

**HARYANA MEDICAL COUNCIL**

Form of Permanent /Renewal/Additional/Duplicate Registration

To

The Registrar,  
 Haryana Medical Council,  
 SCO-410, 2<sup>nd</sup> floor, Near  
 Allahabad Bank Sector-20,  
 Panchkula  
 Haryana-134116

Recent coloured Passport Sized photo with Name and
--

Sir,

I have to request that my name be registered under the Haryana Medical Registration Act II of 1916 and that I may be furnished with a certificate of Registration. The Information necessary for registration is specified on the reverse.

The Registration Fee is sent by Online/Bank Draft only (In favor of The Registrar, Haryana Medical Council, payable at Panchkula)

Yours faithfully,

Dated \_\_\_\_\_

\_\_\_\_\_  
 (Signature of Applicant)

Name \_\_\_\_\_

Professional Address \_\_\_\_\_

\_\_\_\_\_

(Required Documents and fee details is enclosed)

Note

- 1.) The registration fee is not refundable whether the registration form is accepted or rejected.
- 2.) The provisional certificate is valid only for completion of internship for one year from the date of passing of MBBS examination and it will not be used for any other purpose.

1.	Name (As given in MBBS Degree)	
2.	Recent Photo	
3.	Father Name	
4.	Present Address / Correspondence	
5.	Permanent Address	
6.	Aadhar Number	
7.	<b>*Phone(Mobile), Landline</b> Alternate Mobile numbers if available may be given	
8.	<b>*E-Mail, Fax</b> Alternate E-mail id if available may be given	
9.	Date of Birth	
10.	Nationality	

11.	<b>UG Degree</b>	
1 Name of the degree;		
2. Name of Medical College/ University		
3. Month & Year of Passing		
4. Registration number		
5. Date of registration,		
6. Name(s) of the register (National/ state)		
7. Whether the registration is renewable or permanent		
12.	<b>(A) PG Degree (specialty degree MD/MS)</b>	
1. Name of the degree		
2. Name of the subject		
3. Name of Medical College/ University		
4. Month & Year of Passing		
5. Registration number		
6. Date of registration,		
7. Name(s) of the register (National/ state)		
8. Whether the registration is renewable or permanent		
<b>(B) PG (DNB from NBE)</b>		
1. Name of the degree		
2. Name of the subject		

3. Name of Medical College/ University	
4. Month & Year of Passing	
5. Registration number	
6. Date of registration,	
7. Name(s) of the register (National/ state)	
8. Whether the registration is renewable or permanent	
<b>(C) PG (Medical Diploma)</b>	
1. Name of the degree	
2. Name of the subject	
3. Name of Medical College/ University	
4. Month & Year of Passing	
5. Registration number	
6. Date of registration,	
7. Name(s) of the register (National/ state)	
8. Whether the registration is renewable or permanent	
<b>(D) Super speciality (SS Degree DM/MCH)</b>	
1. Name of the degree	
2. Name of the subject	
3. Name of Medical College/ University	
4. Month & Year of Passing	
5. Registration number	
6. Date of registration,	

	7. Name(s) of the register (National/ state)	
	8. Whether the registration is renewable or permanent	
<b>(E)Super specialty DNB</b>		
	1. Name of the degree	
	2. Name of the subject	
	3. Name of Medical College/ University	
	4. Month & Year of Passing	
	5. Registration number	
	6. Date of registration,	
	7. Name(s) of the register (National/ state)	
	8. Whether the registration is renewable or permanent	
13.	Name of the Institute Hospital/ Clinic where engaged in teaching/ research/ practice of medicine.	
	1. Govt/Private/Own/other	
	2. Teaching/Non-Teaching.	
	3. Research/Non-Research	
14.	Complete Address / Contact details of the Institute/ Hospital/ Clinic mentioned in Item No. 13 above.	
15.	Name of person in Hospital Institute mentioned in Item no. 13 above who is responsible for legal issues regarding patient care provided by the doctor.	
16.	Registered Medical Practitioner (RMP no., of the person mentioned in Item no. 15 above.	
17.	Applied For which Registration.	
18.	Any matter or incident reflecting adversely upon the applicant's previous character and conduct. (YES/NO)	
<p>Date _____</p> <p style="text-align: right;">(Signature of Applicant)</p>		

**HARYANA MEDICAL COUNCIL****DECLARATION**

At the time of registration, each applicant shall be given a copy of the following declaration by the Registrar concerned and the applicant shall read and agree to abide by the same:-

- 1.) I solemnly pledge myself to consecrate my life to service of humanity.
- 2.) Even under threat, I will not use any medical knowledge contrary to the laws of Humanity.
- 3.) I will maintain the utmost respect for human life from the time conception.
- 4.) I will not permit considerations 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 honor and noble traditions of medical profession.
- 10.) I will treat my colleagues with all respect and dignity.
- 11.) I have read and shall abide by the code of medical ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations 2002.

