


Perment Registration For Foreign Medical Graduate

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APPLICATION FORM FOR REGISTRATION FOR INDIAN NATIONALS QUALIFIED FROM FOREIGN INSTITUTIONS(ONLY FOR DOMICILE OF MAHARASHTRA)

Application Type :

- Select--
- Permanent Registration (Foreign Graduate)
- Provisional Registration (Foreign Graduate)

Select Application Type



APPLICATION FORM FOR REGISTRATION FOR INDIAN NATIONALS QUALIFIED FROM FOREIGN INSTITUTIONS(ONLY FOR DOMICILE OF MAHARASHTRA)

Application Type : Permanent Registration (Foreign Graduate) ▼

Provisional Details

Authority Council Name *	GUJRAT MEDICAL COU ▼	State	GUJARAT
Email id Of authority council	<input type="text"/>		
Provisional No*	1245658	Provisional Date	03/09/2014

You Can Fill The Information



APPLICATION FORM FOR REGISTRATION FOR INDIAN NATIONALS QUALIFIED FROM FOREIGN INSTITUTIONS(ONLY FOR DOMICILE OF MAHARASHTRA)

Application Type : Permanent Registration (Foreign Graduate)

Provisional Details

Authority Council Name * GUJRAT MEDICAL COU State GUJARAT
Email id Of authority council
Provisional No* 1245658 Provisional Date 03/09/2014

Submit

When u click on submit below information will be displayed

Personal Details

	Sur Name	First Name	Middle Name
Name *	Ms. Maurya	Chaya	Dinesh
Father's Name *	Mr. Maurya	Dinesh	Rajesh
Mother's Name *	Mrs. Maurya	Anjali	Dinesh
Marrital Status *	Single	Gender	Female
Maiden Name *	--SELECT--		
Husband's Name *	--SELECT--		
Date of Birth *	15/03/1984	Place of Birth *	MUMBAI (SUBURBAN)
District *	MUMBAI (SUBU)	State *	MAHARASHTRA

You Can Fill The Information

Contact Details

Present Address * Integrated Business Solution, M.D. keni Road, Nahur(E), Mumbai-400042

City/Taluka * MUMBAI (SUBURBAN) District * MUMBAI (SUBURBAN)
State * MAHARASHTRA Country * INDIA
Pin code * 400042 Fax No *
Mobile No * 9892957975 Email Id * admin1@gmail.com
Residential No * Clinic No *
Category (General or Reseve i.e. SC/ST/OBC/Other) * Nationality * Indian



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 Email id Of authority council :
 Provisional No* : 1245658 Provisional Date : 03/09/2014

10th Class/Matric/High school
 School Name : Public School School Address : Mulund
 Board Name : Mumbai Board Board Address : Mumbai
 Roll No : 145552 Result : Yes No
 Certificate No : 784552232 Certificate Date : 24/06/2004
 Marks Marks (Obtained/Total) : 325 / 650 Percentage : 50

11th Class
 School Name : National School School Address : Thane
 Board Name : Mumbai University Board Address : Mumbai
 Roll No : 754164411 Result : Yes No
 Certificate No : 8456541121 Certificate Date : 17/06/2005
 Marks (Obtained/Total) : 360 / 600 Percentage : 60

12th Class/Intermediate or 10+2
 School Name : National School School Address : Thane
 Board Name : Mumbai University Board Address : Mumbai
 Roll No : 415623 Result : Yes No
 Certificate No : 843211449 Certificate Date : 06/06/2006
 Marks : 300 / 600 Percentage : 50

SrNo	Subjects	Maximum Marks	Obtained Marks	% Result	Pass/Fail
1	English	35	50	50	Pass ▼
2	Physics	35	50	50	Pass ▼
3	Chemistry	35	50	50	Pass ▼
4	Biology	35	50	50	Pass ▼

B.S.C. OR ANY OTHER UNIVERSITY EXAMINATION.
 College Name : College Address :
 University : ---SELECT--- Roll No :
 Date of Joining : Date of Passing :
 Examination Passed :

SrNo	Subjects	Maximum Theory Marks	Maximum Practical Marks	Obtained Theory Marks	Obtained Practical Marks	% Result	Pass/Fail	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	---SELECT---	Edit

Medical Qualification
 Name of Institute : JMC Mumbai Address of Institute : Mumbai
 Registration Number/ (OVIR NO.) : 512112111 Address of CENTRALNIYA OVIR (Registration Deptt.-OVIR) (Ministry of Foreign Affairs or Interior Ministry City) : Mumbai
 Registration Valid from : 02/09/2015 Registration Valid upto : 09/09/2018
 Medium of instructions : English

Have You done any part of your medical course in india, or any country than where you have obtained Medical degree as mention in application, If Yes ,its duration and Location Yes No

You Can Fill The Information

Click On Save & Continue Next Form Will Be Open

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Application Type : Permanent Registration (Foreign Graduate)

Provisional Details
Authority Council Name * : GUJRAT MEDICAL COU State : GUJARAT
Email id Of authority council :
Provisional No* : 1245658 Provisional Date : 03/09/2014

Passport Details
Passport No : 56215451
Date of issue : 01/09/2014 Place of issue : Mumbai
Address as on passport : Mumbai
Visa issued by (name of Country) : U.S.A. Nature of Visa : STUDENT
Date of Validity from : 14/10/2015 To : 09/09/2018
Date of leaving India : 30/09/2015 Date of returning to india : 09/09/2018
Did You ever Change/Loss the passport due to any reason : Yes No

You Can Fill The Information

Screening Test Particulars
Name of Board : National Board of Examination New Delhi. (Ministry of Health, Government of Ind
Date of passing : 02/09/2015 Roll no : 745540222
Marks obtained : 800 Out of : 900

