



MEDICAL COUNCIL OF INDIA

Pocket - 14, Sector - 8, Phase-I, Dwarka, New Delhi - 110 077
Phone : 011-25367033, 25367035, 25367036,
Email : mci@bol.net.in, Website : <http://www.mciindia.org>

APPLICATION FORM FOR GRANT OF TEMPORARY PERMISSION U/S 14(1) TO FOREIGN NATIONAL HOLDING NON-SCHEDULE MEDICAL QUALIFICATION FOR TEACHING, RESEARCH OR CHARITABLE WORK AND TEMPORARY REGISTRATION FOR POSTGRADUATE TRAINING (TRAINING PROGRAMS, STUDY PROGRAMS, MODULES AND SHORT TERM COURSE)

(Please read the instructions carefully given in Appendix-I before filling the form.)

Application for Temporary Permission/ Registration:

Training

Teaching/ Research or Charitable work

1. NAME OF THE APPLICANT
(IN BLOCK LETTERS)
2. FATHER'S NAME
(IN BLOCK LETTERS)
3. A) DATE AND PLACE OF BIRTH
B) NATIONALITY
4. NAME OF THE MEDICAL DEGREE/DIPLOMA
OBTAINED AND UNIVERSITY/LICENSING
BODY WITH THE MONTH AND YEAR OF
PASSING THE QUALIFICATION.
5. WHETHER PREVIOUSLY VISITED IN INDIA IF SO
DATE, PERIOD AND PLACE OF PREVIOUS VISIT.
6. REGISTRATION PARTICULARS:
(a) ARE YOU REGISTERED IN ANY FOREIGN
COUNTRY? IF SO, GIVE NAME OF THE
BODY WITH WHICH REGISTERED AND
THE NUMER AND DATE OF REGISTRATION.

(b) ARE YOU REGISTERED AS A PRACTITIONER
IN YOUR OWN COUNTRY? IF SO GIVE THE NAME
OF THE BODY WITH WHICH REGISTERED AND
THE NUMBER AND DATE OF REGISTRATION.

(c) WHETHER THE REGISTRATION IS RENEWABLE OR PERMANENT.

(d) ARE YOU HAVING CURRENT REGISTRATION IN YOUR OWN COUNTRY, IF SO, STATE THE NO. & DATE OF REGISTRATION WITH THE NAME OF OF THE STATE MEDICAL COUNCIL.

7. NAME OF THE MEDICAL COLLEGE /INSTITUTION WHERE THE CANDIDATE IS ALLOWED FOR ADMISSION TO POSTGRADUATE TRAINING/STUDIES. DATE AND FACULTY

8. NAME OF THE SPONSORING AUTHORITIES WITH COMPLETE ADDRESS (AUTHORISATION DOCUMENT TO BE ENCLOSED)

9. NATURE OF EMPLOYMENT IN MEDICAL COLLEGE/ HOSPITAL OR MEDICAL INSTITUTION IN INDIA GIVING DATES OR ANY SPECIFIC PURPOSE APPROVED BY GOVERNMENT OF INDIA.

10. IS THE EMPLOYMENT TEMPORARY OR PERMANENT OR FOR A NUMBER OF YEARS

11. PRESENT ADDRESS (BLOCK CAPITAL LETTERS).

12. DETAILS OF PAYMENT OF FEES:

(a) PAID BY CASH/DEMAND DRAFT :

(b) AMOUNT RUPEES :

