THEN THE FEE WOULD BE **\$100 OR EQUIVALENT** IN INDIAN CURRENCY.
5. IT IS FOR THE INFORMATION OF THE CANDIDTES THAT THE CERTIFICATES WOULD BE SENT BY REGISTERED POST/ SPEED POST AND E-MAIL.
6. APPLICANT IS ADVISED TO RETAIN COPY OF HIS APPLICATION AND DRAFT FOR FUTURE REFERENCE

CHECK LIST for submission of documents

The candidates are requested to ensure that the documents be enclosed as per the order in the Checklist. All papers/documents should be numbered according to the checklist. Please arrange the application in the following order & tick mark the relevant boxes.

- | | | | |
|----|---|------------------------------|-----------------------------|
| 1. | Application fee of Rs. 2000/- | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Extra fee, if the certificate is to be sent abroad | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Attested copy of Permanent Registration Certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signature

Date