

**FORMAT OF AFFIDAVIT AND INDEMNITY BOND FOR FOR DEFAULTERS**

**FOR THE DOCTOR/S WHO HAVE NOT RENEWED HIS/HER REGISTRATION WITH MAHARASHTRA MEDICAL COUNCIL. in 1988-1989 and before that period & whose name is not appears with Maharashtra Medical Council register maintained Under Section 16 of MMC Act, 1965 as on today.**

**LATE FEES : For Defaulters.**

**Format of Affidavit.**

**On Non judicial Stamp Paper of Rs. 100/- duly notarized with photo identification)**

**AFFIDVAIT**

I, \_\_\_\_\_ son/daughter/wife of Shri \_\_\_\_\_, adult, Indian inhabitant of \_\_\_\_\_, residing at \_\_\_\_\_ do hereby state on solemn affirmation as under :-

I say that I was duly registered with the Maharashtra Medical Council vide Registration No. \_\_\_\_\_ dated \_\_\_\_\_.

I say that I have not renewed my aforesaid registration on previous renewal programme in 1988-89 due to \_\_\_\_\_. Further my name is also not appears in the Register Maintained under Sec. 16 of MMC Act 1965.

I further say that, I have not been found guilty for any negligence in any court of law.

I further say that, there is no civil/criminal complaint/case or Writ petition against me in any court of law till date .

I further say that during the non renewal period, I have not done any unethical conduct or involved in any professional misconduct.

I further say that I shall be solely responsible for any unethical/professional misconduct, found or proved or otherwise, I shall be held responsible for the period of non-renewal of my aforesaid registration and the Maharashtra medical council shall be liberty to act in accordance with law for removal of my name if found later on.

I further say that I shall not claim any continuation of my old registration/license to practice on the council allotting fresh registration on the basis of my earlier records of registration and documents submitted by me.

I further say that I shall indemnify the Maharashtra Medical Council for any loss or damages caused in considering for granting & issuance of fresh registration to me.

I say that I am making this affidavit and declaration that nothing has been concealed by me. I further say that I am aware that if any of the information above found to be incorrect, then I shall be responsible for perjury under the criminal act and liable for the prosecution as well as for the punishment if awarded by the Maharashtra Medical Council, Mumbai or any court of law..

Solemnly affirmed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_2018.

Deponent

Identified and explained by

Before me  
Notary

Advocate  
Name, Address, phone number  
and Registration No.

**Please submit Indemnity Bond. Indemnity Bond should be filled as per format given below. (with photo id duly notarized)  
Non- judicial Stamp Paper (Rs. 200/-) with duly notarize.**

**INDEMNITY BOND**

**THIS DEED OF INDEMNITY BOND** is made at Mumbai on this \_\_\_\_\_ day of \_\_\_\_\_ 2018, BETWEEN, DR. \_\_\_\_\_, residing at \_\_\_\_\_ having Old Reg. No. \_\_\_\_\_ Reg. Date \_\_\_\_\_ (hereinafter referred to as 'the Obligor') of the ONE PART :

AND

The Maharashtra Medical Council, a Statutory body, having its registered office at Maharashtra Medical Council, 189-A, Anand Complex, 1st Floor, Sane Guruji Marg, Arthur Road Naka, Chinchpokali (w), Mumbai - 400011. (hereinafter referred to as 'the Council') of the OTHER PART:

**WHEREAS** the Obligor is a Medical Graduate, MBBS from \_\_\_\_\_ University, which is a recognized qualification for registration under Sec.16 of the MMC Act,1965.

**AND WHEREAS** the said Obligor has not renewed his Reg. No.\_\_\_\_\_ & had become defaulter.

**AND WHEREAS** the said obligor has applied for Registration with the MMC vide application dt \_\_\_\_\_ and Affidavit dt \_\_\_\_\_ furnishing all the required details and necessary documents (copies) to the aforesaid Council.

**AND WHEREAS** the Council has agreed to do so provided the Obligor shall execute this Deed in favor of the Council, which the Obligor has agreed to do.

**NOW THIS DEED OF INDEMNITY WITNESSETH** that pursuant to the premises, the Obligor (executant) does hereby agree to indemnify and keep indemnified the Council against any claim/complaint of whatsoever nature by any other person/authority filed for non-registration/default period in respect of the said Registration under the MMC Act, 1965, and against any loss, costs, charges and expenses incurred or suffered by the Council by reason of such claim arising out of the Registration of Obligor by the Council on the basis of the information/documents furnished by the Obligor with Application for Registration and supporting Affidavit. Further, obligor hereby indemnify the Council for any unethical or professional misconduct during the non- registration period.

This Indemnity bond is signed on the date and year first mentioned hereinabove.

SIGNED, SEALED AND DELIVERED ] photo  
BY WITHIN THE NAME OBLIGOR ]  
DR. \_\_\_\_\_ ]  
IN THE PRESENCE OF ..... ] Signature

WITNESSES : (name & signature)

- 1.
- 2.

Identified & explained by Before me  
Notary

Advocate  
Name:  
Address :  
Registration no.  
Phone no.