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पॉकट - 14, सेक्टर - 8,  
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नई दिल्ली-110 077  
Pocket- 14, Sector- 8,  
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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: (1) 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/qverseas 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: (2) (3)

- (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;

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## 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 Caste/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 :

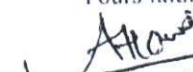
4. It may also be noted that the practice of granting direct registration by the Medical Council of India to the Indian citizens who have obtained primary medical qualifications from foreign countries would be stopped with effect from 01.03.2014 and with effect from such date no fresh application would 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 कौंसिल 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 एग्जामिनेशन से प्राप्त स्क्रीनिंग टेस्ट में उत्तीर्ण सार्टीफिकेट संलग्न करना होगा।
- 4— एम.बी.बी.एस. या उसके समकक्ष योग्यता जिसका पंजीकरण चाहा गया है, वे हेग कन्वेंशन (1961) के अन्तर्गत एपास्टल की गई हो या उसका सत्यापन भारत में स्थित उस देश की एम्बेसी द्वारा कराकर प्रस्तुत करना होगा।
- 5— 10वीं तथा 10+2 की मार्कशीट एवं सार्टीफिकेट संबंधित बोर्ड से प्राप्त, संलग्न करना होगा।
- 6— एम.बी.बी.एस./एम.डी. फिजीशियन के संपूर्ण अंक—पत्र व प्रमाण—पत्र।
- 7— जाति प्रमाण पत्र (एस.सी./एस.टी./ओ.बी.सी.) यदि अंकों में छूट के लिए प्रयोग किये गये हों तो उसे संलग्न करना होगा।
- 8— इन्टर्नशिप कम्प्लीशन सर्टिफिकेट
- 9— आवेदन पत्र पर दिये गये निर्धारित बाक्स में हस्ताक्षर व फोटो को इन्टर्नशिप चिकित्सालय के मुख्य चिकित्सा अधीक्षक से अलग-अलग मोहर व हस्ताक्षर सहित प्रमाणित कराना है।
- 10— संलग्न प्रारूप के आधार पर ₹ 100/- के स्टैम्प पेपर पर शपथ—पत्र।

( INDIA NON JUDICIAL ₹10/- के स्टाम्प पेपर पर)

समक्ष-रजिस्ट्रार,  
उ०प्र० मेडिकल कौंसिल,

शपथ-पत्र

मैं..... पुत्र श्री ..... ने  
मेडिकल कालेज .....  
से एम.बी.एम./एम.डी. फिजीशियन..... उत्तीर्ण किया है एवं मेरे पास  
मेडिकल कौंसिल ऑफ इण्डिया, नई दिल्ली के पत्र संख्या ..... में उल्लिखित  
समस्त प्रमाण-पत्र है एवं मैं इन समस्त प्रमाण-पत्रों की प्रमाणित छायाप्रतियाँ जमा कर  
रहा हूँ जिसका मूल प्रति से मिलान करा दिया है। (यदि मेरे द्वारा जमा किए गये समस्त  
प्रमाण-पत्रों की छायाप्रतियों में किसी भी प्रमाण-पत्र/सम्पूर्ण प्रमाण-पत्रों की छायाप्रति  
वर्तमान अथवा भविष्य में असत्य पायी जाती है तो मेरा रजिस्ट्रेशन निरस्त कर दिया जाये  
मुझे कोई आपत्ति नहीं होगी तथा कौंसिल के विरुद्ध किसी भी प्रकार का  
विवाद/मुकदमा/शिकायत मेरे द्वारा नहीं की जायेगी।)

मुझे यह अवगत कराना है कि मुझे मेडिकल कौंसिल ऑफ इण्डिया, नई दिल्ली के  
दिशा-निर्देशों के तहत मेरे द्वारा जमा किये गये समस्त प्रमाण-पत्रों का सत्यापन उ०प्र०  
मेडिकल कौंसिल द्वारा कराया जायेगा एवं सत्यापन विभिन्न सक्षम प्राधिकारियों से कराने के  
उपरान्त ही मेरा परमानेंट रजिस्ट्रेशन प्रमाण-पत्र बनाया जाना संभव होगा। चूँकि सत्यापन  
का यह कार्य उ०प्र० मेडिकल कौंसिल 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 उ०प्र० मेडिकल कौंसिल पर कोई अनावश्यक सिफारिश/दबाव नहीं बनाऊंगा।

दिनांक—

शपथी के हस्ताक्षर

### **FMG REGISTRATION (ENCLOSURE LIST)**

#### **DOCUMENTS TO BE ENCLOSED BY FOREIGN MEDICAL GRADUATES (FMG) APPLYING FOR REGISTRATION IN UP MEDICAL COUNCIL (NOT REGISTERED IN OTHER COUNCIL)**

