

HARYANA MEDICAL COUNCIL

Form of provisional /permanent registration

To

The Registrar,
Haryana Medical Council,
SCO-410, Near Allahabad Bank
Sector-20, Panchkula
Haryana-134116

Recent coloured
Passport Sized
photo with
Name and Date

Sir,

I have to request that my name be registered under the Punjab Medical Registration Act II of 1916 and that I may be furnished with a certificate of Registration. The Information necessary for registration is specified on the reverse.

The Registration Fee is sent by Bank Draft only (In favor of The Registrar, Haryana Medical Council, payable at Chandigarh)

Yours faithfully,

Dated _____

(Signature of Applicant)

Name _____

Professional Address _____

(Required Documents and fee details is enclosed)

Note

- 1.) The registration fee is not refundable whether the registration form is accepted or rejected.
- 2.) The provisional certificate is valid only for completion of internship for one year from the date of passing of MBBS examination and it will not be used for any other purpose.

- 1) Applicant's full Name _____
(In Block Letters)
- 2) Father's Name _____
- 3) Date of Birth(With Proof) _____
- 4) Nationality _____
- 5) Postal Address of Permanent residence:- _____

- 6) Correspondence Address:- _____

- 7) Mobile No. _____ Email id. _____
- 8) Medical Qualification of which registration is required.(All Medical Qualification should be entered in this column)
- 9) University or Institution where obtained :-
- 10) Year of passing of Degree or Diploma:-
- 11) Applied For _____.
- 12) _____ Any matter or incident reflecting adversely upon the applicant's previous character and conduct.

Date _____

(Signature of Applicant)

HARYANA MEDICAL COUNCIL
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:-

- 1.) I solemnly pledge myself to consecrate my life to service of humanity.
- 2.) Even under threat, I will not use any medical knowledge contrary to the laws of Humanity.
- 3.) I will maintain the utmost respect for human life from the time conception.
- 4.) I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
- 5.) I will practice my profession with conscience and dignity.
- 6.) The health of my patient will be my first consideration.
- 7.) I will respect the secrets which are confined in me.
- 8.) I will give to my teachers the respect and gratitude which is their due.
- 9.) I will maintain by all means in my power, the honor and noble traditions of medical profession.
- 10.) I will treat my colleagues with all respect and dignity.
- 11.) I have read and shall abide by the code of medical ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations 2002.

I make these promises solemnly, freely and upon my honor.

Signature:-_____

Name:-_____

Place:-_____

Address:- _____

Date:- _____

AFFIDAVIT

I _____ S/o _____ resident of
 _____, do

solemnly affirm and declare as under:-

1. That I have never been convicted by any court of law, neither any case/complaint is pending against me anywhere in India.
2. That previously I was registered with _____ Medical Council vide Registration No- _____ Dated _____.
3. That I have applied for 1st time registration in Haryana Medical Council.

Panchkula

Dated

Deponent

Verification

Verified that the contents above affidavit are true and correct and best of my knowledge and nothing has been concealed therein.

Panchkula

Dated:

Deponent

Check list for Provisional Registration Graduate from Haryana, Documents to be submitted in Haryana Medical Council Office

1. Self attested copy of 10TH & 12TH Certificate.
2. Self attested copy of M.B.B.S. 1st Prof Certificate
3. Self attested copy of M.B.B.S 2st Prof Certificate
4. Self attested copy of [M.B.B.S](#) Final Part - I
5. Self attested copy of [M.B.B.S](#) Final Part – II or Score Card/Result attested from respective university or college.
5. Self attested copy of Attempt Certificate
6. Self attested copy of Aadhar Card.
7. One latest passport size photograph and signature attested by Principal /Member Medical College/ 1st Class Magistrate/Tehsildar/civil surgeon, Member Haryana Medical Council and one non attested same photos.
8. Personal appearance required.

