NAGALAND MEDICAL COUNCIL

FORM - 15

APPLICATION FORM FOR RENEWAL OF REGISTRATION

To
The Registrar,
Nagaland Medical Council
Kohima: Nagaland

Affix passport size photograph attested

Sub: **Renewal of Registration.**

Sir,
I request that my name be renewed in the State Register maintained by Nagaland Medical Council.

1. Name of the Applicant (block letters) :
2. Registration No. & Date :
3. Present Address :
4. Mobile No. & Email ID :
5. Aadhaar No. :
6. PAN No. :
7. Details of qualifications :

Sl No.	Description of the qualification	Name of the Medical College	Name of the Board/University	Year of passing
1.	M.B.B.S			
2.				
3.				

I hereby submit Cash/Demand Draft of 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**

“IT IS MANDATORY TO ACHIEVE 30 CREDIT POINTS FOR RENEWAL OF REGISTRATION AS PER MEDICAL COUNCIL OF INDIA CODE OF ETHICS.”

Undertaking

I, Dr. .... Registration No. ....

give the undertaking that I will acquire the deficit CME Credit Hours required for renewal of

Registration within the next two years w.e.f. the date of renewal.

Date: .... **Signature: ....**

National Medical Commission Data for Registered Practitioners.

Sl. No	Information to be collected	Comments
1.	Name (As given in MBBS degree)	
2.	Recent Photo	
3.	Fathers Name	
4.	Present Address/ Correspondence	
5.	Permanent Address	
6.	Aadhar Number	
7.	Phone Number. (Alternate mobile numbers if available may be given)	
8.	E-Mail ID – (Alternate E-Mail ID if available may be given)	
9.	Date of Birth	
10.	Nationality	
11.	**UG Degree** I. Name of the degree: II. Name of Medical College/University: III. Month & Year of passing: IV. Registration number: V. Date of registration: VI. Name(s) of the Register (National/State): VII. Whether the registration is renewable or permanent:	
12.	**(a) PG (Speciality Degree – MD/MS)** I. Name of the Degree: II. Name of the Subject:	

III. Name of Medical College/ University:

IV. Month & Year of Passing:

V. Registration Number:

VI. Date of Registration:

VII. Name(s) of the Register (National/State):

VIII. Whether the registration is renewable or permanent:

(b) PG (DNB from NBE)

I. Name of the Degree:

II. Name of the Subject:

III. Name of Medical College/ University:

IV. Month & Year of Passing:

V. Registration Number:

VI. Date of Registration:

VII. Name(s) of the Register (National/State):

VIII. Whether the registration is renewable or permanent:

(c) PG (Medical Diploma)

I. Name of the Degree:

II. Name of the Subject:

III. Name of Medical College/ University:

IV. Month & Year of Passing:

V. Registration Number:

VI. Date of Registration:

VII. Name(s) of the Register (National/State):

VIII. Whether the registration is renewable or permanent:

(d) Super Speciality (SS Degree) DM/MCH

I. Name of the Degree:

II. Name of the Subject:

III. Name of Medical College/ University:

IV. Month & Year of Passing:

V. Registration Number:

VI. Date of Registration:

VII. Name(s) of the Register (National/State):

VIII. Whether the registration is renewable or permanent:

	(e) Super Speciality DNB I. Name of the Degree: II. Name of the Subject: III. Name of Medical College/ University: IV. Month & Year of Passing: V. Registration Number: VI. Date of Registration: VII. Name(s) of the Register (National/State): VIII. Whether the registration is renewable or permanent:	
13.	**Name of the Institute/Hospital/Clinic where engaged in teaching/research/practice of medicine.**	I. Government/Private/Own/Other. II. Teaching/Non-teaching III. Research/Non-Research
14.	Complete Address/ Contact details of the **Institute/Hospital/Clinic** mentioned in item No. 13 above.	
15.	Name of person in Hospital/Institute mentioned in item No.13 above who is responsible for legal issues regarding patient care provided by the doctor.	
16.	Registered Medical Practitioner (RMP) no. Of the person mentioned in item no. 15 above.	