राष्ट्रीय आयुर्विज्ञान आयोग
National Medical Commission
आचार और चिकित्सा पंजीकरण बोर्ड
Ethics & Medical Registration Board

पॉकेट-14, सेक्टर-08, द्वारका, फेस-1, नई दिल्ली-110077, Pocket-14, Sector-8, Dwarka Phase-1, New Delhi-110077
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APPLICATION FORM
FOR INDIAN MEDICAL REGISTER CERTIFICATE
(I.M.R. CERTIFICATE)

(Please read instructions before filling the form)

Paste Recent Colour Photograph with name on back side of photograph

1. NAME OF THE DOCTOR (AS GIVEN IN THE INDIAN MEDICAL REGISTER):

2. FATHER'S/ MOTHER'S/ HUSBAND'S NAME: (AS GIVEN IN INDIAN MEDICAL REGISTER)

3. PRESENT ADDRESS: *(WITH PHONE, MOB.NO AND E-MAIL.)

4. PERMANENT ADDRESS: (AS GIVEN IN THE INDIAN MEDICAL REGISTER)

5. (a) MEDICAL COUNCIL (S) WITH WHICH REGISTERED FOR PRIMARY QUALIFICATION. REGISTRATION NO. (S) AND DATE(S)

   (b) MEDICAL COUNCIL (S) WITH WHICH REGISTERED FOR ADDITIONAL QUALIFICATION. REGISTRATION NO. (S) AND DATE(S)

   (c) COPY OF DOCUMENT INDICATING COLLEGE NAME FROM WHICH:

   (i) PRIMARY QUALIFICATION OBTAINED:

   (ii) ADDITIONAL QUALIFICATION OBTAINED:

6. DATE OF BIRTH & SEX:

7. DETAILS OF PAYMENT OF FEES :

(a) PAID BY DEMAND DRAFT/RTGS/NEFT/IMPS

(b) AMOUNT RUPEES:

(c) NAME & ADDRESS OF ISSUING:
BANK WITH BRANCH

(d) DEMAND DRAFT NO. & DATE/

PAYMENT INSTRUMENT REFERENCE

NO. & DATE

(SIGNATURE OF THE CANDIDATE)

DATED ----------

PLACE ----------

INSTRUCTION TO CANDIDATE FOR FILLING THE APPLICATION FORM FOR OBTAINING AN INDIAN MEDICAL REGISTER CERTIFICATE.

THE APPLICATION FORM SHOULD BE PROPERLY AND NEATLY FILLED IN AND SHOULD BE SUBMITTED ALONG WITH THE FOLLOWING DOCUMENTS: -

1. FOR ISSUE OF IMR CERTIFICATE FOR PRIMARY MEDICAL QUALIFICATION, A FEE OF RS. 1180 (INCLUDING GST) AND FOR CERTIFICATE OF EACH ADDITIONAL QUALIFICATION Rs. 1180/- (INCLUDING GST), WILL BE CHARGED AND DRAFT BE MADE ACCORDINGLY.

2. THE DEMAND DRAFT SHOULD BE DRAWN IN FAVOUR OF "THE SECRETARY, NATIONAL MEDICAL COMMISSION, NEW DELHI" PAYALABLE AT NEW DELHI ON REVERSE SIDE OF THE DRAFT, FOLLOWING DETAILS WILL BE FILLED BY THE APPLICANT AND DULY SIGNED.

    a) Name :
    b) Father's Name
    c) Purpose for which the draft submitted
    d) E-mail ID
    e) Mobile No.

3. A SELF ATTESTED COPY OF PERMANENT REGISTRATION CERTIFICATE.

4. A SELF ATTESTED COPY OF MBBS DEGREE CERTIFICATE. IF NAME OF THE MEDICAL COLLEGE IS NOT INDICATED IN THE DEGREE CERTIFICATE, THEN ANY ADDITIONAL CERTIFICATE ISSUED FROM THE COLLEGE.

5. ONE ADDITIONAL RECENT PASSPORT SIZE COLOUR PHOTOGRAPH ALONGWITH SIGNATURE ON REVERSE SIDE OF PHOTO.

6. RECEIPT DULY FILLED AND SIGNED BY THE RECEIVING OFFICER WILL BE OBTAINED BY THE APPLICANT FOR FUTURE REFERENCE.

CHECK LIST for submission of documents

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. Please arrange the application in the following order & tick mark the relevant boxes.

1. Check list ……..	Yes	No
2. Bank Draft for Rs. 1000/-…….	Yes	No
3. Application form ……..	Yes	No
4. Attested zerox copy of permanent Registration certificate (MBBS/MS/ MD/DM/M.Ch/DNB etc.)…….	Yes	No
5. Two Colour photographs(one pasted on application and other attach with signature on back side of photograph)…..	Yes	No

Signature …….

Date …….

ACKNOWLEDGEMENT

(to be filled by the candidate)

Received Application from Ms/Mr.....D/o / S/o Sh……..... alongwith Bank Draft/DD No…… dated..…….. for Rs…..... Drawn on Bank……. for issuance of I.M.R. Certificate for consideration.

OFFICIAL SEAL

Signature of Receiving Official with date