



MEDICAL COUNCIL OF INDIA

Pocket - 14, Sector - 8, Phase-I, Dwarka, New Delhi - 110 077
Phone : 011-25367033, 25367035, 25367036,
Email : mci@bol.net.in, Website : http://www.mciindia.org

Application Form for Eligibility Certificate for getting admission to Graduate Medical Course in a Foreign Medical Institution

(As per the Eligibility Requirement for taking admission in an undergraduate Medical Course in a Foreign Medical Institution under Regulations, 2002, framed u/s 12 and 13(4B) of Indian Medical Council Act, 1956).

Affix Attested Photograph of passport size

APPLICATION FORM FOR ELIGIBILITY CERTIFICATE

(Read instructions carefully before filling up the Form)

- (1) Name
- (2) Father's Name.....
- (3) Sex (tick mark the correct box) MALE FEMALE
- (4) Nationality & Date of Birth
- (5) Age (as on 31st Dec. of admission year) YEARS MONTHS DAYS
- (6) Category (General/SC/ST/OBC/Others)
- (7) Two visible identification marks : (a)
- (b).....
- (8) Present Address (including pin code no. & phone no.).....
.....
.....
- (9) Permanent Address (including pin code no. & phone no.)
-
-

(10) Details of educational qualifications from 11th standard onwards:

11th Class details :

• School Name & Address	
• Board Name & Address	
• Roll No. & Result	
• Certificate No. & Date	
• Date of Joining & Date of Completion	
• Subjects & Marks obtained in each subject (indicate the total marks allotted for each subject)	

12th Class/ Intermediate or 10+2 details :

• School Name & Address					
• Board.....Roll No.....					
• Date of JoiningDate of Passing					
• School Code No.					
Subjects	Maximum Marks		Marks Obtained		% Result Pass/Fail
	Theory	Practical	Theory	Practical	
English					
Physics					
Chemistry					
Biology					
PCB Total					

B.Sc. or any other University Examination. (if any) :

• College Name & Address						
• University						
.....Roll No.....						
• Date of Joining Date of Passing						
Subjects	Maximum Marks		Marks Obtained		% Result	Pass/Fail
	Theory	Practical	Theory	Practical		
Grand Total						

(11) Name of the Foreign Medical College/Institution wherein Admission Is sought by the Candidate.....
.....

(12) Name of the Foreign Medical University to which the Foreign Medical College/Institution mentioned in Col. No. 11 above, is affiliated

(13) Year of admission in Foreign Medical College/Institution

(14) Details of payment of fees :

(a) Eligibility Certificate Fee:

(i) Paid by Cash/Demand Draft of Rs. 1,000.00 (Rs. One thousand only)

CASH

(ii) If paid by demand draft, details thereof :

DD

Name and address of issuing bank.....

Demand Draft Number and date

Amount Rs.....

(iii) If Paid by Cash, details:

Cash Receipt Number issued by Accounts Section of MCI.....

Date of Receipt

Amount Rs.....

(b) Verification Fees (as prescribed by concerned board) Details:

(i) Name & Address of issuing bank.....

(ii) Demand Draft Number and date

(iii) Demand Draft in Favour of

(iv) Amount Rs.....

(Signature of Candidate)

Place :

Date :

DECLARATION

I declare that the entries made by me in this Form are true to my knowledge and I understand that I am liable for action under the law for any false information or document produced by me without any notice from MCI, New Delhi.

I also understand that the Medical Council of India shall be free to investigate on its own into the correctness of information furnished by me in this application and/or call for any further information in this regard from me and in the event of any information furnished by me being found to be incorrect or false during such investigation or at any subsequent stage, the Council may refuse to issue the eligibility certificate or if already issued may cancel the same and I shall stand debarred from appearing in the Screening Test prescribed in Sub-Section(4A) of Section 13 of the Indian Medical Council Act, 1956 and any other rule and regulation framed by MCI, New Delhi without any notice.

I understand that after obtaining the foreign recognized primary medical qualification, and subject to the verification as contained above, I have to pass a screening test prescribed under the Indian Medical Council Act, 1956 read with the Eligibility Requirement for taking Admission in an Undergraduate Medical Course in a Foreign Medical Institution Regulations, 2002 and the Screening Test Regulations, 2002 before grant of provisional/permanent registration by the Medical Council of India or any of the State Medical Councils.

(Signature of Candidate)

Name.....

