

## PERMANENT REGISTRATION - U.P. PASSOUT (M.B.B.S.)

### LIST OF ENCLOSURES:

ONLINE SUBMITTED FOR REGISTRATION FORM

1. APPLICANT'S COPY (PRINT OUT) A4 PAPER
2. FEE TRANSACTION DETAILS (PRINT OUT)
3. PROVISIONAL REGISTRATION (ORIGINAL COPY)
4. HIGH SCHOOL CERTIFICATE – DATE OF BIRTH PROOF (PHOTO COPY)
5. INTERSHIP COMPLETION CERTIFICATE (ORIGINAL COPY) (FORM-B)
6. ALL M.B.B.S. MARKSHEETS (PHOTO COPY)
7. ADHAR CARD (PHOTO COPY)

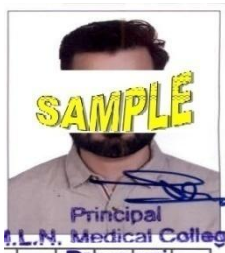
**NOTE:** AFFIX COLORED PHOTOGRAPH & SIGNATURE IN THE BOX MENTIONED IN THE FORM AND GET IT DULY ATTESTED BY PRINCIPAL/DEAN OF MEDICAL COLLEGE.

**NOTE:** LIST OF ENCLOSURES FOR REGISTRATION (Should Be filled Online Mode bring Printout of form along with documents and submit it in council within a period of one month)  
For doctors of the U.P. State Passout

## ADDITIONAL QUALIFICATION (P.G.)-U.P. PASSOUT

### LIST OF ENCLOSURES:

1. DULY FILLED REGISTRATION FORM AFTER DOWNLOAD FROM [www.upmedicalcouncil.org](http://www.upmedicalcouncil.org) (ORIGINAL COPY)
2. PROVISIONAL CERTIFICATE/ DEGREE ISSUED BY UNIVERSITY (PHOTO COPY)
3. AFFIX PHOTOGRAPH & SIGNATURE IN THE BOX MENTIONED IN THE FORM
4. PROFORMA OF MCI, NEW DELHI FOR RECOGNIZED SEAT AND GET IT DULY ATTESTED BY PRINCIPAL/DEAN OF MEDICAL COLLEGE
5. LIST OF CANDIDATES WHO PASSED PG FROM MCI, NEW DELHI ON RECOGNIZED SEAT (BATCH WISE)
6. M.B.B.S. REGISTRATION CERTIFICATE U.P. MEDICAL COUNCIL (PHOTO COPY)
7. ADHAR CARD (PHOTO COPY)



## PERMANENT REGISTRATION - OTHERS STATE PASSOUT (M.B.B.S.)

### LIST OF ENCLOSURES:

ONLINE SUBMITTED FOR REGISTRATION FORM

1. APPLICANT'S COPY (**PRINT OUT**) **A4 PAPER**
2. FEE TRANSACTION DETAILS (**PRINT OUT**)
3. REGISTRATION CERTIFICATE (**PHOTO COPY**)
4. N.O.C. OF PARENT COUNCIL -CANDIDATE COPY (**ORIGINAL COPY**)
5. INTERSHIP COMPLETION CERTIFICATE (**PHOTO COPY**)
6. ALL M.B.B.S. MARKSHEETS (**PHOTO COPY**)
7. PROVISIONAL CERTIFICATE/ DEGREE ISSUED BY UNIVERSITY (**PHOTO COPY**)
8. HIGH SCHOOL CERTIFICATE – DATE OF BIRTH PROOF (**PHOTO COPY**)
9. ADHAR CARD (**PHOTO COPY**)

**NOTE:** AFFIX COLORED PHOTOGRAPH & SIGNATURE IN THE BOX MENTIONED IN THE FORM AND GET IT DULY ATTESTED BY PRINCIPAL/DEAN OF MEDICAL COLLEGE.

A) PRINCIPAL/DEAN OF MEDICAL COLLEGE

[ OR ]

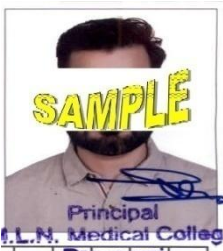
B) C.M.S. OF THE HOSPITAL FROM WHERE HE/SHE HAS UNDERGONE INTERNSHIP.

