

छत्तीसगढ़ आयुर्विज्ञान परिषद्, रायपुर

CHHATTISGARH MEDICAL COUNCIL, RAIPUR

APPLICATION FORM FOR **PERMANENT** REGISTRATION 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 Practitioner's as requested for permanent Registration under Sub Section (3) of Section 11 of the Chhattisgarh Ayurvigyan Parishad Adhinyam, 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 ----- Mobile/ TEL No. -----
- 5- MEDICAL QUALIFICATION (S) -----
- 6- NAME OF MEDICAL COLLEGE -----
- 7- NAME OF THE UNIVERSITY -----
- 8- MONTH & YEAR OF THE FINAL EXAM OF THE DEGREE -----
- 9- DATE OF COMPLETION OF THE INTERNSHIP TRAINING -----
- 10- I AM ALREADY REGISTERED PROVISIONALLY/PERMANENTLY WITH -----
ON ----- MY REGISTRATION NO IS -----

(Cont-----2)

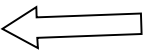
- 11- At Present I am holding the post of -----
at -----/ engaged in private Practice at -----
- 11- A BANK DRAFT /Du NO ----- DATED -----OF RS. -----
IS BEING ENCLOSED HERE WITH TOWARDS MY REGISTRATION FEES.

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 REGISTERED MEDICAL PRACTITIONER AND FURTHER TO ABIDE BY THE SAME.

14- MY PRESENT POSTAL ADDRESS IS

YOURS FAITHFULLY



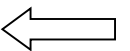
PIN ----- MOBILE. NO ----- (SIGNATURE OF THE APPLICANT)

Email Id -----
(IN BLOCK LETTERS)

(CODE OF MEDICAL ETHICS)

(APPROVED BY THE CENTRAL GOVERNMENT U/S 33 OF THE INDIAN MEDICAL 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 KNOWLEDGE CONTRARY 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 PRACTICE MY PROFESSION WITH CONSCIENCE AND DIGNITY.
- 6- THE HEALTH OF MY PATIENT WILL BE MY FIRST CONSIDERATION.
- 7- I WILL RESPECT THE SECRETES WHICH 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 POWERS, THE HONORS And THE NOBLE TRADITIONS OF MEDICAL PROFESSION.
- 10- MY COLLEAGUES WILL BE MY BROTHERS.
I MAKE THESE PROMISES SOLEMNLY FREELY AND UPON MY HONOR.



⇒ PLACE & DATE -----

(SIGNATURE OF APPLICANT)

//3//

The registration fee will be accepted through online payment (e - Receipt for State Bank Collect Payment) submit hard copy of e- receipt / Bank draft OF STATE BANK OF INDIA and should be payable at RAIPUR in favor of Registrar C.G. Medical Council Raipur. (Fees in Cash /by/Money order / by postal order and by Cheques will not be accepted.)

REQUIREMENTS FOR PERMANENT REGISTRATION

THE APPLICANT IS REQUIRED TO SUBMIT THE FOLLOWING DOCUMENT IN ORIGINAL WITH ITS PHOTOCOPY ATTESTED;

- 1- HIGH SCHOOL, H.S.S. MARK SHEET & CERTIFICATE IN SUPPORT OF DATE OF BIRTH.
- 2- AADHAR CARD AND CASTE CERTIFICATE.
- 3- ALL THE MARK SHEET OF M.B.B.S. EXAMINATION.
- 4- INTERNSHIP COMPLETION CERTIFICATE 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 PASSPORT 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 PASSPORT 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 REGISTRATION

for those who are permanent registered with councils for other states

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

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

(FOR OFFICE USE ONLY)

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

DATED THE ----- (Checker)

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

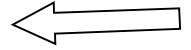
(Signature of the Accountant)

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

(Registrar)

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 -----

(') 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

(AUTHORITY LETTER)

I Dr. ----- hereby authorize 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)