**Check list for Provisional Registration Graduate from out of Haryana,
Documents to be submitted in Haryana Medical Council Office**

1. Self attested copy of Metric Certificate as date of Birth Proof.
2. Self attested copy of 12th class.
3. Self attested copy of M.B.B.S. 1st Prof Certificate.
4. Self attested copy of M.B.B.S. 2nd Prof Certificate.
5. Self attested copy of M.B.B.S. 3rd Prof Part 1 certificate.
6. Self attested copy of M.B.B.S. 3rd Prof Part 2 certificate.
7. Self attested copy of Attempt Certificate.
8. Self attested copy of Aadhar Card.
9. One latest passport size photograph and signature attested by Principal /Member Medical College/ 1st Class Magistrate/Tehsildar/Civil Surgeon/ Member Haryana Medical Council and one non attested same photos
10. Self attested copy of State Registration Certificate.
11. NOC in Original of State Medical Council.
12. NOC from College/University.
13. NOC from Hospital for allowing internship.
14. Candidates should produce an affidavit on stamp paper of Rs. 10/- duly attested by Notary (Performa Attached on Page No-4).

Checklist for Permanent Registration (who have already Registered provisionally with Haryana Medical Council/document to be submitted in Haryana Medical Council office.

1. Self attested copy of Matric Certificate as date of Birth proof.
2. Self attested copy of M.B.B.S. 1st Prof certificate
3. Self attested copy of M.B.B.S. 2st Prof Certificate
4. Self attested copy of M.B.B.S. Final Part-1 certificate
5. Self attested copy of M.B.B.S. Final Part -2 certificate
6. Self attested copy of Attempt Certificate
7. Self attested copy of Internship Completion Certificate
8. Provisional Registration Certificate in original
9. One latest passport size photograph and signature attested by Principal Medical College/ 1st Class Magistrate/Tehsildar/civil surgeon/Member Haryana Medical Council and one non attested same photos
10. Self attested copy of Aadhar Card as residence proof.
11. Personal appearance required.
12. Candidates should produce an affidavit on stamp paper of Rs. 10/- duly attested by Notary (Performa Attached on Page No-4).

Check list for Registration (who have already registered Permanently with other State Medical Council)/document to be Submitted in Haryana Medical Council office.

1. NOC in original of State Medical Council.
2. Self attested copy of 10th & 12th Certificate.
3. Self attested copy of M.B.B.S. Degree
4. Self attested copy of Internship Completion Certificate
5. Self attested copy of Permanent Registration Certificate
6. Self attested copy of Aadhar Card.
7. Self attested copy of detailed marks Sheets of M.B.B.S./M.D.(Physician)
8. Self attested copy of Screening Test pass Certificate (if Foreign Graduate)
9. One latest passport size photograph and signature attested by Principal Medical College/ 1st Class Magistrate/Tehsildar/civil surgeon/Member Haryana Medical Council and one non attested same photos
10. Personal appearance required.
11. Candidates should produce an affidavit on stamp paper of Rs. 10/- duly attested by Notary (Performa Attached on Page No-4).

**Check List for No objection Certificate/ Documents to be submitted in Haryana
Medical Council Office.**

1. One Photo Self Attested
2. Simple Application on Plain Paper mentioning the name of Council in which you want to apply for Registration.
3. Original Registration certificate issued by Haryana Medical Council.
4. Self Declaration for not involved in any unethical Practice. (Attached)
5. Personal appearance required.

**DUPLICATE PERMANENT / PROVISIONAL CERTIFICATE, PHOTOSTAT
ATTESTED COPY OF FOLLOWING DOCUMENT TO BE SUBMITTED IN HARYANA
MEDICAL COUNCIL**

1. Photo Copy of Lost HMC Registration Certificate
2. Self Declaration (demand regarding duplicate registration certificate)
3. Copy of F.I.R./D.D.R. (with Registration Number mentioned in it)
4. One Latest passport size photograph and signature attested by Principal Medical College/ 1st Class Magistrate / Tehsildar / Civil Surgeon / Member, Haryana Medical Council and one non attested same photos.
5. Affidavit (with Registration Number mentioned in it)
6. Personal appearance required.

Check list for Good Standing Certificate or Verification from Haryana Medical Council / document to be submitted in Haryana Medical Council office.

