

KARNATAKA MEDICAL COUNCIL

(Statutory Body established under Karnataka Act No. 34 of 1961)

FORM OF APPLICATION FOR PERMANENT REGISTRATION

To :

The Registrar,
Karnataka Medical Council,
70, 2nd Floor, "VAIDY AKEEYA BHAVANA"
K. R. Road, (Near Basavanagudi Post Office) Basavanagudi
Bangalore - 560 004. Tele : 080-2662 0292 Fax : 080-2662 1445
E-mail : kar.medi_council@yahoo.co.in Website : www.karnatakamedicalcouncil.com

Sri,

I request that my name may kindly be registered under Section 13 (1) of the Karnataka Medical Registration Act of 1961 and Rules 1963 and that I may be furnished with a Certificate of Registration.

1. Name in BLOCK LETTERS :
2. Father's Name :
3. Sex: 4. Date of Birth.....5. Religion :.....6. Caste :
7. SC / ST / OBC / OTHER CASTES (Please tick which ever applicable)

8. Qualifications	University	Name of College studied and place
(A).....
(B).....
(C).....
(D).....

9. Address in BLOCK LETTERS :

PIN.....Telephone :.....Mobile :

10. (a) Provisional Registration Certificate

Book No. KMC..... Serial Number.....Date.....

(b) In case of Doctors Registered in other State Medical Council (S) kindly produce the original registration

certificate along with a copy of the - Registration certificate Number..... Dated.....

Name of the Medical Council

11. Employment Status :

1. P.G. Student 2. Employment in Government 3. Unemployed

4. Self employed 4. Private Employer

12. Engaged in :

(a) Medical Service (b) F.W. Service (c) Research

(d) Health Administration (e) Teaching (f) Others : Specify

13. Professional address stating the area : Rural / Urban :

14. Accounts payee Demand Draft

D.D. Nos.Dated.....Amount.....

Name of the Bank (Issuing Bank)

Name of the Bank (where payable)

Name of Purchaser

15. I have enclosed the following documents :

1. Degree / P.G. Diploma/Degree Certificate(s) original / Provisional Pass Certificate (Issued by the College/ University)
2. Xerox copy (s) of the above.
3. Internship completion certificate - original obtained in the College duly signed by the Principal.
4. Xerox copy of the above.
5. Final year MBBS Marks Card(s) Original(s) Part I and Part II.
6. Xerox copy of the above.
7. Provisional Registration Certificate issued by the Council - Original (PRC).
8. Passport size Photographs - Three Numbers.
9. Date of Birth : A copy of the SSLC Marks Card / Birth Certificate / a Certificate issued from the College / Passport / Driving Licence.
10. Provisional Degree Certificate from the university
11. Attempt Certificate.

I here by declare that a copy of the Degree Certificate will be sent soon after it is received from the University after Convocation is held. If I fail to send it, my registration may be treated as cancelled.

Bangalore

Yours faithfully

Date :

Signature of the Applicant

INSTRUCTIONS

1. Application for issue Permanent Registration is received from 11 a.m. to 1 p.m. On all working days.
2. Provisional Registration Certificate - ORIGINAL - issued by the Council should be produced. A true copy will be issued when it is really lost on production of an acknowledgment obtained from the Police, to whom a written complaint is lodged. A requisition to be made to the Registrar along with the Police acknowledgment and A/cs Payee D.D. For Rs. 500 only in his favour payable in Bangalore.
3. Internship Training Certificate original along with a xerox copy to be furnished duly signed by the Principal. in case of private Medical College, the Certificate has to be endorsed by the Superintendent / district Surgeon of the teaching Hospital.

FOR OFFICE USE ONLY

Leger No.	D.D. No.	Amount : Rs.
Receipt No.	Date	Bank
Challan no.	Purchaser	
Date remitted		

Verified by

Scrutinised by

REGISTRAR