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

Signature:-\_\_\_\_\_

Name:-\_\_\_\_\_

Place:-\_\_\_\_\_

Address:-\_\_\_\_\_

Date:-\_\_\_\_\_

**Check list for Provisional Registration Graduate from Haryana,  
Documents to be submitted in Haryana Medical Council Office**

1. **Demand Draft** in Original as HMC Fees structure. ( if applied offline)
2. Self-attested copy of Matric Certificate as date of Birth Proof.
3. Self-attested copy of M.B.B.S. 1st Prof Certificate
4. Self-attested copy of M.B.B.S 2<sup>nd</sup> Prof Certificate
5. Self-attested copy of [M.B.B.S](#) Final Part -I
6. Self-attested copy of [M.B.B.S](#) Final Part – II or Score Card/Result attested from respective university or college.
7. Self-attested copy of character Certificate from concerned University/College
8. Self-attested copy of Aadhar Card /Pan Card/ Passport/ driving License.
9. Self-attested two latest passport size photographs. (if offline application)

**Check list for Provisional Registration Graduate from out of Haryana,  
Documents to be submitted in Haryana Medical Council Office**

1. **Demand Draft** in Original as HMC Fees structure. (if offline application)
2. Self-attested copy of Matric Certificate as date of BirthProof.
3. Self-attested copy of M.B.B.S. 1st ProfCertificate.
4. Self-attested copy of M.B.B.S. 2<sup>nd</sup> ProfCertificate.
5. Self-attested copy of M.B.B.S. 3<sup>rd</sup> Prof Part 1certificate.
6. Self-attested copy of M.B.B.S. 3<sup>rd</sup> Prof Part 2certificate.
7. Self-attested copy of character Certificate from which University/College M.B.B.S passed.
8. Self-attested copy of Aadhar Card /Pan Card/ Passport/ driving License.
9. Self-attested two latest passport size photograph.(if offline application)
10. Self-attested copy of State RegistrationCertificate.
11. NOC in Original of State MedicalCouncil.
- 12.NOC fromCollege/University.
- 13.NOC from MCI approved Hospital/instituteof Haryana with permission forinternship.



**Checklist for Permanent Registration (who have already Registered provisionally with Haryana Medical Council/document to be submitted in Haryana Medical Council office.**

1. **Demand Draft** in Original as HMC Fees structure.(if offline application)
2. Provisional Registration Certificate in original
3. Self-attested copy of Internship Completion Certificate
4. Self-attested two latest passport size photographs.(if offline application)
5. Self-attested copy of Aadhar Card /Pan Card/ Passport/ driving License/ Govt. ID.

**Check list for Permanent Registration (who have already registered Permanently with other State Medical Council)/document to be Submitted in Haryana Medical Council office.**

1. **Demand Draft** in Original as HMC Fees structure. (if offline application)
2. NOC in original of State Medical Council.
3. Self-attested copy of 10<sup>th</sup> Certificate (for D.O.B)
4. Self-attested copy of Permanent Registration Certificate
5. Self-attested copy of Aadhar Card /Pan Card/ Passport/ driving License/ Govt. ID.
6. Self-attested copy of Screening Test pass Certificate (if Foreign Graduate)
7. Self-attested two latest passport size photographs.(if offline application)

**Check list for Registration Transfer (who have already registered Permanently with other State Medical Council)/**

1. **Demand Draft** in Original as HMC Fees structure. (if offline application)
2. NOC in original of State Medical Council.
3. Self-attested copy of 10<sup>th</sup> Certificate (for D.O.B)
4. Self-attested copy of Aadhar Card /Pan Card/ Passport/ driving License/ Govt. ID.
5. Self-attested copy of Screening Test pass Certificate (if Foreign Graduate)
6. Self-attested two latest passport size photographs. (if offline application)

**Check List for No objection Certificate/ Documents to be submitted  
in Haryana Medical Council Office.**

1. **Demand Draft** in Original as HMC Fees structure. (if offline application)
2. One Photo Self-attested & One same Photo Non-Attested. (if offline application)
3. Simple Application on Plain Paper mentioning the name of Council in which candidate want to apply for Registration.
4. Original Registration certificate issued by Haryana Medical Council.