Place :

Date :

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 and arranged according to the checklist. In the following order & tick mark the relevant box:

S.NO.	Particulars/Details	Whether Yes or No	
		Yes	No
1	Check list	Yes	No
2	Bank Draft for Rs.1,000/-	Yes	No
3	Whether candidate's name, Father's name, phone no. & purpose has been written on the back of DD/Pay order duly signed by the candidate	Yes	No
4	Application form	Yes	No
5	Three attested copies of Pass Certificate of 10 th Class or equivalent examination	Yes	No
6	Three attested copies of Pass Certificate of 11 th Class or equivalent examination	Yes	No
7	Three attested copies of Marksheet of 12 th Class (10+2) or equivalent examination	Yes	No
8	Three attested copies of Pass Certificate of 12 th Class (10+2) or equivalent examination. <i>(showing all the subjects & the name of the school)</i>	Yes	No
9	Three attested copies of B.Sc. Marksheet - if the candidate obtained less than 50% marks for General and 40% marks for Reserve Category	Yes	No
10	Three attested copies of OBC/SC/ST Certificate	Yes	No
11	Three attested copies of English Translation of OBC/SC/ST Certificate - <i>(if the Certificate is in regional language)</i> .	Yes	No
12	Three passport size photographs with front view	Yes	No
13	Three attested copies of Admission/Acceptance letter of Foreign Medical University	Yes	No
14	Additional DD for Verification of 10+2 marksheet/Certificate, as per list given in the instructions	Yes	No

Dated _____

Signature of the Candidate

INSTRUCTIONS

(Read Instructions carefully before filling up the Eligibility Form)

- 1) Incomplete documents will not be accepted. Application must be complete in all respects. No alteration will be allowed to be made in the application form after it has been submitted to the Council.
- 2) The Form should be filled up using Capital letters in candidate's own legible handwriting.
- 3) Demand draft for Rs.1000/- (Rupees One Thousand only) in favour of "The Secretary, Medical Council of India", payable at New Delhi. On reverse of demand draft please mention applicant's Name, Father's Name, purpose for which the draft submitted and Telephone Number. In cash payment is made in cash then it will be made only to authorized officer in accounts section of MCI and receipt obtained in duplicate. Original one copy of receipt will be attached with the application and details of such payment filled by applicant in the form. Duplicate copy of cash receipt will be retained by the applicant. No payment will be made in cash to any person of mci at the counter, or anywhere else except in account section.
- 4) Applicant is required to affix one recent front view photograph duly attested by a Gazetted Officer on the application form and also attach three passport size photographs.
- 5) All the documents should be submitted in original (alongwith three legible attested photocopies)
- 6) Original Matriculation Certificate showing Date of Birth (with three attested photocopies.)
- 7) Original Marksheet of the 11th class (with three attested photocopies).
- 8) Original +2 Marksheet & pass Certificate (with three attested photocopies).
- 9) Original SC/ST/OBC Certificate (with three attested photocopies) (in case of reserved category candidates) and a copy of English Version in case of Caste Certificate is in regional language.
- 10) Original Proof of Admission in Foreign Medical University (alongwith three attested photocopies)
- 11) Fee for verification of qualifying examination as prescribed by the State Boards/Universities concerned, as mentioned below in Column No. 13
- 12) Applicant to retain one copy of application form and draft for future reference.
- 13) Verification fees to be submitted by way of DD/Pay Order by the candidate who have qualified 10+2 examinations from the following States :

SNo	State/Board	Amount	In favour of
a)	Andhra Pradesh	Rs. 100/-	Secretary, B.I.E, AP, Hyderabad
b)	CBSE	Rs. 100/-	Secretary, C.B.S.E., payable at concerned regional office and Rs. 200/- for Chennai and Guwahati regional office.
c)	GOA	Rs.100/-	Secretary, Goa Board of Secondary & Higher Secondary Education, Alto-Betim-Goa.
d)	Gujarat	Rs.25/-	Secretary, Gujarat Secondary & Higher Secondary Education Board, Gandhinagar payable at Ahmedabad/Gandhinagar from Nationalized bank only.
e)	ICSE	Rs. 300/-	Secretary, Council for the Indian School Certificate Examination, payable at Delhi.
f)	Jammu & Kashmir	Rs.400/-	Chairman J & K State Board of School Education, payable at J & K Bank, Rehari Colony, Jammu/Lalmandi Srinagar.
g)	Maharashtra	Rs.200/-	Secretary, M.S. Board of Secondary & Higher Secondary Education of respective Divisional Board from Nationalised Bank only.
h)	Meghalaya	Rs.200/-	The Executive Chairman, Meghalaya Board of School Education, Tura
i)	Orissa	Rs. 20/-	"Finance Officer, CHS, Orissa, Bhubaneshwar".
j)	Punjab	Rs.200/-	Secretary, Punjab School Education Board, payable at Mohali/Chandiargh
k)	West Bengal	Rs.50/-	Calcutta University , Payable at Kolkata



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ACKNOWLEDGEMENT

(to be filled by the candidate)

Received Application from Ms/Mr.....
D/o / S/o Sh..... alongwith Bank Draft/DD
No..... dated..... for Rs.....
Drawn on Bank.....
for issuance of Eligibility Certificate u/s 12 and 13(4B) of the I.M.C. Act, 1956 for
consideration.



Signature of Receiving Official
with date