

NAGALAND MEDICAL COUNCIL

Form – 1 APPLICATION FORM FOR DIRECT REGISTRATION

Receipt No.....

Date..... (For

Office use)

To,

The Registrar,
Nagaland Medical Council
Kohima: Nagaland

Affix passport
Size photograph
attested

Sir,

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

1. Name of the Applicant (block letters) :
2. Father's/Husband's Name :
3. Mother's Name :
4. Gender :
5. Nationality :
6. Date of Birth (date, month, year) :
7. Address :
 - a). Residential Address :
 - b). Permanent Address :
 - c). Professional Address :
8. Telephone No./Mobile No./Fax No./Email ID :
9. Category (General/ST) :
10. Qualifications :
11. Aadhaar No. :

a). General Degree:

Sl. No.	Description of Qualification	Name of the School/College	Name of the Board/University	Year of Qualification
1.	Class – X			
2..	Class – X11			

b). Medical degree:

Sl. No.	Description of Qualification	Name of the School/College/Institution	Name of the Board/University	Year of Qualification/ (Completion of Internship)
1.	M.B.B.S.			
2.	(Additional Qualification)			

12. Details of Internship (include separate sheet, if required) :
13. MCI Registration No. & Date (if any) :
14. (a). Registration No. & Date, If any in other State :
- (b) Authority under who registered :
15. (a) Bank Draft No. & Date :
16. (b) Draft Prepared from (Bank) :

I submit herewith original certificate for verification and submit attested copies of the same certificates if registered elsewhere (MCI and other State)

- (i) Birth Certificate/Matriculate Certificate/SSC Exam Certificate with date of birth.
- (ii) MBBS Degree/Post Graduate degree/Diploma/Post Doctoral degree/any other.
- (iii) State Medical Council/ Medical Council of India Registration Certificate with MBBS Qualification.
- (iv) Internship Completion Certificate.
- (v) Other evidence in support of my having obtained the qualification which I possess.
- (vi) No Objection Certificate from State Medical Council where earlier registered.
- (vii) Three recent passport size photographs with name and signature at the backside.
- (viii) Cash/Bank Draft Rs. 4000/- (Rupees Four Thousand only) in favour of Nagaland Medical Council.
 - (a) In case of fresh registration.
 - (i) Birth Certificate/Matriculate Certificate/SSC Exam Certificate with date of birth.
 - (ii) MBBS Degree/Post Degree/Diploma/Post Doctoral Degree.
 - (iii) Original Internship Completion Certificate.
 - (iv) Other evidence in support of my having obtained the qualification which I possess.
 - (v) Three recent passport size photographs with name and signature at the backside.
 - (vi) Cash/Bank Draft Rs. 4000/- (Rupees Four Thousand only) in favour of 'Nagaland Medical Council'.
 - (vii) Residential proof certificate.
- (ix) Residential proof certificates.
- (x) Aadhar card and PAN card.

DECLARATAION

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

(For office use)

Received the above documents in original

Signature of registered person.....

Name.....

Date

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.....

Undertaking

This is to certify that I, Dr. Have not applied my permanent Registration in any other State Medical Council.

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.	<p>UG Degree</p> <p>I. Name of the degree:</p> <p>II. Name of Medical College/University:</p> <p>III. Month & Year of passing:</p> <p>IV. Registration number:</p> <p>V. Date of registration:</p> <p>VI. Name(s) of the Register (National/State):</p> <p>VII. Whether the registration is renewable or permanent:</p>	
12.	<p>(a) PG (Speciality Degree – MD/MS)</p> <p>I. Name of the Degree:</p> <p>II. Name of the Subject:</p> <p>III. Name of Medical College/ University:</p> <p>IV. Month & Year of Passing:</p> <p>V. Registration Number:</p> <p>VI. Date of Registration:</p> <p>VII. Name(s) of the Register (National/State):</p> <p>VIII. Whether the registration is renewable or permanent:</p> <p>(b) PG (DNB from NBE)</p> <p>I. Name of the Degree:</p> <p>II. Name of the Subject:</p> <p>III. Name of Medical College/ University:</p> <p>IV. Month & Year of Passing:</p> <p>V. Registration Number:</p> <p>VI. Date of Registration:</p> <p>VII. Name(s) of the Register (National/State):</p> <p>VIII. Whether the registration is renewable or permanent:</p> <p>(c) PG (Medical Diploma)</p> <p>I. Name of the Degree:</p> <p>II. Name of the Subject:</p>	

	<p>III. Name of Medical College/ University:</p> <p>IV. Month & Year of Passing:</p> <p>V. Registration Number:</p> <p>VI. Date of Registration:</p> <p>VII. Name(s) of the Register (National/State):</p> <p>VIII. Whether the registration is renewable or permanent:</p> <p>(d) Super Speciality (SS Degree) DM/MCH</p> <p>I. Name of the Degree:</p> <p>II. Name of the Subject:</p> <p>III. Name of Medical College/ University:</p> <p>IV. Month & Year of Passing:</p> <p>V. Registration Number:</p> <p>VI. Date of Registration:</p> <p>VII. Name(s) of the Register (National/State):</p> <p>VIII. Whether the registration is renewable or permanent:</p> <p>(e) Super Speciality DNB</p> <p>I. Name of the Degree:</p> <p>II. Name of the Subject:</p> <p>III. Name of Medical College/ University:</p> <p>IV. Month & Year of Passing:</p> <p>V. Registration Number:</p> <p>VI. Date of Registration:</p> <p>VII. Name(s) of the Register (National/State):</p> <p>VIII. Whether the registration is renewable or permanent:</p>	
13.	<p>Name of the Institute/Hospital/Clinic where engaged in teaching/research/practice of medicine.</p>	<p>I. Government/Private/Own/Other.</p> <p>II. Teaching/Non-teaching</p> <p>III. Research/Non-Research</p>

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.	

NAGALAND MEDICAL COUNCIL
APPLICATION FORM FOR ISSUE OF ID CARD

To

The Registrar,
Nagaland Medical Council
Kohima: Nagaland

Photo

Sub: **Issue of ID card.**

Sir,

I request for issue of ID card as Registered under the Nagaland Medical Council.

1. Name of the Applicant (block letters):
2. Registration No. & Date :
3. Present/Permanent Address :

4. Mobile No. & Email ID :
5. DOB :
6. Details of qualifications :

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

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