1. Application form along with request on plain paper (Mention for which purpose the GSC is required with name of Country)
2. Self Attested copy of Permanent Registration
3. Self Attested Copy of Additional Registration if any
4. Self Attested Copy of Renewal Registration Certificate
5. Two testimonial character and conduct in original attested by the Member of Parliament MP/ MLA / Magistrate / Principal Medical College / Gazetted Officer or from other persons of similar status (Along with E-mail & Landline Telephone No. with STD Code of the Attesting authority)
6. Self Attested copy of Passport (Complete with blank pages) with stamp of immigration
7. Personal appearance required.

Check list for Foreign Graduate Student Provisional or Permanent Registration / Self Attested documents to be submitted in Haryana Medical Council office.

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.

1. Copies of MBBS/MD 'Physician' degree
2. Copies of Marks-sheet of MBBS/MD Physician Degree
3. Copies of Marks sheet of 12th Class (10+2) or equivalent examination **(Should be attested from respective Board).**
4. Pass Certificate of 11th Class or equivalent examination **(should be attested from respective school).**
5. Pass Certificate of 10th Class or equivalent examination.
6. Eligibility Certificate issued to the Candidate by MCI for admission to Undergraduate Medical Course abroad
7. Copies of Screening Test Result
8. Photocopy of all the pages of all the passports showing visa the date of emigration and immigration from and to foreign country and India
9. Two Color photographs with front view & two signature slips
10. Copy of Provisional Registration Certificate issued by MCI/any other State Medical Council with original NOC from State Medical Council.
11. Internship Completion Certificate showing posting in various departments trained with specific dates issued by the Medical College/Institution Head
12. **An affidavit for delay in applying for permanent registration-if the delay in applying for registration is more than 30 days after completion of internship.**
13. NOC from the Hospital/institute where candidate wants to start internship.
14. Address proof/ Rent-Agreement (of Haryana).
15. Personal appearance required.

Check list for Additional Qualification Registration (Specialization Registration) document to be submitted in Haryana Medical Council office.

1. Application Form.
2. 1 Self Attested Copy of Recognized qualification Postgraduate Degree/Diploma.
3. Original Permanent Registration Certificate.
4. One photo self attested.
5. Self attested copy of Aadhar Card.
6. Personal appearance required.

Checklist for Renewal of Registration.

1. Self attested copy of Matric Certificate as date of Birth proof.
2. Self attested copy of M.B.B.S. Ist Prof certificate
3. Self attested copy of M.B.B.S. 2st Prof Certificate
4. Self attested copy of M.B.B.S. Final Part-1 certificate
5. Self attested copy of M.B.B.S. Final Part -2 certificate
6. Self attested copy of Degree. (MBBS, MD/MS, M.ch. etc.)
7. Self attested copy of Internship Completion Certificate
8. One latest passport size photograph and signature attested by Principal Medical College/ Ist Class Magistrate/Tehsildar/civil surgeon/Member Haryana Medical Council and one non attested same photos.
9. Self attested copy of Aadhar Card and Pan Card.
10. Personal appearance required.
11. Candidates should produce an affidavit on stamp paper of Rs. 10/- duly attested by Notary (Performa Attached on Page No-4, Point No-3 of Affidavit is exempted for Renewal).

Haryana Medical Council Fees Structure

| Sr. no | Registration Name | Registration Fee |
|--------|---|------------------|
| 1 | Provisional Registration (After Passing MBBS) | 2100 |
| 2 | Provisional Registration (Graduates From Out Of Haryana) | 2100 |
| 3 | Provisional Registration (Foreign Graduates) | 10100 |
| 4 | Registration Transfer | 3100 |
| 5 | Foreign Registration Transfer | 20100 |
| 6 | Permanent Registration (After Passing MBBS) | 3100 |
| 7 | Permanent Registration (Graduates From Out Of Haryana) | 5100 |
| 8 | Permanent Registration (Foreign Graduates) | 20100 |
| 9 | Additional Qualification Registration | 2100 |
| 10 | Duplicate Registration Certificate | 2600 |
| 11 | Renewal Registration | 5000 |
| 12 | No Objection Certificate | 5100 |
| 13 | Good Conduct | 3100 |
| 14 | Restoration Form | 1100 |