



মহাৰাজ্যিক স্বাস্থ্যৰক্ষণ কাউন্সিল
MANIPUR MEDICAL COUNCIL

Office of the Registrar,
MMC, Medical Directorate Complex, Lamphel, Imphal - 795004
Email: registrar.mmc.man@gmail.com
Website : www.manipurmedicalcouncil.org

Receipt No. _____

Date _____

D.D.No. _____

Date _____

Drawn on Bank _____

APPLICATION FORM FOR OBTAINING A CERTIFICATE OF GOOD STANDING

- 1) Name of the doctor as given in MMC registration certificate :- _____
- 2) Name of Father/ Mother/ Husband :- _____
- 3) Address :- _____
- 4) Manipur Medical Council Registration No. & Date of Registration :- _____
- 5) Reason for seeking Certificate of Good Standing :- _____

Date _____

Signature of Applicant _____

Declaration

I solemnly affirm & declare that the above entries made by me are true & correct. I further declare that no disciplinary proceedings have ever been initiated or are pending against me before the Manipur Medical Council or any medical regulatory authority nor I have been subject to any inquiry or investigation before any authority which may disentitle me from seeking Certificate of Good Standing from Manipur Medical Council. I undertake to abide by the Code of Conduct & Ethics prescribed by Manipur Medical Council and Medical Council of India.

Date _____

Signature of Applicant _____

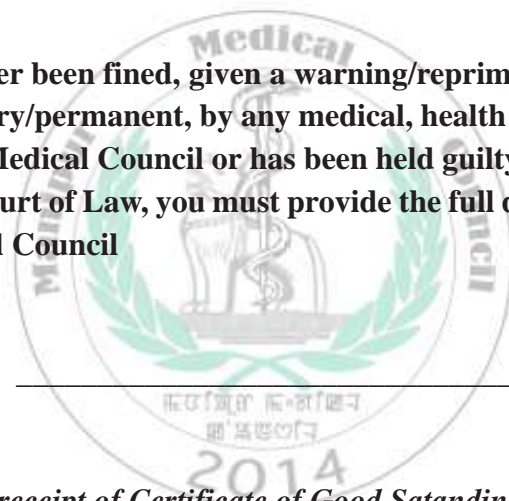
Documents to be submitted for obtaining the good standing certificate

- 1) A Bank Draft of Rs. 1000/- (Rupees One Thousand Only) as non-refundable fee in favour of "Manipur Medical Council" payable at Panjab & Sind Bank, Deulahland, Imphal, A/c # 06751000017048, IFSC PSIB0000675.
- 2) Attach a photocopy of MMC Registration Certificate.

Note

- The certificate of Good Standing issued by the Manipur Medical Council will be valid upto six month from the date of issue.

- In case you have ever been fined, given a warning/reprimanded/suspension of registration temporary/permanent, by any medical, health or any regulatory authority including Manipur Medical Council or has been held guilty of medical malpractice or negligence by any Court of Law, you must provide the full details on a separate sheet to the Manipur Medical Council



Acknowledgement of receipt of Certificate of Good Standing

Received the above document in original.

Signature of registered person

Name _____

Date _____