**DUPLICATE PERMANENT / PROVISIONAL CERTIFICATE.**  
**PHOTOSTATE ATTESTED COPY OF FOLLOWING DOCUMENT TO**  
**BE SUBMITTED IN HARYANA MEDICAL COUNCIL**

1. **Demand Draft** in Original as HMC Fees structure. (if offline application)
2. Copy of F.I.R./D.D.R. (with Registration Number mentioned init)
3. Self-attested two latest passport size photographs. (if offline application)

**Check list for Good Standing Certificate or Verification from Haryana Medical Council / document to be submitted in Haryana Medical Counciloffice.**

1. **Demand Draft** in Original as HMC Fees structure. (if offline application)
2. Application form along with request on plain paper (Mention for which purpose the GSC is required with name ofCountry)(if offline application)
3. Self-attested copy of Permanent Registration
4. Self-attested Copy of Additional Qualification, if any
5. Self-Attested copy of Passport (Complete with blank pages) with stamp of immigration
6. Self-attested two latest passport size photographs. (if offline application)
7. Details of travel history as per passport entries.

**Check list for Foreign Graduate Student Provisional Registration / Self-attested documents to be submitted in Haryana Medical Council office.**

The candidates are requested to ensure that the documents be enclosed as per the order in the Checklist. All papers/documents should be numbered according to the checklist.

1. **Demand Draft** in Original as HMC Fees structure. (if offline application)
2. Pass Certificate of 10th Class or equivalent examination.
3. Pass Certificate of 11th Class or equivalent examination (**should be attested from respective school**).
4. Copies of Marks sheet of 12th Class (10+2) or equivalent examination (**Should be attested from respective Board**).
5. Copies of MBBS/MD 'Physician' degree
6. Copies of Marks-sheet of MBBS/MD Physician Degree
7. **Embassy verification certificate by candidate.**
8. Eligibility Certificate issued to the Candidate by MCI for admission to Undergraduate Medical Course abroad
9. Copies of Screening Test Result
10. Photocopy of all the pages of all the passports showing visa the date of emigration and immigration from and to foreign country and India
11. Two Color photographs with front view & two signatureslips. (if offline application)
12. Copy of Provisional Registration Certificate issued by State Medical Council (If applicable)
13. Original NOC from State Medical Council (If applicable)
14. **An affidavit for delay in applying for permanent registration-if the delay in applying for registration is more than 30 days after completion of internship.**
15. NOC from the MCI approved Hospital/institute in Haryana where candidate wants to start internship.
16. Affidavit for Provisional Registration (Performa attached)

**Check list for Foreign Graduate Student Permanent Registration / Self-attested documents to be submitted in Haryana Medical Council office.**

The candidates are requested to ensure that the documents be enclosed as per the order in the Checklist. All papers/documents should be numbered according to the checklist.

1. **Demand Draft** in Original as HMC Fees structure. (If offline application)
2. Copies of MBBS/MD 'Physician' degree
3. Copies of Marks-sheet of MBBS/MD Physician Degree
4. Pass Certificate of 10th Class or equivalent examination
5. Pass Certificate of 11th Class or equivalent examination (**should be attested from respective school**).
6. .Copies of Marks sheet of 12th Class (10+2) or equivalent examination (**Should be attested from respective Board**).
7. **Embassy verification certificate.**
8. Eligibility Certificate issued to the Candidate by MCI for admission to Undergraduate Medical Course abroad
9. Copies of Screening Test Result
10. Photocopy of all the pages of all the passports showing visa the date of emigration and immigration from and to foreign country and India
11. Copy of Permanent Registration Certificate issued by State Medical Council.
12. Original Provisional Registration Certificate of candidate completed internship from Haryana.
13. Original NOC from State Medical Council (If already permanently registered with other medical council)
14. Internship Completion Certificate showing posting in various departments trained with specific dates issued by the Medical College/Institution Head
15. **An affidavit for delay in applying for permanent registration-if the delay in applying for registration is more than 30 days after completion of internship.**
16. Two Color photographs with front view & two signature slips (if offline application)
17. Affidavit for Permanent Registration (Performa attached)



**Check list for Additional Qualification Registration (Specialization Registration) document to be submitted in Haryana Medical Council office.**

1. **Demand Draft** in Original as HMC Fees structure. (if offline application)
2. Original Registration certificate issued by Haryana Medical Council.
3. Self-attested Copy of Recognized qualification Postgraduate Degree/Diploma.
4. Self-attested Two Passport size photographs.(if offline application)
5. Self-attested copy of Aadhar Card /Pan Card/ Passport/ driving License/ Govt. ID.