Internship Training Particulars
Name of Training Institute : ABC Address : Mumbai
State : Maharashtra Whether Recognized by MCI : Yes No
Date of Training from : 07/07/2012 To : 04/08/2014
Total Present in Days : 700

NAME OF THE MEDICAL DEGREE / DIPLOMA OBTAINED AND UNIV. / LICENSING BODY WITH THE YEAR OF : JMC Mumbai
WHETHER SHE / HE HAS UNDERGONE PRACTICAL TRAINING BEFORE OR AFTER OBTAINING THE MEDICAL QUALIFICATION REQUIRED BY THE RULES OF THE CONCERNED FOREIGN COUNTRY : Yes NO
IF YES, GIVE DETAILS. :
WAS ANY MEDICAL COLLEGE / SCHOOL IN INDIA ATTENDED BEFORE DEPARTURE FROM INDIA. (GIVE NAMES OF PERIOD OF STUDY UNDERGONE AND EXAMINATION PASSED). :
IN THE LANGUAGE OF STUDY IN THE COUNTRY BE OTHER THAN ENGLISH, PLEASE INDICATE IF IT WAS STUDIED IN INDIA BEFORE DEPARTURE OR WAS STUDIED IN THAT COUNTRY. PLEASE INDICATE THE TIME TAKEN FOR THAT STUDY AND WHETHER ANY EXAMINATION WAS PASSED. :
DO THE MEDICAL EXAMINATION (S) PASSED IPSO FACTO ENTITLE ONE TO REGISTER IN THE COUNTRY IN WHICH THEY WERE TAKEN OR :
A SEPARATE EXAMINATION FOR REGISTRATION HAS TO BE PASSED. :
ARE YOU REGISTERED IN ANY FOREIGN COUNTRY? : Yes NO
Register Body :
Registration Number : 254544 Date OF Registration : 08/06/2012

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 Email id Of authority council
 Provisional No* 1245658 Provisional Date 03/09/2014 Submit

Documents

Sr No.	Doc Name	File Type	File Size	Upload	Submitted
1	Passport size Photograph	.jpg	YES 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>	Document Uploaded Successfully <input type="checkbox"/> <input type="button" value="View"/>
2	Candidate's scan Signature	.jpg	YES 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>	Document Uploaded Successfully <input type="checkbox"/> <input type="button" value="View"/>
3	M.B.B.S./M.D. physician degree Certificate issued by the recognized university	.pdf	YES 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>	Document Uploaded Successfully <input type="checkbox"/> <input type="button" value="View"/>
4	Marksheet of SSC Exam ,Eleventh Class and HSSC	.pdf	YES 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>	Document Uploaded Successfully <input type="checkbox"/> <input type="button" value="View"/>
5	Passing Certificate of SSC and HSSC Examination board	.pdf	YES 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>	Document Uploaded Successfully <input type="checkbox"/> <input type="button" value="View"/>
6	Eligibility Certificate issued to the Candidate by MCI for admission to Undergraduate Medical Course in Abroad	.pdf	YES 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>	Document Uploaded Successfully <input type="checkbox"/> <input type="button" value="View"/>
7	Screening Test Result issued by National Board of Examination New Delhi. (Ministry of Health, Government of India)	.pdf	YES 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>	Document Uploaded Successfully <input type="checkbox"/> <input type="button" value="View"/>
8	All the pages of all the passports showing visa, the date of emigration and immigration from and to Foreign Country and India	.pdf	YES 250 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>	Document Uploaded Successfully <input type="checkbox"/> <input type="button" value="View"/>
9	Original Provisional Registration Certificate issued by MCI / any other State Medical Council	.pdf	YES 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>	Document Uploaded Successfully <input checked="" type="checkbox"/> <input type="button" value="View"/>
10	Original Provisional Registration Certificate issued by MCI / any other State Medical Council	.pdf	YES 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>	Document Uploaded Successfully <input checked="" type="checkbox"/> <input type="button" value="View"/>
11	Internship Completion Certificate showing posting in various departments trained with specific dates issued by the Medical College / Institution Head.	.pdf	YES 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>	Document Uploaded Successfully <input type="checkbox"/> <input type="button" value="View"/>
12	Notarised Affidavit on Non judicial Stamp Paper of Rs 100 /- with photograph for delay in applying for Permanent Registration- if the delay in applying for registration is more than 30days after completion of internship.	.pdf	NO 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>	Document Uploaded Successfully <input type="checkbox"/> <input type="button" value="View"/>
13	Letter from the Indian Embassy concerned that primary medical qualification as possessed by the candidate is a recognized qualification for enrollment as medical practitioner in the country in which the institution awarding the said qualification is situated.	.pdf	YES 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>	Document Uploaded Successfully <input type="checkbox"/> <input type="button" value="View"/>
14	Domicile Certificate issued by competent authority	.pdf	YES 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>	Document Uploaded Successfully <input type="checkbox"/> <input type="button" value="View"/>

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Your Application submitted successfully and note your application number for further reference is MMC201500191. Schedule appointment time for verification.

Ok

After submission the application You can get the message as above as well as you will get the e-mail from MMC that your application is submitted successfully. Then after you have to take appointment (within 7 working days) for hard copy document submission with submitted application form (you can take submitted application form print from your login.) in MMC.

Once the documents are submitted, it is verified by MMC. If Application verification is done successfully then you will again get the e-mail for how much amount will be pay for you .Then after you can pay online. Once the payment is done then MMC verified your payment status and then will generate your renewal letter, then you can print it from your login .