

(FOR OFFICE USE ONLY)

Allotted Registration No.

MP- Date:

Receipt No..... Dt

Collection No.

RECIPROCAL REGISTRATION FORM

PROFORMA-7

MADHYA PRADESH MEDICAL COUNCIL: BHOPAL

APPLICATION FORM OF PERMANENT REGISTRATION U/S 11(5) OF THE M.P. AYURVIGYAN PARISHAD ADHINIYAM. 1987

(Before filling this Application Form Please read the important instructions)

Box "A"

Passport Size
(3½ x4 cm) Colour
Photograph
Attested by Registered
Medical Practitioner
who is registered with
MP Medical Council,
Bhopal

To,
The Registrar
Madhya Pradesh Medical council
F- 7, Sanchi Complex, Opp. Board Office
BHOPAL (M.P.) 462016
PH: 07552767786, 2551568

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Signature of the Applicant

I request you to register my name and the particulars of my medical qualification as given below under the provisions of Madhya Pradesh Ayurvigyan Parishad Adhiniyam, 1987 and to give me a certificate of Registration:-

(THE APPLICATION FORM MUST BE FILLED IN BLOCK LETTERS ONLY)

1. **NAME: (Surname First)** _____ **(MR. /MISS/MRS)** _____2. **FATHER'S NAME:** _____3. **DATE OF BIRTH:** _____ **NATIONALITY:** _____4. **PERMANENT ADDRESS:** _____**Distt.** _____ **State** _____ **Pin** _____5. **QUALIFICATION:** _____ **Month & Year Of Exam** _____6. **UNIVERSITY:** _____7. **COLLEGE:** _____8. **DATE OF COMPLETION OF INTERNSHIP:** _____9. **I am already registered PERMANENTLY vide Regn No.** _____ **Dated** _____
with the _____10. **A Bank Draft No.** _____ **Dated** _____ **of Rs.** _____**Name of Bank** _____**is being enclosed here with towards my Registration Fees.**

11. I hereby solemnly declare that the above particulars furnished me in this application form are true to the best of my knowledge and belief. That I have read carefully the DECLARATION and the duties of a Registered Medical Practitioner and further agree to abide by the same.

12. **MY PRESENT POSTAL ADDRESS:** _____**Distt.** _____ **State** _____ **Pin** _____**Mob.** _____ **E-mail** _____

(CHECKER)

Sign. of the Applicant

NAME OF THE APPLICANT _____ RECEIPT NO. _____

13. A Bank Draft No. _____ Dated _____ of Rs. _____
Name of Bank _____
is being enclosed here with towards fee of NOC.

Sign. of the Applicant

(FOR OFFICE USE ONLY)

1. Received all the original documents from the office of the Registrar M. P. Medical Council, Bhopal.

Dated: _____.

(Signature and Name of the Depositor)

2. The application form has been checked and found correct along with the requisite documents.

Dated: _____.

(CHECKER)

3. Registration Fee of Rs. _____ has been received vide Money Receipt No _____

Dated: _____.

(ACCOUNTANT)

4. N.O.C. Received on _____ from the concerned State Medical Council and found eligible for issuing RECIPROCAL Registration Certificate.

Dated: _____.

(IN-CHARGE REGISTRATION SECTION)

5. Registered Reciprocally at Registration No. MP- _____ Dated _____ and Certificate of Registration signed.

(WRITER)

(REGISTRAR)

6. Reciprocal Registration Certificate despatched on _____ vide despatch No _____ through Regd AD. / Personally / Authorised person

(DESPATCH CLERK)

RECEIPT No. MPMC/ _____

(BOX 'B')

Applicant latest One
Extra same Passport
size (3 ½ x4 cm) Colour
Photograph pasted here.

No Seal & Attestation is
required

(BOX 'B')

Applicant latest One
Extra same Passport
size (3 ½ x4 cm) Colour
Photograph pasted here.

No Seal & Attestation is
required

(Extra Signature of the Applicant)

(Extra Signature of the Applicant)

MADHYA PRADESH MEDICAL COUNCIL BHOPAL
PH: (0755) 2767786 Website: www.mpmedicalcouncil.net
RECIPROCAL REGISTRATION FORM DEPOSIT RECEIPT

RECEIPT No. MPMC/ _____

Received application form of Dr. _____
along-with the requisite documents and (i) Bank Draft for Registration fee of Rs. _____,
(ii) Bank Draft for NOC fee of Rs. _____ for **Reciprocal Registration**.

Bhopal, Dated

(Signature of Receipt clerk)

(AUTHORITY LETTER)

I, _____ hereby
authorize Mr. / Miss./Mrs. _____ (Whose usual signature is being
attested by me here as under) to receive my **Reciprocal Registration Certificate** and the other originals (if any) from
office of the Registrar, Madhya Pradesh Medical Council, Bhopal.

Dated: _____.

