

Candidate's Personal Appearance is Compulsory, is required to sign in a register in the council office".

UTTAR PRADESH MEDICAL COUNCIL

5, Sarvpalli, Mall Avenue Road, Lucknow

Office : 2235965, 2238846, Fax:-2236600, E-mail:upmedicalcouncil@upsmfac.org

Application Form for Registration with U.P. Medical Council

Provisional : Permanent : Additional : Duplicate :

Receipt # Date

Reg. No. :

Date of Birth :

E-mail

Candidate Signature in Upper Box

Seal & Sign. of attesting authority

Neatly paste your latest colour photograph in this box duly attested by principal of training centre

Aadhaar No. Mob.No.

Name

Sur Name

Mother's Name

Father's Name

Address

Address

District Pin

State Gender (M/F) : Year of Passing

Name of Medical College

Name of University :

Name of University :

Additional Qualification :

Month & Year of Joining : Month Year Month & Year of Passing Month Year

Registered with U.P. Medical Council (Y / N) State/U.T. of Registration (State Code)

Which Certificate you posses Provisional/Permanent (PROV/PERM) Registration No.

Rotatory training College details (To be filled by the applicant applying for PERMANENT REGISTRATION)

Training Hospital-1

Hospital name :

City :

Joining Date : Completed On

Day Month Year Day Month Year

Training Hospital-2 (If applicable)

Hospital name :

City :

Joining Date : Completed On

Day Month Year Day Month Year

U.P. MEDICAL COUNCIL

5, SARVAPALLI, MALL AVENUE ROAD, LUCKNOW

DECLARATION

At the time of registration, each applicant 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 practise 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 teachers 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.....

FORMAT OF AFFIDAVIT
FOREIGN MEDICAL GRADUATES - PERMANENT REGISTRATION
NON- JUDICIAL STAMP PAPER

I, _____ S/o / D/o Shri _____
R/o _____ do hereby solemnly affirm and declare as under:

1. That I was a student of MBBS/M.D. "Physician"/Doctor of Medicine or correct nomenclature of qualification if other than MBBS at _____ (Name of Medical College/Institute/University) from _____ to _____ (period).
2. That I have passed class 10th _____ Examination from _____ (Name of the School) affiliated to _____ (Name of the Board) in the year _____.
3. That I have passed class 10+2 _____ Examination from _____ (Name of the School) affiliated to _____ (Name of the Board) in the year _____.
4. That I passed the Screening Test Examination in the Month/Year _____ under Roll No. _____ with NBE Marks _____ conducted by National Board of Examinations.
5. That I have completed my compulsory internship training from medical colleges from _____ to _____ (period) at _____ (details of Hospital/Institute with complete address) which is MCI/NMC recognized Institute/Hospital for undergoing internship training.
6. That I have not done any unethical practice before, during or after completion of my internship training. However, if any complaint is made against me for unethical practice during this period, I shall be held responsible for the same entailing besides other action disentitling/cancellation of Internship/Registration.
7. That I have done my studies completely offline.
 1. That I have done my studies online / partly online / full online. from to(mention period of online). (DD/MM/YYYY).
 2. That I have compensated my online classes in offline mode (in person) & have submitted the Compensatory certificate issued by my college.
 3. If studies found online, I will be completely responsible for rules set by NMC/ UPMC for online studies
8. That I further declare that no disciplinary proceedings have ever been initiated or are pending against me before any medical regulatory authority nor I have been subject to any enquiry or investigation before any authority which may disentitle me from seeking Internship/Registration from Uttar Pradesh Medical Council, Lucknow.

9. That I have never been fined, given a warning/reprimanded/suspension of Internship/Registration temporary or permanent, by any medical, health or any regulatory authority or has been held guilty of medical malpractice or negligence by any Court of Law.

10. I say that the degree certificates/ documents submitted along with the application for my Internship/Registration are true and correct copies of respective originals.

11. I say that I have not made any false declaration about my qualifications and none of the certificates/documents submitted by me is/are false or fake.

