ADDITIONAL REGISTRATION FORM
PROFORMA-8
MADHYA PRADESH MEDICAL COUNCIL: BHOPAL
APPLICATION FORM OF ADDITIONAL REGISTRATION U/S 13 OF THE M.P. AYURVIGYAN PARISHAD ADH. 1987
(Before filling this Application Form Please read the important instructions)

To,
The Registrar
Madhya Pradesh Medical Council
F- 7, Sanchi Complex, Opp. Board Office
BHOPAL (M.P.) 462016
PH: 0755-2767786, 2551568

I request you to enter my following Additional Qualification(s) in the State Medical Register against my name under the provisions of Madhya Pradesh Ayurvigyan Parishad Adhiniyam, 1987 and to give me a certificate of Registration. The particulars of my medical qualification(s) are given below:-

(THE APPLICATION FORM MUST BE FILLED IN BLOCK LETTERS ONLY)

1. NAME: (Surname First) ___________________________ (MR./MISS/MRS) ________________

2. FATHER’S NAME: ________________________________

4. PERMANENT REGISTRATION NO. of MPMC: __________________ DATE ___________________

NAME OF THE COUNCIL: __________________________________________ ______________________

5. P. G. MEDICAL QUALIFICATION (s) (Only Recognized Qualification):-

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<tr>
<th>S. No.</th>
<th>P. G. Qualification</th>
<th>Month &amp; Year of Exam</th>
<th>University</th>
<th>Medical College</th>
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6. A Bank Draft No. __________ Dated __________ of Rs. __________ Name of Bank __________

_________________________________________ is being enclosed here with towards my Registration Fees.

7. Present Address:

__________________________________________________________________________

Distt. ______________ State ______________ Pin ______________
Mob. ______________ E-mail _____________________________________________

9. I hereby solemnly declare that the above particulars furnished by me in this application form are true to the best of my knowledge and belief.

Sign. of the Applicant

(Checker)
10. A Bank Draft No. ___________________ Dated _______________ of Rs. ___________ Name of Bank __________________________ in favor of __________________________ is being enclosed here with towards my Verification Fees.

(FOR OFFICE USE ONLY)

1. Received all the original documents from the office of the Registrar M. P. Medical Council, Bhopal

Dated: _______________.

(Name and Signature of the Depositor)

2. The application form has been checked and found correct along with the requisite documents.

Dated: _______________.

(CHECKER)

3. Registration Fee of Rs. ___________ has been received vide Money Receipt No ___________

Dated: _______________.

(ACCOUNTANT)

4. Confirmation of passing of P. G. Degree/Diploma received from the concerned Universities / College or granted permission on note-sheet and found eligible for issuing ADDITIONAL Registration Certificate.

Dated: _______________.

(IN-CHARGE REGN-1 SECTION)

5. Entered the Specified Additional Medical Qualification(s) in the State Medical Register on ___________ and Additional Registration Certificate Sr. No. ___________ signed.

(WRITER) (REGISTRAR)

6. Additional Registration Certificate despatched on ___________ vide despatch No ___________ through Regd AD. / Personally / Authorised person

(DESPATCH CLERK)

Contd.... 3
RECEIPT No. MPMC/ ________________

(Extra Signature of the Applicant)

(Extra Signature of the Applicant)

MADHYA PRADESH MEDICAL COUNCIL BHOPAL
PH: 0755-2767786, Website: www.mpmedicalcouncil
ADDITIONAL REGISTRATION FORM DEPOSIT RECEIPT

RECEIPT No. MPMC/ ________________

Received application form of Dr. ______________________________________________________
along-with the requisite documents and (i) Bank Draft for Registration fee of Rs. ______________ .
(ii) Bank Draft for Verification fee of Rs. ___________ for Additional Registration.

Bhopal, Dated

(Signature of Receipt clerk)

(AUTHORITY LETTER)

I, ________________________________________________________________ hereby authorize Mr. / 
Miss./Mrs. __________________________ (Whose usual signature is being attested by 
me here as under) to receive my Additional Registration Certificate and the other originals (if any) from office of 
the Registrar, Madhya Pradesh Medical Council, Bhopal.

Dated: ______________.

(Sign. of the Authorised Person)  (Sign. of the Applicant)

Contd.... 4
(IMPORTANT INSTRUCTIONS FOR THE APPLICANT)

1. The application form must be filled in BLOCK LETTERS only by the applicant in his/her own handwriting.
2. The Application Form with any Overwriting, Cutting, Xerox and with any missing of the required information will not be accepted for Registration.
3. Printed copy of the Application form will be accepted only.
4. The applicant should remember that his / her name entered in the Application Form must exactly correspond with the name mentioned in his/her Registration Certificate.
5. All the Original documents will be returned to the applicant after doing the needful by Registered Post or in person as the case may be.
6. **Application Form is accepted in the office between 11:00 am to 3:00 pm on working days.**
7. Issuance of the Registration certificate takes two months time after receiving confirmation.
8. **Registration Certificate can also be received in person on any working day between 3.00 pm to 5.00 pm on submission of the Form Deposit Receipt by the applicant after the due-period. In case of any Representative of the applicant an AUTHORITY LETTER will also be required in the prescribed pro-forma as given in this application form.**
9. **The applicant is required to submit / enclose the following documents in ORIGINAL with its photocopy.**
   (i) **Permanent Registration Certificate** self attested. (1 Photocopy)
   (ii) **Post Graduate DEGREE/Diploma** from the concerned University. (2 Photocopy)
   (iii) **Any Authentic document of your medical college** for verification of Name of College (1 Photocopy)
   (iv) **Passing Certificate of qualification from the Dean** of the concerned Medical College. (1 Photocopy) (only for the students who possessed P.G. qualification from the Medical Colleges of M.P, if available)
   (v) **The Prescribed fee of Rs.2000.00** each degree + Cost of Application form Rs. 200.00 for Additional Registration + Late fee (if any) will be accepted only through a Crossed Bank Draft of NATIONALISED BANK in favour of the “Registrar, Madhya Pradesh Medical Council, Bhopal” payable at BHOPAL. Fees in Cash/by Money Order/by Postal Order / by Cheques will not be accepted.
   (vi) The amount of fee for obtaining any Confirmation as fixed by the concerned university/ institution, shall be payable by the applicant separately.
10. The late fee shall be payable after the expiry of 3 months period from the month of final examination as mentioned below:-

<table>
<thead>
<tr>
<th>(Expiry of Period from month of Final Exam.)</th>
<th>Late fees payable w.e.f.1.12.2007</th>
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<tbody>
<tr>
<td>Up to 3 months</td>
<td>Nil</td>
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<tr>
<td>3 to 6 months</td>
<td>Rs. 250.00</td>
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<td>6 to 12 months</td>
<td>Rs. 500.00</td>
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<tr>
<td>12 to 24 months</td>
<td>Rs. 1000.00</td>
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<td>24 to 48 months</td>
<td>Rs. 3000.00</td>
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<td>48 to 60 months</td>
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<td>On Expiry of 60 months</td>
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<td></td>
<td>+ Rs. 500/- per year</td>
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<td>(Maximum penalty of Rs. 10,000.00 only)</td>
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