

Application Form for Obtaining a Certificate of MCI Good Standing

1. Name of the doctor with address as given in The State Medical Register :
2. Present Address :
3. Qualifications (Name of University with year) :
4. Name of the College :
5. State Medical Council with which registered Registration No and date :
6. Place at which he has worked during the Last 5years with full details (Please use Separate sheet if space is not sufficient) :
7. Two testimonials of character and conduct From persons of standing,(IN ORIGINAL) : (From Professors, Principle, M.P.s, M.L.A.'s, Central or State Govt.Class I Officers)
8. Name and full address of two doctors 1. Who personally know the applicant to whom? A reference can be made. (Persons who have issued testimonials should not be referred in this Column.)
9. Certificate of Good Standing 2. Will be issued by the Secretary Medical Council of India only, All correspondence should be directly Made to the Secretary MCI, New Delhi.

Date.....20

SIGNATURE OF THE CANDIDATE

Recommendation of the STATE MEDICAL COUNCIL:

Certified that the particulars given above are correct to the best of my knowledge and according The records available with me.

Certified that the doctor holds current registration with this Council and no disciplinary proceedings had been taken or were in progress against him on this day by this council.

Date.....20

REGISTRAR

A.P.Medical Council

Note: Demand Draft in Favour of A.P.Medical Council. Hyderabad for Rs.1000/- from Andhra Bank.

A Crossed demand draft for Rs.2000/-(Rupees One Thousand only) (In case of foreign address Rs.1060/- in favour of the SECRETARY, MEDICAL COUNCIL OF INDIA, NEW DELHI on Andhra Bank should be enclosed.

The application should be sent to the SECRETARY, MEDICAL COUNCIL OF INDIA, ALWAN-E-GALIB MARG, KOTLA ROAD, NEW DELHI-110 002. After recommendation of the State Medical Council.