



FORM
Manipur Medical Council
Application form for Provisional Medical Registration

Receipt No

Date
(For office use)

To
The Registrar
Manipur Medical Council
Imphal

Affix a recent
passport size
photograph, duly
attested

Subject: Provisional registration of name in the register.

Sir,

I hereby request that my name and other particulars mentioned below may be entered in the Provisional State Register of Manipur Medical Council as required.

1. Name of the Applicant (in BLOCK letters):

2. Father's / Husband's Name :

3. Mother's Name :

4. Gender :

5. Nationality :

6. Date of Birth (date, month, year) :

7. Address :

a. Residential Address :

b. Permanent Address :

c. Address of the College/Institution :

8. Telephone No. / Mobile No. / Fax No. :

Email ID (mandatory) :

9. Training being under taken:

- a. Compulsory Rotating Internship :
Or,
- b. Practical Training course :
- c. Date of joining the Training :

10. Qualifications:

a) General Degree

Sl. No.	Description of Qualification	Name of School/ College/Institution	Name of the Board/University	Year of Qualification

b) Medical Degree

Sl. No.	Description of Qualification	Name of the College/Institution	Name of the University	Year and month of Passing MBBS

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

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 and 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.....



Instructions:

- i. Birth Certificate / Matriculation Certificate / SSC Exam Certificate with date of birth.
- ii. MBBS Degree and marksheets of all examinations.
- iii. Other evidence in support of my having obtained the qualification which I possess.
- iv. Two recent passport size photographs with name and signature at the backside.
- v. Download the Bank Deposit slip Rs. 1000/- (Rupees one thousand only) in favor of "The Manipur Medical Council", A/c # 06751000017048, IFS Code# PSIB0000675, Punjab and Sind Bank, Deulahland, Imphal.

Bank Copy



Punjab & Sind Bank
Deulahland, Imphal.

Date: _____

In favor of: **The Manipur Medical Council**

A/c #: **06751000017048**

Sum of: **Rs.1000/- (Cash only)**

in words: **Rupees one thousand only.**

For **Provisional Registration** in Manipur
Medical Council Register.

Applicant's detail:

Name: _____

Date of Birth: _____

Mobile no.: _____

Email: _____

Signature of _____
depositor _____
Authorized Signatory
& Seal

Manipur Medical Council Bank Deposit Slip

MMC Copy



Punjab & Sind Bank
Deulahland, Imphal.

Date: _____

In favor of: **The Manipur Medical Council**

A/c #: **06751000017048**

Sum of: **Rs.1000/- (Cash only)**

in words: **Rupees one thousand only.**

For **Provisional Registration** in Manipur
Medical Council Register.

Applicant's detail:

Name: _____

Date of Birth: _____

Mobile no.: _____

Email: _____

Signature of _____
depositor _____
Authorized Signatory
& Seal

Personal Copy



Punjab & Sind Bank
Deulahland, Imphal.

Date: _____

In favor of: **The Manipur Medical Council**

A/c #: **06751000017048**

Sum of: **Rs.1000/- (Cash only)**

in words: **Rupees one thousand only.**

For **Provisional Registration** in Manipur
Medical Council Register.

Applicant's detail:

Name: _____

Date of Birth: _____

Mobile no.: _____

Email: _____

Signature of _____
depositor _____
Authorized Signatory
& Seal

The Bank copy will be retained by the Bank, MMC copy to be submitted to the Manipur Medical Council, and personal copy to be kept with the Applicant.