1. ELIGIBILITY CERTIFICATE ISSUED BY MCI
2. APOSTILLE ATTESTED BY INDIAN EMBASSY & OTHER RELEVANT DOCUMENTS.
3. MBBS MARKSHEETS AND CERTIFICATES
4. SCREENING TEST RESULT ISSUED BY NATIONAL BOARD.
5. ICC (INTERNSHIP COMPLETION CERTIFICATES)
6. 10<sup>TH</sup> AND 12<sup>TH</sup> MARKSHEETS AND CERTIFICATES  
CBSE BOARD PASSOUTS- DRAFT TO BE ENCLOSED AMOUNTING TO **RS. 1000/- IN FAVOUR OF SECRETARY, CBSE BOARD.**
7. SIGN & PHOTO IN THE FORM TO BE ATTESTED SEPARATELY BY ANY OF THE FOLLOWING OFFICIALS MENTIONED BELOW:-  
**A) CMO/ SDM /ADM / SPECIAL SECRETARY OF THE DISTRICT MENTIONED IN AADHAR CARD.**
8. ADDRESS PROOF (AADHAR CARD)
9. AFFIDAVIT ON 100/- STAMP PAPER
10. PLEASE MENTION THE E-MAIL ID
11. FEES PAYMENT EITHER BY CASH OR CARD
12. ALL ENCLOSURES TO BE SELF-ATTESTED BY THE CANDIDATES WITH DATE.
13. KINDLY VISIT OUR WEBSITE –[www.upmedicalcouncil.org](http://www.upmedicalcouncil.org) AND DOWNLOAD A4- SIZE COLORED FORM.
14. CLASS 11<sup>TH</sup> MARKSHEET & CASTE CERTIFICATE IF ANY.

#### **DOCUMENTS TO BE ENCLOSED BY FOREIGN MEDICAL GRADUATES (FMG) APPLYING FOR REGISTRATION IN UP MEDICAL COUNCIL.**

1. PHOTOCOPY OF REGISTRATION CERTIFICATE OF OTHER COUNCIL.
2. ELIGIBILITY CERTIFICATE ISSUED BY MCI.
3. APOSTILLE ATTESTED BY INDIAN EMBASSY & OTHER RELEVANT DOCUMENTS.
4. MBBS MARKSHEETS AND CERTIFICATES.
5. SCREENING TEST RESULT ISSUED BY NATIONAL BOARD.
6. ICC (INTERNSHIP COMPLETION CERTIFICATES)
7. 10<sup>TH</sup> AND 12<sup>TH</sup> MARKSHEETS AND CERTIFICATES
8. NOC ISSUED BY THE COUNCIL.
9. PLEASE MENTION THE E-MAIL ID.
10. FEES PAYMENT EITHER BY CASH OR CARD.
11. ADDRESS PROOF (AADHAR CARD).
12. ALL ENCLOSURES TO BE SELF- ATTESTED BY THE CANDIDATE WITH DATE.
13. CLASS 11<sup>TH</sup> MARKSHEET & CASTE CERTIFICATE IF ANY.
14. KINDLY VISIT OUR WEBSITE –[www.upmedicalcouncil.org](http://www.upmedicalcouncil.org) AND DOWNLOAD A4- SIZE COLORED FORM.
15. SIGN & PHOTO IN THE FORM TO BE ATTESTED SEPARATELY BY ANY OF THE FOLLOWING OFFICIALS MENTIONED BELOW:-  
**A) CMO/ SDM /ADM / SPECIAL SECRETARY OF THE DISTRICT MENTIONED IN AADHAR CARD.**



Candidate's Personal Appearance is Compulsory, is required to sign in a register in the council office".

## UTTAR PRADESH MEDICAL COUNCIL

5, Sarvpalli, Mall Avenue Road, Lucknow

Office : 2235965, 2238846, Fax:-2236600, E-mail:upmedicalcouncil@upsmfac.org

### Application Form for Registration with U.P. Medical Council

Provisional : ☐ Permanent : ☐ Additional : ☐ Duplicate : ☐

Receipt #  Date

Reg. No. :

Date of Birth :

E-mail

Candidate Signature in Upper Box

Seal & Sign. of attesting authority

Neatly paste your latest  
colour photograph in  
this box duly  
attested by attesting  
authority

Aadhaar No.  Mob. No.

Name

Sur Name

Mother's Name

Father's Name

Address

District  Pin

State  Gender (M/F) :  Year of Passing

Name of Medical College

Name of University :

Additional Qualification :

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

Registered with U.P. Medical Council (Y / N) ☐ 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

### 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 (marksheet/certificate of high school)
3. Internship completion certificate (Form B) in original
4. Photo Copy of MBBS Marksheet
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 (marksheet / certificate of high school)
3. Photo Copy of Internship completion certificate (form B)
4. Photo Copy of M.B.B.S. Degree & Marksheet
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 & NOC of Parent Council (Original))

### 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 कर 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

हस्ताक्षर

डीन/प्रधानाचार्य

मोहर

### FEE DETAILS

S.No.	Registration	Fee
1	Permanent Registration	₹ 2250/-
2	Provisional Registration	₹ 1000/-
3	Permanent Registration (Foreign Qualified)	₹ 4250/-
4	Provisional Registration (Foreign Qualified)	₹ 3000/-
5	Registration of Addl. Qualification-for each Additional Qualification	₹ 1250/-
6	Duplicate Certificate of Provisional/Permanent Registration	₹ 2000/-
7	Name Change	₹ 500/-