

**Format of affidavit for Renewal of Registration (As per Sec.23 of  
MMC Act,1965)**

**The Notaries Affidavit on Non judicial Stamp Paper (Rs. 100/-) with photo identity declaring reason for delay in Renewal of Registration, as follows.**

I Dr..... Reg. No..... age ....., occupation  
..... Residing at .....

do solemnly affirm and state that :

- A. I say that I am duly registered with MMC vide Reg. No. .... Reg. dt..... & ought to have renewed on ..... I say that, I have not renewed my registration on previous renewal programme due to (State Reason).....
- B. I say that, I have not been found guilty in any court of law or by MMC till date.
- C. I say that, there is no civil /criminal case/writ petition against me in any court till date.
- D. I say that, I have not done any unethical / professional mis-conduct in past i.e. during register period as well as during non renewal period.
- E. I say that, I shall be held responsible, if it is proved or found later on that I have done any unethical/ unlawful deed in past during non-renewal period, the Maharashtra Medical Council shall have liberty to pass such appropriate order as to registration /renewal or even removal.
- F. There is no complaint filed or pending against me in the MMC/ any other state medical Council or Medical Council of India, New Delhi till date.
- G. I say that, I undertake to pay the requisite fees for renewal & late fees as per Sec.23 of MMC Act and directions of the Council for considering my application for renewal.

I am swearing this affidavit to produce before the Registrar of MMC, Mumbai and/or any other concerned authorities, to take the above facts on record. I further say that, I undertake to furnish all requisite original documents and requisite fees as per Rules.

I say that, whatever stated here in above are true to my best of my knowledge and belief & I believe the same are to be true & correct & nothing has concealed by me.

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

Deponent

Identified and explained by

Before me  
Notary

Advocate  
Name, Address, phone number  
and Registration No.

**Indemnity Bond as per format given below by the Council for  
Renewal of Registration for Not Renewed timely.  
Non judicial Stamp Paper (Rs. 200/-)with notaries**

**INDEMNITY BOND**

**THIS DEED OF INDEMNITY BOND** is made at Mumbai on this \_\_\_\_ day of \_\_\_\_\_ 2018 between DR. \_\_\_\_\_, residing at \_\_\_\_\_ 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 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, Place \_\_\_\_\_ which is a recognized qualification for registration under Sec.16 of the MMC Act,1965 & opted Reg. No.\_\_\_\_\_ dt.\_\_\_\_\_ from MMC.

**AND WHEREAS** the said Obligor has applied for Renewal of Registration with the MMC vide application dt \_\_\_\_\_ and Affidavit dt \_\_\_\_\_ by furnishing all the required details and necessary documents/ to the aforesaid Council.

**AND WHEREAS** the Council has agreed to do so, provided the Obligor executes this Indemnity Deed in favour of the Council, which the Obligor has agreed to do so.

**NOW THIS DEED OF INDEMNITY WITNESSETH** that pursuant to the premises the Obligor does hereby agree to indemnify and keep indemnified the Council against any claim/complaint of whatsoever nature made by any other person/authority for during registration & non-renewal periods, failed to get the Renewal of Registration under the MMC Act, 1965. The obligor indemnity against any loss, costs, charges and expenses incurred or suffered by the Council by reason of such claim

arising out of the consideration of Renewal of Registration of Obligor by the Council on the basis of the information/documents furnished by the Obligor with Application for Renewal and supporting Affidavit. Further, obligor hereby totally indemnify the Council for the unethical and professional misconduct during the non-renewal period/re-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.