**Checklist for Renewal of Registration.**

1. **Demand Draft** in Original as HMC Fees structure. (if offline application)
2. Original Registration certificate issued by Haryana Medical Council
3. Self-attested copy of Aadhar Card /Pan Card/ Passport/ driving License/  
Govt. ID
4. Two passport size photograph. (if offline application)
5. CME Hours certificate, if applicable

**Check list for Name Change in Permanent Registration**

1. Affidavit For Name change
2. Gazette notification
3. Two news-paper cutting
4. Self-attested copy of Aadhar Card /Pan Card/ Passport/ driving License/ Govt. ID
5. Two latest passport size photographs. (if offline application)
6. Submission of Original Registration Certificate.

**Check list for Address Change in Permanent Registration**

1. Self-attested copy of Aadhar Card /Pan Card/ Passport/ driving License/ Govt. ID
2. Two latest passport size photographs. (if offline application)
3. Submission of Original Registration Certificate.

**AFFIDAVIT FOR PROVISIONAL REGISTRATION**  
**( FOR FOREIGN GRADUATE CANDIDATES )**

Affidavit of \_\_\_\_\_, S/o Sh. \_\_\_\_\_, aged \_\_\_\_\_ years, R/o  
 \_\_\_\_\_

I, the above named deponent, do hereby solemnly affirm and declare as under:-

1. That the Deponent vide his accompanying Application is seeking his provisional Medical Registration Certificate **for the first time** from the Haryana Medical Council, Panchkula, and the self-attested photocopy of my Aadhar Card or Indian Passport is enclosed herewith to establish my identity.

2. That I have passed my requisite MBBS/ M.D.(Physician) /or equivalent foreign qualification of \_\_\_\_\_ from \_\_\_\_\_ institute / university in the Country of \_\_\_\_\_ in the year \_\_\_\_\_.

\*3. That I am not in any way presently registered in India with any other State Medical Council in India or with the Indian Medical Council ( or its Successor).

OR

\*3. That presently I am registered with the Indian Medical Council (M.C.I.) vide medical registration certificate No. \_\_\_\_\_ Dated \_\_\_\_\_

(\* ) Delete which is not applicable

4. That my Indian mobile No. is: \_\_\_\_\_ and my mail I.D. is \_\_\_\_\_.

\*5. That I have not started my Medical internship till date with any Institution / hospital in India or abroad on the basis of my qualification mentioned in para No.2 above.

OR

\*5. That I have started my Medical internship with \_\_\_\_\_ hospital in India on the basis of my qualification mentioned in para No.2 above, with effect from \_\_\_\_\_ as per internship duty order dated \_\_\_\_\_ the self-attested photocopy of which is enclosed.

(\* ) Delete which is not applicable

6. Any punishment awarded by The Hon'ble Court regarding Medical Negligence/PCPNDT Negligence. ( Yes or No) \_\_\_\_\_ if yes(details) \_\_\_\_\_

Place: \_\_\_\_\_

Dated: \_\_\_\_\_

DEPONENT

Verification:

Verified that the contents of paras 1 to 6 of my above affidavit are true and correct to my knowledge. No part of it is false and nothing material has been kept concealed therein.

Place: \_\_\_\_\_

Dated: \_\_\_\_\_

DEPONENT

**AFFIDAVIT FOR PERMANENT REGISTRATION****( FOR FOREIGN GRADUATE CANDIDATES )**

Affidavit of \_\_\_\_\_, S/o Sh. \_\_\_\_\_, aged \_\_\_\_\_ years, R/o

\_\_\_\_\_

I, the above named deponent, do hereby solemnly affirm and declare as under :-

1. That the Deponent vide his accompanying Application is seeking his Permanent Medical Registration Certificate for the first time from the Haryana Medical Council, Panchkula, and the self-attested photocopy of my Aadhar Card or Indian Passport is enclosed herewith to establish my identity.
2. That I have passed my requisite MBBS/M.D.(Physician)/or equivalent foreign qualification of \_\_\_\_\_ from \_\_\_\_\_ institute / university in the Country of \_\_\_\_\_ in the year \_\_\_\_\_.
3. That, previously, I was registered with \_\_\_\_\_ the Medical Council of \_\_\_\_\_ ( in the foreign country) vide Medical Registration No. \_\_\_\_\_ Dated \_\_\_\_\_ in the country of \_\_\_\_\_ the self-attested photocopy of which is enclosed.
4. That I am not in any way \*presently registered in India with any other State Medical Council in India or with the Indian Medical Council ( or its Successor)/ \*Or presently I am registered with the Indian Medical Council (M.C.I.) vide medical registration certificate No. \_\_\_\_\_ Dated \_\_\_\_\_.