(Sign. of the Authorised Person)

(Sign. of the Applicant)

(IMPORTANT INSTRUCTIONS FOR THE APPLICANT)

1. The application form must be filled in BLOCK LETTERS only by the applicant in his/her own hand-writing. The Application Form with any Overwriting, Cutting, Xerox Copy and with any missing of the required information will not be accepted for Registration.
2. Printed copy of the Application form will be accepted only.
3. The applicant should remember that his / her name entered in the Application Form must exactly correspond with the name mentioned in his/her Degree/Diploma/certificate/Mark sheets of the Examination of the concerned University/Institution as the case may be.
4. POLAROID Photograph are not accepted.
5. Issuance of the Registration certificate takes two months time in the normal cases.
6. All the Original Mark sheets/Certificates will be returned to the applicant after doing the needful by Registered Post or in person as the case may be except provisional registration certificate.
7. The Additional Registration Certificate can also be received in person by the applicant after the due-period from the office of the Registrar, M.P. Medical Council, Bhopal on any working day **between 3.00 pm to 5.00 pm on submission of the Form Deposit Receipt** of this Medical Council and in case of any REPRESENTATIVE of the applicant an AUTHORITY LETTER will also be required in the prescribed pro-forma as given in this application form.
8. The Medical graduates who have passed MD (Physician) from out of India and want to apply for their Reciprocal registration with this State Medical Council are required to contact first with Madhya Pradesh Medical Council, Bhopal.
9. **Application Form is accepted in the office between 11:00 am to 3:00 pm on working days.**
10. **The applicant is required to submit / enclose the following documents in ORIGINAL with its photocopies.**
 - (i) **Permanent Registration Certificate** of the parent State Medical Council. **(Two Photocopy)**
 - (ii) **Mark Sheet of High School OR Higher Secondary School Certificate** (for verification of date of birth and name)
 - (iii) **Mark sheets of the Final M.B.B.S. Examination** of both the parts,
 - (iv) **Internship Completion Certificate** from the concerned Dean/Principal of the Medical College.
 - (v) **MBBS DEGREE** from the concerned University.
 - (vi) **The Prescribed fee of Rs. 2200.00** for Reciprocal Registration will be accepted only through a Crossed Bank Draft of NATIONALISED BANK in favour of the **“REGISTRAR, MADHYA PRADESH MEDICAL COUNCIL, BHOPAL” payable at BHOPAL.**
 - (vii) **One recent Pass port size colour Photograph** (3½×4 cm size) affix in Box “A” of the application Form and it should be duly attested by Registered Medical Practitioner (registered with M. P, Medical Council) with his signature, seal, name, Registration No. & date of attestation.
 - (viii) **Two unattested same Photograph** should be affix to this application form in box ‘B’
 - (ix) The Registered Medical Practitioner of Maharashtra Medical Council is required to attach a letter of N.O.C. and continuance of his/ her Registration with the Council till the date of issue of letter.
 - (x) The amount of fee for obtaining any N.O.C. / Confirmation as fixed by the concerned State Medical Council, shall be payable by the applicant separately.

DUTIES AND PRIVILEGES OF REGISTERED MEDICAL PRACTITIONERS UNDER THE PROVISIONS OF M. P. AYURVIGYAN PARISHAD ADHINIYAM, 1987

1. Every Medical practitioner should be careful to send the Registrar immediate notice of any change in his Address and also to answer all the inquires that may be sent to him/ her by the Registrar M.P. Medical Council Bhopal in regard thereto, in order that his correct address may be duly inserted in the State Medical Register .
2. Every registered practitioner, who after the entry of his name in the State Medical Register, obtains any title, degree or diploma, which is a recognized medical qualification, shall be bound to get the same entered in the State Medical Register in accordance with the provisions of this Act.
3. No registered practitioner who has obtained any additional qualification shall be entitled to use such qualification for the purpose of practice or any other purpose whatsoever or derive any advantage there from during the course of practice or for the purpose of employment unless he/ she gets that qualification registered in the State Medical Register in accordance with the provision of this section.
4. No certificate required by or under any law to be given by a Medical practitioner shall be valid unless it is signed by a registered practitioner and bears the seal of his name and registration number.
5. Every prescription issued by a registered practitioner shall have seal of the name and registration number of such registered practitioner.
6. No person other than a registered practitioner shall be eligible to hold any appointment as physician, surgeon or medical officer in any hospital, asylum, infirmary, dispensary or any other medical institution or medical officer of health in any other allied branch of medicine.
7. Subject to the conditions and restrictions laid down in this Act or the Indian Medical Council Act 1956 (No. 102 of 1956), regarding medical practice by persons possessing certain recognized medical qualification every person whose name is for the time being borne on the State Medical Register shall be entitled, according to his qualifications to practice as medical practitioner within the State and to recover in respect of such practice any expenses, charges in respect of medicaments or other appliances or any fees to which he may be entitled.

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:

- a. I solemnly pledge myself to consecrate my life to service of humanity.
- b. Even under threat, I will not use my medical knowledge contrary to the laws of Humanity.
- c. I will maintain the utmost respect for human life from the time of conception.
- d. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
- e. I will practice my profession with conscience and dignity.
- f. The health of my patient will be my first consideration.
- g. I will respect the secrets which are confined in me.
- h. I will give to my teachers the respect and gratitude which is their due.
- i. I will maintain by all means in my power, the honour and noble traditions of medical profession.
- j. I will treat my colleagues with all respect and dignity.
- k. 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.

Place

Signature

Date

Name