

# NAGALAND MEDICAL COUNCIL

Form - 16

## APPLICATION FOR TEMPORARY REGISTRATION

Receipt No.....

Date..... (For Office use)

To,

The Registrar,  
Nagaland Medical Council  
Nagaland: Kohima.

Affix Passport  
size photograph  
attested

Sub: **Temporary Registration.**

Sir,

I hereby request that my name and other particulars mentioned below may be entered in the State Temporary Register of Nagaland Medical Council as required under the Nagaland Medical Council Act 2014.

1. Name of the applicant (block letters) :
2. Father's/ husband's Name :
3. Date of Birth (date, month, year) :
4. Nationality :
5. Address :

6. Telephone No./Mobile No./Fax No./Email ID :

7. Aadhaar No. :

**8. Details of Qualification (s) :**

Sl. No.	Description of Qualification (s)	Name of the medical College/Institution	Name of the University Licensing Authority	Year of Passing	Registration No. MCI/State

9. Name of the Institution/Hospital where applicant has selected for providing health care service.....

I hereby submit Cash/Bank Draft No..... Dated .....  
obtained from (Bank).....for Rs.2000 (Rupees Two  
Thousand Only) as non refundable fee in favour of Nagaland Medical Council.

### DECLARATION

I solemnly affirm and declare that the particulars furnished above by me are true to the best of my knowledge and belief and I undertake to abide by the code of conduct & ethics of Nagaland Medical Council and Indian Medical Council and by the rules of Nagaland Medical Council.

Date:

Signature of the applicant

#### Note:

1. 3(three) recent passport size photographs with name and signature on the back.
2. HSLC Admit Card/ Birth Certificate (for age proof).
3. Qualification(s) Certificate.
4. State Council Registration of the Applicant.
5. Cash/Bank draft of Rs.2000/-(Two Thousand Only) in favour of Nagaland Medical Council.

**APPENDIX – I**  
**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 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 traditional 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.
- l. I make these promises solemnly, freely and upon my honour.

Signature.....

Name.....

Place.....

Address.....

.....

.....

Date.....