12. I say that U.P. Medical Council shall be at liberty to cancel my Internship/Registration and take all such measure permissible in law including but not limited to filing of a criminal case for offence of perjury if it comes to the knowledge or discovered on its own or on verification at any stage by U.P. Medical Council that the declaration/information made herein above is false or certificates / documents submitted along with the application is/are fake.

DEPONENT

VERIFICATION

I, the above named deponent do hereby verify that the contents of para 1 to 12 are true and correct to my personal knowledge.

Nothing has been concealed from my part.

DEPONENT

Place:

Dated:

Note: The affidavit is to be typed on a Non-Judicial stamp paper of Rs 100/- which should be duly notarized by Notary Public.

विदेश से उत्तीर्ण एम.बी.बी.एस./एम.डी. फिजीशियन – जो एम.बी.बी.एस. के समकक्ष हो, पंजीकरण आवेदन पत्र प्रस्तुत करते समय निम्नलिखित प्रमाण-पत्र/अभिलेख जमा करना आवश्यक होगा।

- 1- नेशनल मेडिकल कमीशन, नई दिल्ली (MCI) के द्वारा प्रदत्त एलिजिबिलिटी सर्टिफिकेट जोकि विदेश में पढने के पूर्व प्राप्त किया गया हो।
- 2- उस देश में स्थित भारतीय दूतावास से, संबंधित देश से प्राप्त डिग्री के अधिकृत होने का प्रमाण-पत्र प्राप्त कर उसे संलग्न करना होगा।
- 3- नेशनल बोर्ड ऑफ एग्जामिनेशन से प्राप्त स्क्रीनिंग टेस्ट मे उत्तीर्ण सर्टिफिकेट संलग्न करना होगा।
- 4- एम.बी.बी.एस. या उसके समकक्ष योग्यता जिसका पंजीकरण होना है, वे हेग कन्वेंशन 1961 के अन्तर्गत अपोस्टिल की गई हो या उसका सत्यापन उस देश में स्थित भारतीय दूतावास से प्रमाणित कराकर प्रस्तुत करना होगा।
- 5- 10वीं 11वीं तथा 10+2 की मार्कशीट एंव सर्टिफिकेट संबंधित बोर्ड से प्राप्त, संलग्न करना होगा।
- 6- एम.बी.बी.एस./एम.डी. फिजीशियन के संपूर्ण अंक-पत्र व प्रमाण-पत्र।
- 7- जाति प्रमाण पत्र एस.सी./एस.टी./ओ.बी.सी. यदि अंको में छूट के लिए प्रयोग किये गये हों तो उसे संलग्न करना होगा।
- 8- इन्टर्नशिप कम्प्लीशन सर्टिफिकेट केवल परमानेन्ट रजिस्ट्रेशन अभ्यर्थियों के लिये।
- 9- आवेदन पत्र पर दिये गये निर्धारित बाक्स में हस्ताक्षर व फोटो को जिस जिले का आधार कार्ड का पता अभ्यर्थी का हो, उस जिले के मुख्य चिकित्सा अधिकारी/डी.एम./एस.डी.एम./ए.डी.एम. किन्ही एक से फोटो व हस्ताक्षर अलग-अलग प्रमाणित (मोहर व हस्ताक्षर) कराना होगा।
- 10- फ्रेश (FMG) फोरेन मेडिकल ग्रेजुएट, जो किसी भी राज्य की मेडिकल कौंसिल में पंजीकृत न हो फोरेन मेडिकल ग्रेजुएट से पासआउट होने वाले अभ्यर्थी प्रोविजनल रजिस्ट्रेशन व परमानेन्ट रजिस्ट्रेशन फार्म अप्लाई करने के लिए अभ्यर्थी का उ0प्र0 का निवास प्रमाण पत्र और आधार कार्ड होना अनिवार्य है।
- 11- संलग्न प्रारूप के आधार पर ₹ 100/- के स्टैम्प पेपर पर शपथ-पत्र देय होगा।