

PUNJAB MEDICAL COUNCIL
REGISTRATION TRANSFER APPLICATION FORM

Name : _____

Father's Name : _____

Working Places : _____

Permanent Address : _____

Mobile No. : _____

Email: _____

ATTESTED
PHOTO
PASTE HERE
Photo attested by
the Principal
Medical College/
Magistrate

To

The Registrar, Punjab Medical Council,
S.C.O. No. 25, Phase-I, Mohali.

Sir,

- 1. I have to request that my name be registered under the Punjab Medical Registration Act II, of 1916 and that I may be furnished with a certificate of registration.
- 2. The information necessary for registration is specified on the reverse.
- 3. Photostat attested copies **alongwith original** certificates of the following are enclosed herewith:-
The original certificate may please be returned when no longer required.

- | | |
|---|--------------------------|
| 1. Attested copy Proof of date of birth –Matric Certificate/
Municipal Committee Birth Certificate/ Pan Card, etc. | <input type="checkbox"/> |
| 2. Photostat attested copy of degree..... | <input type="checkbox"/> |
| 3. Photostat attested Detailed marks sheet (Foreign Graduates) | <input type="checkbox"/> |
| 4. Photostat attested copy of internship completion... | <input type="checkbox"/> |
| 5. Two non-attested coloured photograph..... | <input type="checkbox"/> |
| 6. Photostat attested copy of Permanent registration certificate | <input type="checkbox"/> |
| 7. Photostat attested copy of Residence proof | <input type="checkbox"/> |
| 8. Screening Test Certificate if graduate out of India | <input type="checkbox"/> |
| 9. NOC in Original from State Medical Council..... | <input type="checkbox"/> |
| 10. One file cover..... | <input type="checkbox"/> |
| 11. Bank Draft No. Dated | <input type="checkbox"/> |

*** Personal appearance must.**

Dated _____

Signature of Applicant

FOR OFFICE USE ONLY

Registration No. _____

Dated _____20

B.D. Receipt No. _____

Dated _____20

Despatch No. _____

Dated _____20

PARTICULARS

1. Applicant's name in full	<div></div>
2. Father's Name	<div></div>
3. Date of Birth	<div></div>
4. Name of the Medical College in which undergone training.	<div></div> <div></div>
5. Medical Qualification of which Registration is required	<div></div> <div></div>
6. University or other institution from which obtained.	<div></div> <div></div>
7. Year of degree	<div></div>
8. Permanent Registration No.	<div></div>
9. Screening test Roll No. & Date of Passing	<div></div>
10. Purpose of Registration	<div></div> <div></div>
11. Any remarks	<div></div>

Any matter or incident reflecting adversely upon the applicant's previous character and conduct.

Date_____

Signature of Applicant

**FORM OF DECLARATION/ UNDERTAKING AS
TERMS & CONDITIONS**

(To be signed by the applicant at the time of applying for registration/ Renewal/ Specialty registration etc.)

- 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 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 & 2004.
- 12. I shall inform the Council in writing through Registered Post in care of change of my Address, Mobile Number & E-mail Id..
- 13. I will not accept or give commissions or cuts for promoting my practice in any way.
- 14. I will advertise in any way except as permitted under Medical Ethics regulation 2002 & 2004.
- 15. I also understand that in violation of ethics as well as all other condition provisions under the act. My registration can be suspended/ cancelled by council.
- 16. I am aware that I have to have Fifty Credit hours by way of CME/as per guidelines every five years for renewal of my registration.

Self attested Verification :

I agree to all the terms of Punjab Medical Council for the registration and agree to abide by that unconditionally.

Signature.....

(Self attested)

Name.....
Registration No. (PMC).....
Place.....
Address.....
Mobile No.....
E Mail Id.....
Date.....

DOCUMENT REQUIRED FOR REGISTRATION TRANSFER

PHOTOSTAT ATTESTED COPY OF FOLLOWING DOCUMENTS :

1. Proof of Date of Birth:- Matric Certificate/ Municipal Committee Birth Certificate/ PAN Card etc.
2. Photostat attested copy of degree.
3. Internship Completion Certificate
4. Photostat attested Detailed marks sheet (Foreign Graduates)
5. One Passport size photograph attested by the Principal Medical College or Ist Class Magistrate.
6. Two same print Coloured Non-attested Photograph
7. One same print Coloured Non Attested Stamp Size Photograph
8. Photostat attested copy of Permanent Registration Certificate.
9. Screening test pass certificate in graduate out of India.
10. Application form duly filled by the candidate
11. One file cover
12. Residence Proof.
13. NOC if registered in other State Medical Council.
14. **Personal Appearance must**