(\* ) Omit if it is not applicable.

5. That my Indian mobile No. is: \_\_\_\_\_ and my mail I.D. is \_\_\_\_\_.

6. Any punishment awarded by The Hon'ble Court regarding Medical Negligence/PCPNDT Negligence. ( Yes or No) \_\_\_\_\_ if yes (details) \_\_\_\_\_

Place: \_\_\_\_\_

Dated: \_\_\_\_\_

DEPONENT

**Verification:**

Verified that the contents of paras 1 to 6 of my above affidavit are true and correct to my knowledge. No part of it is false and nothing material has been kept concealed therein.

Place: \_\_\_\_\_

Dated: \_\_\_\_\_

DEPONE

**AFFIDAVIT FOR CHANGE IN NAME**

Affidavit of \_\_\_\_\_, S/o Sh. \_\_\_\_\_, aged \_\_\_\_\_ years, R/o

\_\_\_\_\_  
I, the above named deponent, do hereby solemnly affirm and declare as under :-

1. That the Deponent vide his accompanying Application is seeking change in name in his/her Medical Registration Certificate from the Haryana Medical Council, Panchkula, and the self-attested photocopy of my Aadhar Card is enclosed herewith to establish my identity.
2. That I am presently registered with Haryana Medical Council vide Registration No. \_\_\_ Dated \_\_\_ with the present name of \_\_\_\_\_ s/d/o \_\_\_\_\_, the self-attested photocopy of which is enclosed.
3. That my mobile No. is: \_\_\_\_\_ and my mail I.D. is \_\_\_\_\_.
4. That I wish the said change in my name to new name of \_\_\_\_\_ Because \_\_\_\_\_ (give reasons), and the self-attested photocopy of a proof of change of name is enclosed.
5. Any punishment awarded by The Hon'ble Court regarding Medical Negligence/PCPNDT Negligence. ( Yes or No) \_\_\_\_\_

Place: \_\_\_\_\_

Dated: \_\_\_\_\_

DEPONENT

**Verification:**

Verified that the contents of paras 1 to 5 of my above affidavit are true and correct to my knowledge. No part of it is false and nothing material has been kept concealed therein.

Place: \_\_\_\_\_

Dated: \_\_\_\_\_

DEPONENT

Note: This affidavit (on a non-judicial stamp paper of rupees three or above) is to be signed by the deponent on all its pages and is to be got attested by a Notary Public or by the Executive Magistrate Ist Class. The photo of the deponent must also be affixed on the affidavit and got attested by the Notary Public or Executive Magistrate Ist Class.

### Haryana Medical Council Fees Structure

<b>Sr. no</b>	<b>Registration Name</b>	<b>Registration Fee</b>
<b>1</b>	<b>Provisional Registration (After Passing MBBS)</b>	<b>2100</b>
<b>2</b>	<b>Provisional Registration (Graduates From Out Of Haryana)</b>	<b>2100</b>
<b>3</b>	<b>Provisional Registration (Foreign Graduates)</b>	<b>10100</b>
<b>4</b>	<b>Registration Transfer</b>	<b>3100</b>
<b>5</b>	<b>Foreign Registration Transfer</b>	<b>20100</b>
<b>6</b>	<b>Permanent Registration (After Passing MBBS)</b>	<b>3100</b>
<b>7</b>	<b>Permanent Registration (Graduates From Out Of Haryana)</b>	<b>5100</b>
<b>8</b>	<b>Permanent Registration (Foreign Graduates)</b>	<b>20100</b>
<b>9</b>	<b>Additional Qualification Registration</b>	<b>2100</b>
<b>10</b>	<b>Duplicate Registration Certificate</b>	<b>2600</b>
<b>11</b>	<b>Renewal Registration</b>	<b>5000</b>
<b>12</b>	<b>No Objection Certificate</b>	<b>5100</b>
<b>13</b>	<b>Good Conduct</b>	<b>3100</b>
<b>14</b>	<b>Restoration Form</b>	<b>1100</b>



