



**FORM - 1**  
(See Rule 35, 36)  
**Manipur Medical Council**  
Application form for Direct Registration

Receipt No. ....

Date .....

(For office use)

To

The Registrar  
Manipur Medical Council  
Imphal

Affix a recent  
passport size  
photograph, duly  
attested

Sir,

I hereby request that my name and other particulars mentioned below may be entered in the State Register of Manipur Medical Council as required under section - 19 of Manipur Medical Council Act 2009 (Manipur Act No.4 of 2012).

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. Professional Address :
8. Telephone No./ Mobile No. / Fax No. :  
Email ID :
9. Category (General/ST/SC/OBC) :

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/ Licensing Authority	Year of Qualification/ Completion of Internship

11. Details of Internship (include separate sheet, if required) :

12. MCI Registration No. & date (if any) :

13. a. Registration No. & date, if any in other State :

b. Authority under whom Registered :

14. a. Bank Draft No. & Date :

b. Draft prepared from (Bank) :

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

**(a) If registered else where (MCI and other State).**

- i. Matriculation Certificate & HSSL Certificate/ SSC Exam Certificate with date of birth.
- ii. MBBS Degree / Post Graduate Degree / Diploma / Post Doctoral Degree / any other.
- iii. State Medical Council / Medical Council of India Registration Certificate with MBBS Qualification.
- iv. Internship Completion Certificate.
- v. Other evidence in support of my having obtained the qualification which I possess.
- vi. No Objection Certificate from State Medical Council where earlier registered.
- vii. Four recent passport size photographs with name and signature at the backside.
- \*\* viii. Bank Draft of Rs.5000/- (Rupees five thousand only) in favor of "Manipur Medical Council" payable at Imphal (non-refundable).
- ix. Aadhar Card

**(b) In case of fresh registration.**

- i. Matriculation Certificate & HSSL Certificate/ SSC Exam Certificate with date of birth.
- ii. MBBS Degree / Post Graduate Degree / Diploma / Post Doctoral Degree / any other.
- iii. Internship Completion Certificate.
- iv. Other evidence in support of my having obtained the qualification which I possess.
- \*\* v. Four recent passport size photographs with name and signature at the backside.
- vi. Bank Draft of Rs.5000/- (Rupees five thousand only) in favor of "Manipur Medical Council" payable at Imphal (non-refundable).
- vii. Aadhar Card

**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.....

\*\* The Applicants are encourage (requested) to deposit the necessary registration fee directly to our 'The Manipur Medical Council' Bank A/c # 0652200100007106, Punjab National Bank, RIMS. Imphal, by a challan which is attached to the application form.

MMC Copy



## Punjab National Bank

RIMS, Lamphel, Imphal

Date : \_\_\_\_\_

In favour of : The Manipur Medical Council  
A/c # : 0652200100007106  
Sum of : Rs. 5000/-  
in words : Rupees five thousand only

For Allotment of Permanent Registration in  
Manipur Medical Council.

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

Personal Copy



## Punjab National Bank

RIMS, Lamphel, Imphal

Date : \_\_\_\_\_

In favour of : The Manipur Medical Council  
A/c # : 0652200100007106  
Sum of : Rs. 5000/-  
in words : Rupees five thousand only

For Allotment of Permanent Registration in  
Manipur Medical Council.

Applicant's detail :

Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

Email : \_\_\_\_\_

Signature of depositor  
Authorized Signatory & Seal

Bank Copy



## Punjab National Bank

RIMS, Lamphel, Imphal

Date : \_\_\_\_\_

In favour of : The Manipur Medical Council  
A/c # : 0652200100007106  
Sum of : Rs. 5000/-  
in words : Rupees five thousand only

For Allotment of Permanent Registration in  
Manipur Medical Council.

Applicant's detail :

Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

Email : \_\_\_\_\_

Signature of depositor  
Authorized Signatory & Seal



# মণিপুৰ মেডিকেল কাউন্সিল MANIPUR MEDICAL COUNCIL

www.manipurmedicalcouncil.org

Email: registrar.mmc.man@gmail.com

Address:

Office of Registrar, MMC,  
Medical Directorate Complex,  
Lamphei, Imphal - 795001

## DECLARATION

At the time registration each application shall be given a copy of the following declaration by the Registrar concerned and the applicant shall read and agree to abide by the same :

- 1) I solemnly pledge myself 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 considerations of religion, nationality, 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 secrets which are confined in me.
- 8) I will give to my teacher the respect and gratitude which is their due.
- 9) I will maintain by all means in my power, the honour and noble traditions of medical profession.
- 10) I will treat my colleagues with all respect and dignity.
- 11) I shall abide by the code of medical ethics as enunciated in the Indian Medical Council (professional conduct, Etiquette and ethics) Regulations, 2002.

I make these promises solemnly, freely and upon my honour.

Signature .....

Name .....

Place .....

Address .....

Date .....