13. DETAILS OF DEMAND DRAFT:-

(a) NAME & ADDRESS OF ISSUING BANK

(b) DEMAND DRAFT NO. _____ DATED _____

(c) IF AMOUNT IS PAID BY CASH THEN CASH RECEIPT NO. AND DATE AS ISSUED BY THE ACCOUNT SECTION OF MCI

DATE: _____

PLACE: _____

SIGNATURE OF THE APPLICANT

APPENDIX-I
INSTRUCTIONS

1. THE APPLICATION FORM SHOULD BE PROPERLY AND NEATLY FILLED IN AND SHOULD BE SUBMITTED ALONG WITH THE FOLLOWING DOCUMENTS: -
 - a) PROVISIONAL DEGREE OR DIPLOMA OR CERTIFICATE OF HAVING PASSED THE MEDICAL EXAMINATION ISSUED BY THE DEAN OF THE COLLEGE /UNIVERSITY
 - b) IF THE DIPLOMA OR CERTIFICATES ARE IN ANY OTHER REGIONAL LANGUAGES A TRUE COPY OF THE SAME AS WELL AS AUTHENTIC ENGLISH TRANSLATION.
 - c) FIVE SETS OF :-
 - (I) COPY OF CERTIFICATE OF CURRENT REGISTRATION IN YOUR OWN COUNTRY DULY ATTESTED.
 - (II) CERTIFICATE FROM THE HEAD OF THE INSTITUTION UNDER WHICH THE CANDIDATE IS EMPLOYED / TO BE EMPLOYED TO THE EFFECT THAT SERVICES RENDERED BY THE FOREIGNER ARE FOR THE PURPOSE OF TEACHING, RESEARCH OR CHARITABLE WORK AND NOT FOR PERSONAL GAIN.
 - d) NON REFUNDABLE APPLICATION FEE OF RS. 5000/- (RUPEES FIVE THOUSAND ONLY) BY A BANK DRAFT IN FAVOUR OF "THE SECRETARY, MEDICAL COUNCIL OF INDIA", PAYABLE AT NEW DELHI. ON REVERSE OF THE DRAFT, FOLLOWING DETAILS TO BE FILLED BY THE APPLICANT AND DULY SIGNED: -
 - (i) Name
 - (ii) Father's Name
 - (iii) Purpose for which the draft submitted
 - (iv) Telephone No with Code/Mobile No.
 - e) IN CASE OF PAYMENT IS MADE IN CASH, IT WILL BE MADE ONLY TO AUTHORIZED OFFICER IN ACCOUNT SECTION OF MCI AND RECEIPT OBTAINED IN DUPLICATE. ORIGINAL COPY OF RECEIPT WILL BE ATTACHED WITH THE APPLICATION AND DETAILS OF SUCH PAYMENT FILLED BY THE APPLICANT IN THE FORM. DUPLICATE COPY OF RECEIPT WILL BE RETAINED BY THE APPLICANT. NO PAYMENT WILL BE MADE IN CASH TO ANY PERSON OF MCI AT THE COUNTER OR ANY WHERE ELSE EXCEPT IN ACCOUNT SECTION.
2. APPLICANT IS ADVISED TO RETAIN COPY OF HIS APPLICATION AND DRAFT FOR FUTURE REFERENCE
3. PLEASE NOTE THAT THE APPLICATION MUST RECEIVE BY THE COUNCIL **AT LEAST TWO MONTHS** BEFORE THE SCHEDULE DATE OF PRACTISING MEDICINE IN INDIA.


CHECK LIST for submission of documents

THE CANDIDATES ARE REQUESTED TO ENSURE THAT THE DOCUMENTS BE ENCLOSED AS PER THE ORDER IN THE CHECKLIST. ALL PAPERS/DOCUMENTS SHOULD BE NUMBERED ACCORDING TO THE CHECKLIST. PLEASE ARRANGE THE APPLICATION IN THE FOLLOWING ORDER & TICK MARK THE RELEVANT BOXES:

1.	Bank Draft:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Application form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Provisional degree or diploma or certificate:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Certificate of Registration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Certificate from the sponsoring authority:.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Admission letter from the college / hospital where the training Is to be scheduled.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature _____

Dated _____

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ACKNOWLEDGEMENT

(to be filled by the candidate)

Received Application from Ms/ Mr.....
D/o / S/o Sh..... alongwith Bank Draft/DD
No..... dated..... for Rs.....
Drawn on Bank.....
for issuance of Temporary Registration/Permission.



Signature of Receiving Official
with date