INSTRUCTIONS FOR

Candidates applying for Statement of Need (**SON**) certificate or Exceptional Need Certificate (**ENC**) for joining training programme/course in medical specialities in medical institutions out of India

- (a) The SON and ENC Certificates shall be issued only by the Ministry of Health & Family Welfare, Government of India, Nirman Bhawan, New Delhi.
- (b) For issue of SON Certificate or ENC, the applicants are required to apply in prescribed Application proforma as per **ANNEX A**, alongwith following documents:
 - a. <u>**Copy**</u> of offer letter received from the concerned foreign University/Institution
 - b. **<u>Copy</u>** of valid INDIAN PASSPORT (excluding the blank pages)
 - c. **<u>Copy</u>** of valid VISA in connection with applicant's present stay in the foreign country.
 - d. **SURETY BOND in original,** alongwith two Sureties. **FORMAT** of the Surety Bond is at <u>ANNEX 1.</u>

(c) For issue of ENC, the applicant is required to file following documents also, in addition to the documents specified above:

- a. **Copy/Copies** of Statement of Need (SON) certificate(s) earlier issued to / received by the applicant.
- b. **Copy** of ECFMG Rules regarding '*Extension Beyond the Maximum Duration of Stay*" in the USA of seven (7) years under J-1 Visa.
- c. A "**TEMPLATE**" on the '*exceptional need*' with reference to the course of study/ specialization, i.e., a paragraph having upto 10 lines, signed by the applicant.
- d. Signed Resume / CV of the Applicant.
- (d) A separate application is required to be given for every fresh issue of SON Certificate for study in any speciality/super speciality or for further study in other specialities / super specialities or for issue of ENC for any speciality/super speciality.
- (e) **Guidelines** for issuance of Statement of Need (SON) Certificate and Exceptional Need Certificate (ENC) are given in <u>ANNEX B.</u>

<u>Page 1 of 12</u>

(f) In respect of the SURETY BOND to be submitted by applicants in original, the first Surety will be a close relative (who is a citizen of India and based in India) to the Obligor. The first Surety will furnish information in respect of himself/herself as in the proforma as per <u>ANNEX – C</u>. The second Surety will be a Gazetted Officer posted in India under the Central or a State Government, with a minimum tenure of 7 years of balance service left as on the date of making the application and is required to furnish information in respect of himself/herself in the proforma as per <u>ANNEX – D</u>.

(g) Procedure for execution of Surety Bond and other related details are given below:

(i) The Surety Bond will be executed by applicants on a Non-judicial stamp paper of Rs.100/- (Rupees One Hundred only).

(ii) The Surety Bond signed by the applicant and both the sureties shall have attestation from the Notary Public / Area Sub-Divisional Magistrate in India.

(iii) The applicants staying abroad or applying from abroad shall sign the Surety Bond on a plain paper and get it attested from the concerned Indian Consulate / Embassy / High Commission abroad. The Surety Bond signed by the applicant and attested by the Indian Consulate / Embassy / High Commission shall be signed by the Sureties in India. The Surety Bond may then be got stamped in India by depositing the requisite amount with the Collector of Stamps, and got attested by either the Area Sub-Divisional Magistrate or the Notary Public in India.

For use by the Ministry of Health and Family Welfare				
Application Number & Date				
Application for	Statement of Need (SON) Certificate OR Exceptional Need			
	Certificate (ENC) (Specify)			

APPLICATION

[To be filled-up by candidates applying for Statement of Need (SON) Certificate OR Exceptional Need Certificate (ENC) for training programme/course under various medical courses / specialities in medical institutions out of India]

[Note: Application, alongwith all requisite information / documents (Original or Copy – as applicable) to be sent to : The Under Secretary (IC), International Cooperation Section, Ministry of Health & Family Welfare (Department of Health & Family Welfare), Room No.514, 'A' Wing, Nirman Bhawan, New Delhi – 110011.]

