

FORM-1

(See Rule 25, 26)
Arunachal Pradesh Medical Council

Application form for Direct Registration

Receipt No.....

Date.....

(For office use)

To,

The Registrar
Arunachal Pradesh Medical Council
Naharlagun

Affix passport
size photograph
attested

Sir,

I hereby request that my name and other particulars mentioned below may be entered in the State Register of Arunachal Pradesh Medical Council as required under Section 10 of Arunachal Pradesh Medical Council Act 2004 (Act No.4 of 2004).

1 Name of the Applicant (in block letters) :

2 Father's/ Husband's Name :

3 Mother's Name :

4 Gender :

5 Nationality :

6 Date of Birth (date, month, year) :

7 Address :

a. Residential Address :

b. Permanent Address :

c. Professional Address :

8 Telephone No./ Mobile No./ Fax No./ E-mail ID :

9 Category (General/ APST) :

Contd... 2/-

10 Qualifications : :

(a)General Degree

Sl. No	Description of Qualification	Name of the School/ College/ Institution	Name of the Board/University	Year of Qualification

(b)Medical Degree

Sl. No	Description of Qualification	Name of the College/ Institution	Name of the University/ Licensing Authority	Year of Qualification/ completion of Internship

11 Details of Internship (include separate sheet, if require) :

12 MCI Registration No. & date (if any) :

13 a. Registration No. & Date, if any in other State :

b. Authority under whom Registered :

14 (a) Bank Draft No. & Date :

(b) Draft Prepared from (Bank) :

15 PAN No. :

16 If practicing since (dd/mm/yy) :

17 If practicing, number of supporting staff employed, if any

I submit herewith original certificates for verification and submit attested copies of the same certificates:-

(a) If registered else where (MCI and other State).

- i. Birth Certificate/ Matriculation Certificate/SSC Exam certificate with date of birth.
- ii. MBBS Degree/ Post Graduate Degree/ Diploma/ Post Doctoral Degree/ any other.
- iii. State Medical Council/ Medical Council of India Registration Certificate(s) with MBBS Qualification.
- iv. Original Internship Completion Certificate.
- v. Other evidence in support of my having obtained the qualification which I possess.
- vi. ~~No objection Certificate from State Medical Council where earlier registered.~~
- vii. Three recent passport size photographs with name and signature at the backside.
- viii. Bank Draft Rs.2000/-(Rupees two thousand) in favour of "Arunachal Pradesh Medical Council" payable at Naharlagun (non-refundable).

(b) In case of fresh registration.

- (i) Birth Certificate/ Matriculation Certificate/SSC Exam certificate with date of birth.
- (ii) MBBS Degree/ Post Degree/ Diploma/ Post Doctoral Degree.
- (iii) Original Internship Completion Certificate.
- (iv) Other evidence in support of my having obtained the qualification which I possess.
- (v) Three recent passport size photographs with name and signature at the backside.
- (vi) Bank Draft for Rs.2000/-(Rupees two thousand) in favour of "Arunachal Pradesh Medical Council" payable at Naharlagun (non-refundable).

DECLARATION

I solemnly affirm and declare that the particulars furnished above by me are true to the best of my knowledge and belief and I undertake to abide by the code of conduct & Ethics of Arunachal Pradesh Medical Council and Indian Medical Council and by the Rules of Arunachal Pradesh Medical Council.

Date:.....

Signature of the Applicant.

(for office use only)

Received the above documents in original.

Signature of registered person.....

Name

Date.....

APPENDIX-C

(See Rule 44)
Arunachal Pradesh Medical Council

Declaration: Pledge

At the time of registration, each applicant shall be given a copy of the following declaration by the Registrar and the applicant shall read and agree to abide by the same and affirmed by the signature in presence of Registrar.

- (1) I solemnly pledge myself to consecrate my life to service of humanity.
- (2) Even under threat, I will not use my medical knowledge contrary to the laws of Humanity.
- (3) I will maintain the utmost respect for human life from time of conception.
- (4) I will not permit consideration 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 honour and noble tradition of medical profession.
- (10) I will treat my colleagues with all respect and dignity.
- (11) I shall abide by the code of medical ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulation, 2002.
- (12) I shall abide by the Rules of Arunachal Pradesh Medical Council, 2006 and shall uphold the motto of Arunachal Pradesh Medical Council i.e, **Service, Knowledge and Ethics** in its correct prospective as enunciated in Rule 46 of the Arunachal Pradesh Medical Council Rules, 2006.

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

Signature

Name.....

Place

Date.....

Address

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