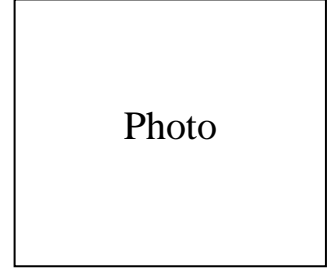


HARYANA MEDICAL COUNCIL
Form of provisional/permanent registration

To

The Registrar,
Haryana Medical Council,
Room No 46, Civil Hospital
Opp. Swasthya Bhawan,
Sector 6, Panchkula



Sir,

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.

The Information necessary for registration is specified on the reverse.

The Registration Fee of Rs. 250/- for provisional registration/Rs. 500/- for permanent registration is sent by Bank Draft payable at Chandigarh.

Yours faithfully,

Dated _____

Name _____

Professional Address _____

Required Documents:-

- 1) Photostat attested copies of first, second and final year detailed marks certificates of passing of MBBS examination.
- 2) Photostat attested copy of matriculation certificate.
- 3) Photostat attested copy of internship completion certificate.
- 4) Original copy of provisional registration certificate issued by Haryana Medical Council or other State Medical Council.
- 5) Original as well as two Photostat attested copies of registration certificate issued by previous Council, if already registered with other State Medical Council.
- 6) Candidates seeking registration from other States should produce an affidavit on stamp paper of Rs. 3/- duly attested by the First Class magistrate to the effect that he/she not been already registered with any other Medical Council in India.

Note

- 1.) The registration fee is not refundable whether the registration form is accepted or rejected.
- 2.) The provisional certificate is valid only for completion of internship for one year from the date of passing of MBBS examination and it will not be used for any other purpose.

1) Applicant's full Name _____

(In Block Letters)

2) Father's Name _____

3) Date of Birth(With Proof) _____

4) Nationality _____

5) Postal Address of Permanent residence:- _____

6) Correspondence Address:- _____

7) Medical Qualification of which registration is required.(All Medical Qualification should be entered in this column)

8) University or Institution where obtained:-

9) Year of passing of Degree or Diploma:-

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

Date _____

Signature of Applicant
(Mobile)

HARYANA MEDICAL COUNCIL
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 any medical knowledge contrary to the laws of Humanity.
- 3.) I will maintain the utmost respect for human life from the time 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 honor and noble traditions of medical profession.
- 10.) I will treat my colleagues with all respect and dignity.
- 11.) I have read and 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:- _____