SI. No.	Items of Information				mation idates	to	be	furnished	by
1.	Name of the applicant and Permanent Address in India								
2.	Date of Birth (DD/MM/YYYY)								
3.	Place of Birth								
4.	Nationality:								
5.	Father's name								
6.	Mother's Name								
7.	Indian Passport N	umber							
8.	Date of Issue (DD	/MM/YYYY)							
9.	Place of Issue								
10.	Valid upto (DD/M	M/YYYY)							
11.	Validity of Visa up	oto (DD/MM/Y	YYY)						
	[If applying for a	course in USA,	please						
	enclose copy of v	alid USA Stam	p Visa/						
	Visa papers]								
12.	Details of Academ	nic Qualificatio	ns from N	ИBBS с	onward	S			
Sl. No.	Name of Course	Year of	Name	of	the	Whe	ther	obtained	SON
	/ Study	Passing	Instituti	on	and	Certi	ficate	e for	the
			Univers	ity		cour	se e	arlier, if	yes,
						furni	sh de	etails	
(i)									
(ii)									
(iii)									
13.	MCI Registrati	on No.							
14.	Date of MCI R	egistration							

15.	Details about the Training Programme/Course to be undertaken out of India [Enclose copy of Offer letter received from the University/Institution]						
	(a) Name of the Speciality Training /						
	Course of Study						
	(b) Starting from (DD/MM/YYYY)						
	(c) Duration of the Course						
	(d) Name & complete address of the Institution/ University						
16.	WRITTEN ASSURANCE and SUBMISSIC	N OF BOND:					
	l, Dr	, son/daughter/wife of					
		resident of (permanent address in					
	India), and at present residing at	, do					
	undertake to return to India upon com						
	country) and enter the practice of medicin						
	I have executed a Surety Bond of Rs. 5 lak	hs (Five lakhs) with two sureties on a					
	Non-judicial Stamp Paper of Rs.100/- (Rup	ees One Hundred) only and the same					
	is enclosed in original.						
	Full Signature						
	Name :						
	E-Mail:	_					
	Tel. No.:						
	Date: Place	2:					

Enclose the following documents:

(i) Copy of offer letter received from the concerned foreign University/Institution

(ii) Copy of valid INDIAN PASSPORT (excluding the blank pages)

(iii) If applying for a course in USA, **Copy** of valid US Stamp VISA / US VISA papers [DS-2019, I-20, I-94, I-797, Employment Authorization Card (I-766) in connection with applicant's present stay in the USA.

(iv) SURETY BOND in original, alongwith two Sureties, in the FORMAT at ANNEX – 1.

If applying for issue of ENC, please also enclose the following documents, in addition to the above:

(i) Self attested copy/copies of SON Certificate(s) issued earlier

(ii) A "**TEMPLATE**" on the '*exceptional need*' with reference to the course of study/ specialization, i.e., a paragraph having upto 10 lines, signed by the applicant.

(iii) A signed Resume / CV of the Applicant.

<u>Guidelines for issue of Statement of Need(SON) Certificate/</u> <u>Exceptional Need Certificate(ENC)/ No Obligation to Return to</u> <u>India (NORI) Certificate</u>.

- i) For issuing SON certificate and ENC the candidates shall be required to execute a surety bond of Rs. 5 Lakhs on a Non-judicial stamp paper of Rs.100/- (Rupees One Hundred only).
- ii) There will be two sureties, out of which one will be a relative (who is a citizen of India and based in India) with sufficient financial standing. The second surety will be a Gazetted Officer posted in India, with a minimum tenure of 7 years of balance service left as on the date of making the application for issue of SON Certificate/ENC.
- iii) The first surety will be responsible for payment of the bond amount including interest, if any, in case the candidate defaults on any of the conditions mentioned in the bond. In case the first surety also fails to make payment, the second surety who is a Gazetted officer will be liable to make payment.
- iv) Separate surety bonds shall have to be executed for each SON Certificate/ENC.
- v) The surety format is at **ANNEX I.**
- vi) There will be no restriction for issuing SON certificates on the first occasion or for extension thereof, subject to the normally permissible period of study of 7 years on J-1 visa in the USA or a maximum of 7 years subject to applicable laws in any other country. The same will be issued as per the existing procedure with the additional requirement of execution of Bond mentioned above.
- vii) The candidate will inform the SON Certificate/ENC issuing authority of his arrival in India within a period of three months from the date of completion of the course mentioned in the SON Certificate/ENC. In case the candidate fails to report within the stipulated time period or takes longer to report because of some unforeseen reasons, either the candidate or the surety will intimate the unforeseen situation leading to non-compliance of the bond conditions to the SON Certificate/ENC issuing authority and the authority shall have the option to further extend the reporting period for a maximum of 3 months beyond, after considering the explanation offered and taking into account the evidences adduced.

