



FORM -3
(See Rule 38, 39 (ii))
Manipur Medical Council

APPLICATION FORM FOR CONTINUATION OF NAME IN THE REGISTER

Receipt No

Date

(for office use)

To,

The Registrar
Manipur Medical Council
Imphal

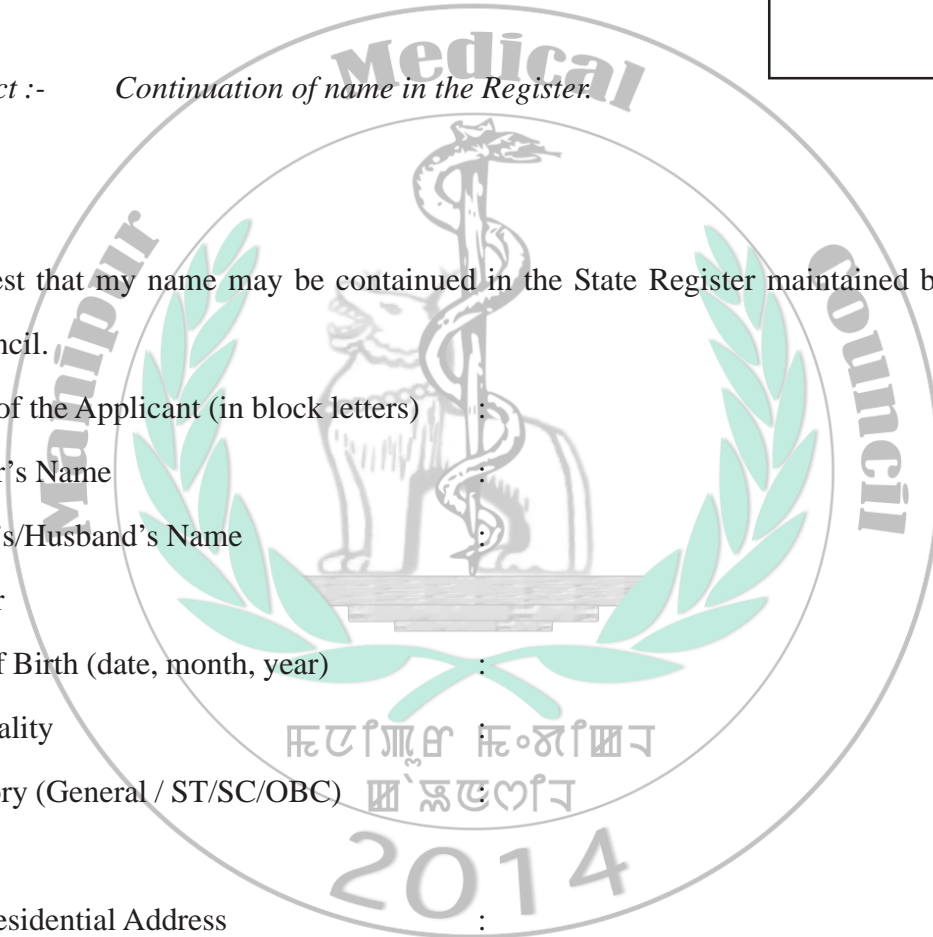
Affix passport
Size
photograph
attested

Subject :- Continuation of name in the Register.

Sir,

I request that my name may be contained in the State Register maintained by Manipur Medical Council.

1. Name of the Applicant (in block letters) :
2. Mother's Name :
3. Father's/Husband's Name :
4. Gender :
5. Date of Birth (date, month, year) :
6. Nationality :
7. Category (General / ST/SC/OBC) :
8.
 - a) Residential Address :
 - b) Permanent Address :
 - c) Professional Address :
9. Telephone No./ Mobile No./Fax No./
E-mail ID



10. Details of Qualifications :

| Sl. No. | Description of Qualification | Name of the School/College/ Medical Institution | Name of the Board/ University/Licensing Body | Year of the completion Of Internship in case of MBBS in any other case year of passing examination |
|---------|------------------------------|---|--|--|
| | | | | |

11. Manipur Medical Council :
Registration Certificate No. & Date

12. Present Occupation :

I submit herewith original certificates for verification and submit attested copies of the same certificates :-

- Two recent passport size photographs with name and signature at the backside.
- Manipur Medical Council Registration Certificate.
- MBBS Degree/ Post graduate Degree/ Diploma/ Post-Doctoral Degree Certificate.

I hereby submit a Bank Draft No. Dated
Prepared from (Bank) for Rs. 1500/- (Rupees one thousand five hundred)
as non-refundable fee in favour of 'The Manipur Medical Council' payable at Imphal.

(in case of late fee)

I hereby submit a Bank Draft No. Dated prepared
from (Bank) for Rs. being the late fee as non-refundable in
favour of 'The Manipur Medical Council' payable at Imphal.

DECLARATION

I solemnly affirm and declare that the particulars furnished above by me are true to the best of my knowledge and belief and I undertake to abide by the code of conduct & Ethics of Manipur Medical Council and Indian Medical Council and by the Rules of Manipur Medical Council.

Date :

Signature of the Applicant

(for office use only)

Received the above documents in original.

Signature of registered person.....

Name

Date