## Check List (submitting documents) \*\*

In order to make convenient during the fresh registration of the Doctors the following check list (submitting documents) are necessary while filling up the forms.

i. If registered else where (MCI and other State) :

- |     |  |  |     |    |
|-----|--|--|-----|----|
| a.  | Birth Certificate, Matriculated Certificate, SSC Exam Certificate with date of Birth.  | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No   |  |     |    |
| b.  | MBBS Degree / Post Graduate Degree / Diploma / Post Doctoral Degree / any other.   | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No   |  |     |    |
| c.  | State Medical Council / Medical Council of India Registration Certificate with MBBS Qualification.   | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No   |  |     |    |
| d.  | Internship Completion Certificate  | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No   |  |     |    |
| e.  | Other evidence in support of my having obtained the qualification which I possess.   | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No   |  |     |    |
| f.  | No objection certificate from State Medical Council where earlier registered.  | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No   |  |     |    |
| g.  | Three recent passport size photograph with name and signature at the backside.   | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No   |  |     |    |
| h.  | Bank draft of Rs. 5000/- (Rupees Five Thousand only) in favour of "Manipur Medical Council" payable at Imphal (non-refundable). Payment receipt to bank A/C No. 0652200100007106 Punjab National Bank, RIMS. | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No   |  |     |    |
| i.  | Aadhar Card  | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No   |  |     |    |
| j.  | Declaration of Oath upon my honor.   | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No   |  |     |    |

ii. In case of fresh registration :

- |     |  |  |     |    |
|-----|--|--|-----|----|
| a.  | Birth Certificate / Matriculated Certificate / SSC Exam Certificate with date of Birth.  | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No   |  |     |    |
| b.  | MBBS Degree / Post Graduate Degree / Diploma / Post Doctoral Degree / any other.   | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No   |  |     |    |
| c.  | Original Internship Completion Certificate   | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No   |  |     |    |
| d.  | Other evidence in support of my having obtained the qualification which I possess.   | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No   |  |     |    |
| e.  | Three recent passport size photograph with name and signature at the backside.   | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No   |  |     |    |
| f.  | Bank draft of Rs. 5000/- (Rupees Three Thousand only) in favour of "Manipur Medical Council" payable at Imphal (non-refundable) or Payment receipt to bank A/C No. 0652200100007106, Punjab National Bank, RIMS. | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No   |  |     |    |
| g.  | Aadhar Card  | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No   |  |     |    |
| h.  | Declaration of Oath upon my honor.   | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No   |  |     |    |

iii. For Foreign Pass Out Candidates :

- |     |  |  |     |    |
|-----|--|--|-----|----|
| a)  | Eligibility Certificate of MCI   | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No   |  |     |    |
| b)  | National Board of Examination (NBE) Passing Certificate                                      | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No   |  |     |    |
| c)  | Copy of the Passport   | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No   |  |     |    |
| d)  | Copy of Visa of First and Last Travel to and from the country where training was undertaken. | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes | No |
| Yes | No   |  |     |    |

iv. For all

- |    |   |
|----|---|
| a. | Self attestation of all the documents.  |
| b. | If any un-reasonable gape of period/years in between passing out/internship and registration – explanation and affidavit under an first class magistrate. |

\*\* All the above documents may be verified from the concerned issuing authorities.

**Additional Format for synchronization of National Register and State Register (to be filled up by the applicant with effect from 15<sup>th</sup> April, 2021)**

Sl. No.	Particulars	Information
1.	Name (as given in MBBS degree)	
2.	Recent photo (one copy to be affixed)	
3.	Father's Name	
4.	Present/Corresponding Address	
5.	Permanent address	
6.	Aadhaar Numer	
7.	Mobile Number	
8.	e-mail	
9.	Date of birth	
10.	Nationality	
11.	<b>UG Degree</b>	
i.	Name of Degree	
ii.	Name of Medical College/University	
iii.	Month & year of passing	
iv.	Registration number	
v.	Date of Registration	
vi.	Name(s) of register (National/State)	
vii.	Whether the registration is renewable or permanent	

Sl. No.	Particulars	Information
12.	<b>(a) PG Degree (MD/MS)</b>	
i.	Name of Degree	
ii.	Name of the Subject	
iii.	Name of Medical College/University	
iv.	Month & year of passing	
v.	Registration number	
vi.	Date of Registration	
vii.	Name(s) of register (National/State)	
viii.	Whether the registration is renewable or permanent	
12.	<b>(b) PG (DNB from NBE)</b>	
i.	Name of Degree	
ii.	Name of the Subject	
iii.	Name of Medical College/University	
iv.	Month & year of passing	
v.	Registration number	
vi.	Date of Registration	
vii.	Name(s) of register (National/State)	
viii.	Whether the registration is renewable or permanent	



<b>Sl. No.</b>	<b>Particulars</b>	<b>Information</b>
<b>12.</b>	<b>(c) PG (Medical Diploma)</b>	
i.	Name of Degree	
ii.	Name of the Subject	
iii.	Name of Medical College/University	
iv.	Month & year of passing	
v.	Registration number	
vi.	Date of Registration	
vii.	Name(s) of register (National/State)	
viii.	Whether the registration is renewable or permanent	
<b>12.</b>	<b>(d) Super speciality (DM/MCH)</b>	
i.	Name of Degree	
ii.	Name of the Subject	
iii.	Name of Medical College/University	
iv.	Month & year of passing	
v.	Registration number	
vi.	Date of Registration	
vii.	Name(s) of register (National/State)	
viii.	Whether the registration is renewable or permanent	
<b>12.</b>	<b>(e) Super speciality (DNB)</b>	
i.	Name of Degree	
ii.	Name of the Subject	
iii.	Name of Medical College/University	
iv.	Month & year of passing	
v.	Registration number	
vi.	Date of Registration	
vii.	Name(s) of register (National/State)	
viii.	Whether the registration is renewable or permanent	

Sl. No.	Particulars	Information
13.	<b>Name of the Institute/Hospital/Clinic where engaged in teaching /research/practice of Medicine</b>	Government/Private/Own Teaching/Non-teaching Research/Non research
14.	Complete Address/Contact details of the Institute/Hospital/Clinic mentioned in Item No.13 above	
15.	Name of person in Hospital/Institute mentioned above in Item No.13 above who is responsible for legal issues regarding patient care provided by the Doctor.	
16.	Registered Medical Practitioner (RMP) no. of the person mentioned in item no.15 above	

Date :

Signature of the Doctor

(Complete name of the Doctor)