- viii) Considering evolution of new medical fields and required facilities available in India, ENC shall not be issued for common specialties for which training facilities are available in the country. However, for study/training courses in new fields, issue of ENC would be considered on case to case basis based on the recommendation of an Expert Standing Committee (to be constituted by MoHFW) with two experts from the same specialty for which ENC is sought. Once an ENC Certificate is recommended by the Expert Standing Committee in a financial year for a particular field for a candidate, all similar cases during the same financial year shall be processed for approval without making reference to the Committee. Similarly, if a request for issuing ENC for a particular field is rejected in a financial year by the Expert Standing Committee, no similar case need be referred to the Committee during the same financial year and the request shall be turned down at the level of MoHFW.
- ix) NORI (No Obligation to Return to India) certificate will not be issued in any circumstance.

Page 6 of 12

<u>ANNEX – I</u>

BOND TO BE EXECUTED

BY CANDIDATES APPLYING FOR NEED CERTIFICATE IN CONNECTION WITH JOINING TRAINING PROGRAMME/COURSE IN MEDICAL SPECIALITIES IN MEDICAL INSTITUTIONS OUT OF INDIA

	KNOW	ALI	_ con	cerned	BY	THESE	PRES	ENTS	THAT	I
								, I	Resident	of
			(Addı	ress),	having	MCI	Regi	stration	Numb	er
	and having graduated from (Name									
and	and address of Medical College/Institution), (hereinafter called "the Obligor") and									
Shri	Shri/Shrimati/Kumarison/daughter of									
	, Resident of(Address									
in	India)	And S	Shri/	Shrimat	i/ Ku	mari		s	on/daught	er
of			,			Resid	lent			of

(Address in India) (hereinafter called "the **Sureties**") do hereby jointly and severally bind ourselves and our respective heirs and/or executors to pay to the President of India (hereinafter called "the **Government**") on demand the sum of Rs. 5 lakhs (Rupees Five Lakhs only) or, if payment is made in a country other than India, the equivalent of the said amount in the current currency of that country converted at the official rate of exchange between that country and India, together with interest thereon @ 12% per annum from the date of demand, AND TOGATHER with all costs between attorney and client and all charges and expenses that shall or may have been incurred by the Government.

WHEREAS the Obligor is granted a Need Certificate by the Ministry of Health & Family Welfare, Government of India to undergo training programme/course in ______ (Name and duration of the programme/course) at ______ (Name and address of the Medical Institution).

AND WHEREAS for the better protection of the Government, the Obligor has agreed to execute this Bond with such condition as hereunder is written:

AND WHEREAS the said Sureties have agreed to execute this Bond as Sureties on behalf of the above bounden Obligor_____

NOW THE CONDITION OF THE ABOVE WRITTEN OBLIGATIONS IS THAT in the event of the Obligor Shri/Shrimati/Kumari_______ failing to return to India after completion of the training programme/course, within a period of three (3) months thereof, and report to the Ministry of Health & Family Welfare in person, the Obligor and the Sureties shall forthwith pay to the Government or as may be directed by the Government, on demand the said sum of Rs. 5 Lakhs (Rupees Five Lakhs only) together with interest thereon @ 12% per annum from the date of demand.

AND upon the Obligor Shri/Shrimati/Kumari______ and / or Shri/Shrimati/Kumari______ and/or Shri/Shrimati/Kumari______, the Sureties aforesaid making such payment, the above written obligation shall be void and / or of no effect, otherwise it shall be and remain in full force and virtue:

PROVIDED ALWAYS that the liability of the Sureties hereunder shall not be impaired or discharged by reason of time being granted or by any forbearance, act or omission of the Government or any person authorized by them (whether with or without the consent or knowledge of the Sureties) nor shall it be necessary, for the Government to sue the Obligor before suing the Sureties Shri/Shrimati/Kumari_______and Shri/Shrimati/Kumari_______or any of them for amounts due hereunder.