[ OR ]

C) SEAL BEARING NAME AND DESIGNATION OF CMO OF THE DISTRICT MENTIONED IN AADHAR CARD.

[ OR ]

D) SDM/ADM ( FIRST CLASS MAGISTRATE ) , SPECIAL SECRETARY AND ABOVE OFFICIAL OF THE DISTRICT MENTIONED IN AADHAR CARD.



**NOTE:** FOR DOCTORS FROM OTHER STATE PASSOUT (SHOULD BE FILLED ONLINE MODE BRING PRINTOUT OF FORM ALONG WITH DOCUMENTS AND SUBMIT IT IN COUNCIL WITHIN A PERIOD OF ONE MONTH.

## ADDITIONAL QUALIFICATION (P.G.) - OTHERS STATE PASSOUT

### LIST OF ENCLOSURES:

1. DULY FILLED REGISTRATION FORM AFTER DOWNLOAD FROM [www.upmedicalcouncil.org](http://www.upmedicalcouncil.org) (ORIGINAL COPY)
2. PROVISIONAL CERTIFICATE/ DEGREE ISSUED BY UNIVERSITY (PHOTO COPY)
3. M.B.B.S. REGISTRATION CERTIFICATE ISSUED BY U.P. MEDICAL COUNCIL (PHOTO COPY)
4. N.O.C. ISSUED BY PARENT COUNCIL - CANDIDATE COPY (ORIGINAL COPY)
5. ADHAR CARD (PHOTO COPY)

**NOTE:** AFFIX COLORED PHOTOGRAPH & SIGNATURE IN THE BOX MENTIONED IN THE FORM AND GET IT DULY ATTESTED BY PRINCIPAL/DEAN OF MEDICAL COLLEGE.

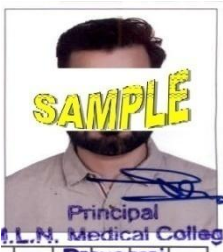
A) PRINCIPAL/DEAN OF MEDICAL COLLEGE

[ OR ]

B) SEAL BEARING NAME AND DESIGNATION OF CMO OF THE DISTRICT MENTIONED IN AADHAR CARD.

[ OR ]

C) SDM/ADM (FIRST CLASS MAGISTRATE), SPECIAL SECRETARY AND ABOVE OFFICIAL OF THE DISTRICT MENTIONED IN AADHAR CARD.



**NOTE:** IF YOU ARE NOT REGISTERED IN ANY OTHER MEDICAL COUNCIL THEN YOU HAVE TO ATTEST YOUR PHOTOGRAPH & SIGNATURE IN THE BOX MENTIONED IN THE FORM AND GET IT DULY ATTESTED BY PRINCIPAL/DEAN OF MEDICAL COLLEGE AND PROFORMA OF MCI, NEW DELHI OF RECOGNIZED SEAT AND GET IT DULY ATTESTED BY PRINCIPAL/DEAN OF MEDICAL COLLEGE.

## PROVISIONAL REGISTRATION -OTHERS STATE PASSOUT (M.B.B.S.)

### LIST OF ENCLOSURES:

ONLINE SUBMITTED FOR REGISTRATION FORM

1. APPLICANT'S COPY (**PRINT OUT**) **A4 PAPER**
2. FEE TRANSACTION DETAILS (**PRINT OUT**)
3. PROVISIONAL REGISTRATION CERTIFICATE (**PHOTO COPY**)
4. N.O.C. ISSUED BY PARENT COUNCIL - CANDIDATE COPY (**ORIGINAL COPY**)
5. HIGH SCHOOL CERTIFICATE – DATE OF BIRTH PROOF (**PHOTO COPY**)
6. ALL M.B.B.S. MARKSHEETS (**PHOTO COPY**)
7. N.O.C. ISSUED **BY HOSPITAL**
8. D.G.M.E. **PERMISSION LETTER**
9. D.G.H.S. **PERMISSION LETTER**
10. ADHAR CARD (**PHOTO COPY**)

**NOTE:** AFFIX COLORED PHOTOGRAPH & SIGNATURE IN THE BOX MENTIONED IN THE FORM AND GET IT DULY ATTESTED BY PRINCIPAL/DEAN OF MEDICAL COLLEGE

A) PRINCIPAL/DEAN OF MEDICAL COLLEGE

[ OR ]

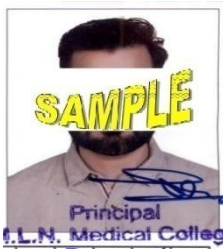
B) C.M.S. OF THE HOSPITAL FROM WHERE HE/SHE HAS UNDERGONE INTERNSHIP.