THE BOND shall in all respects be governed by the laws of India for the time being in force and the rights and liabilities hereunder shall where necessary be accordingly determined by the appropriate Courts of law in India.

Signed ar	nd dated this	(Day	/) of	(Month)
Two	Thousand	and		at
	(P	lace) in the		(Country).
Ŭ	sence of:			
	2. (Name and Comp	lete Postal Addre	ess)	

Page 8 of 12

(#) **First Surety** will be a close relative to the Obligor and will furnish information in respect of himself/herself as in **Annex - C**

Signed and delivered by the Second Surety (%) abovementioned Shri/Shrimati/Kumari______ In the presence of: Witnesses: 1.______ (Name and Complete Postal Address) 2._____

(Name and Complete Postal Address)

(%) **Second Surety** will be a Gazetted Officer under the Central or a State Government, with a minimum tenure of 7 years of balance service left as on the date of the application and will furnish information in respect of himself/herself as in <u>Annex – D</u>

ACCEPTED For and on behalf of the President of India
Name:
Designation
Ministry of Health & Family Welfare Nirman Bhawan, Maulana Azad Road New Delhi - 110011

Page 9 of 12

<u>ANNEX - C</u>

BIO-DATA FORM for Surety – 1 (Relative)

2

2

:

Affix passport size photograph

- 1. Name
- 2. Father's /Husband's Name :
- 3. Occupation
- 4. Age & date of birth
- 5. Educational qualification
- 6. Permanent address
- 7. Present address
- 8. Other particulars
 - (i) Passport Number
 - (ii) PAN
 - (iii) Voter's ID Card No.

9. Personal Assets & Liabilities (As on 1st April of the F.Y.)

:

:

÷

- a) Details of immovable property:
- i) Particulars (House/Flat/Land/others):
- ii) Address : iii) Extent of land :
- iv) In whose name registered :
- v) Whether unencumbered : Yes/No
- vi) If encumbered, to what extent :
- vii) Book No./Registration Number :
- viii) Address of Registrar/Sub-Registrar :
- ix) Present Value

b) Liquid assets:

SI.	Particulars	Amount (Rs.)	Whether encumbered (Yes/No/)	If encumbered, to what extent	Remarks
1.	Cash-in-hand				
2.	Cash at Bank				Give Bank account no. With branch address and MICR Code
3.	Govt. Securities				Please give details
4.	Shares				
5.	Life Insurance Policies (Surrender Value)				
6.	Jewellery				
7.	Others				Please give details
					Dage 10 of 12

:

c) Liabilities:

i)	Borrowings from Bank
	(give details of security
	furnished)
ii)	Borrowings from
	Friends & relatives
iii)	Borrowings from other
	sources (give details)

10) Net worth = 9(a)+9(b)-9(c)

I hereby declare that the above information is correct to the best of my knowledge and belief.

Place:

Signature:

Date:

Name:

Relationship with applicant:

Page 11 of 12

ANNEX - D

Biodata for Surety – 2 (Gazetted Officer)

- (a) Name:
- (b) Father's name:
- (c) Date of Birth:
- (d) Service to which belongs:
- (d) Date of Joining Service
- (e) Present Post held
- (f) Present Pay in Pay Band and Grade Pay
- (g) Complete Office Address where presently working
- (h) Date of Superannuation
- (i) Since when the Gazetted Post is held
- (j) Tele No. (Office): Tele No.(Home): Mobile:

Signature of Gazetted Officer

Forwarding by the Office:

This is to certify that the above	information/particulars	furnished	by the
i/Smt./Kumari, presently working		as	
			in
the	(name	of	the
Office/Department/Ministry) is found to be of	correct as per office reco	ords.	

Signature of the forwarding officer alongwith Official Seal

Date: Place:

Page 12 of 12