[ OR ]

C) SEAL BEARING NAME AND DESIGNATION OF CMO OF THE DISTRICT MENTIONED IN AADHAR CARD.

[ OR ]

D) SDM/ADM (FIRST CLASS MAGISTRATE) , SPECIAL SECRETARY AND ABOVE OFFICIAL OF THE DISTRICT MENTIONED IN AADHAR CARD.



**NOTE:** FOR DOCTORS FROM OTHER STATE PASSOUT (SHOULD BE FILLED ONLINE MODE BRING PRINTOUT OF FORM ALONG WITH DOCUMENTS AND SUBMIT IT IN COUNCIL WITHIN A PERIOD OF ONE MONTH.

**D.N.B. (DIPLOMA IN EXAMINATION BOARD, NEW DELHI)**

**ADDITIONAL QUALIFICATION (P.G.)—ALL INDIA PASSOUT**

**LIST OF ENCLOSURES:**

1. DULY FILLED REGISTRATION FORM AFTER DOWNLOAD FROM [www.upmedicalcouncil.org](http://www.upmedicalcouncil.org) (ORIGINAL COPY)
2. DNB CERTIFICATE (PHOTO COPY)
3. M.B.B.S. REGISTRATION CERTIFICATE ISSUED BY U.P. MEDICAL COUNCIL (PHOTO COPY)
4. ADHAR CARD (PHOTO COPY)

**NOTE:** AFFIX COLORED PHOTOGRAPH & SIGNATURE IN THE BOX MENTIONED IN THE FORM AND GET IT DULY ATTESTED BY PRINCIPAL/DEAN OF MEDICAL COLLEGE.

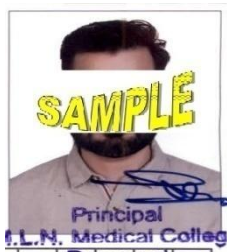
A) PRINCIPAL/DEAN OF MEDICAL COLLEGE

[ OR ]

B) SEAL BEARING NAME AND DESIGNATION OF CMO OF THE DISTRICT MENTIONED IN AADHAR CARD.

[ OR ]

C) SDM/ADM (FIRST CLASS MAGISTRATE), SPECIAL SECRETARY AND ABOVE OFFICIAL OF THE DISTRICT MENTIONED IN AADHAR CARD.



**NOTE:** IF YOU ARE NOT REGISTERED DNB IN ANY OTHER MEDICAL COUNCIL THEN YOU SHOULD ATTESTED YOUR PHOTOGRAPH & SIGNATURE IN THE BOX MENTIONED IN THE REGISTRATION FORM AND GET IT DULY ATTESTED BY PRINCIPAL OF MEDICAL INSTITUTE/ COLLEGE/ HOSPITAL.

**NOTE:- BANK DRAFT (DNB/FNB Candidates who was not registered with any council of India )**

FOR VERIFICATION OF DNB/FNB QUALIFICATION SUBMIT BANK DRAFT OF RS. 2000/- DRAWN IN FAVOUR OF NATIONAL BOARD OF EXAMINATIONS – PAYABLE AT NEW DELHI.

YOU ARE REQUESTED TO FURNISH THE REQUISITE FEE ALONGWITH A COPY OF PROVISIONAL PASS CERTIFICATE FOR FURTHER ACTION.

## FOR DUPLICATE REGISTRATION

PROVISIONAL REGISTRATION/ M.B.B.S. REGISTRATION/ ADDITIONAL QUALIFICATION

1 DULY FILLED REGISTRATION FORM DOWNLOAD FORM

[WWW.UPMEDICALCOUNCIL.ORG](http://WWW.UPMEDICALCOUNCIL.ORG)(ORIGINAL COPY)

2- COPY OF F.I.R.

3- PUBLICATION IN NEWS PAPER (ORIGINAL)

4- AFFIDAVIT ON RS. 100/- STAMP PAPER (ORIGINAL)

5- SIGNATURE & PHOTOGRAPH SHOULD BE ATTESTED BY FIRST CLASS MAGISTRATE OF THE DISTRICT MENTIONED IN AADHARCARD .

6. Fee- 5000/-

