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 OBTAINING A CERTIFICATE OF GOOD STANDING

(Please read the instructions carefully as given in Appendix-I before filling the form.)

1.	NAME OF THE DOCTOR (AS GIVEN IN THE INDIAN MEDICAL REGISTER)			
2.	FATHER'S / MOTHER'S/ HUSBAND'S NAME (AS GIVEN IN THE STATE MEDICAL REGISTER)			
3.	PRESENT ADDRESS			
4.	PERSONAL EMAIL ID			
5.	MOBILE NUMBER			
6.	Medical Qualification			
	Degree Name	University Name	College Name	Passing month & year
a.				
b.				
c.				
7.	State Medical Council			
	Name of Council	Registration No.	Registration Date	
a.				
b.				
c.				
8.	PLACES AT WHICH HE/SHE HAD WORKED DURING THE LAST FIVE YEARS WITH FULL DETAILS			
	Name of Organization	Address	Period	
a.				

b.			
c.			
d.			
e.			
9.	ADDRESS WITH CONTACT DETAILS IF CERTIFICATE IS TO BE SENT ABROAD		
a.	Email Id		
b.	Correspondence Address		
10.	Payment Details		
a.	Offline Payment (enclose original Demand Draft) Bank & Branch Name: - _____ Demand Draft No.: _____ Date: _____ Amount: _____	Online Payment (enclose payment receipt) Payment Amount (includes 18% GST): _____ Transaction Number: _____ Bank Reference Number: _____ Date of Amount: _____ PayUMoney Id: _____	

SIGNATURE OF THE CANDIDATE

DATED_____

PLACE _____

RECOMMENDATION OF THE STATE MEDICAL COUNCIL: -

1. CERTIFIED THAT THE PARTICULARS GIVEN ABOVE ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND ACCORDING TO THE RECORD AVAILABLE WITH ME.

2. CERTIFIED THAT DOCTOR_____S/O /D/O_____HOLDS CURRENT REGISTRATION WITH THIS COUNCIL AND NO DISCIPLINARY PROCEEDINGS HAD BEEN TAKEN OR WERE IN PROGRESS AGAINST HIM/HER ON THIS DATE BY THIS COUNCIL.

REGISTRAR,
STATE MEDICAL COUNCIL

DATED:

NOTE: THE CERTIFICATE OF GOOD STANDING ISSUED BY THE NATIONAL MEDICAL COMMISSION WILL BE **VALID UPTO SIX MONTHS FROM THE DATE OF ISSUE**.

APPENDIX-I

INSTRUCTIONS TO CANDIDATE FOR FILLING THE APPLICATION FROM FOR OBTAINING A CERTIFICATE OF GOOD STANDING.

1. THE APPLICATION FORM SHOULD BE PROPERLY AND NEATLY FILLED IN.

2. THE APPLICATION IS TO BE FORWARDED TO THIS OFFICE THROUGH THE REGISTRAR OF THE STATE MEDICAL COUNCIL WITH WHOM THE PERSON CONCERNED IS REGISTERED. IN CASE HE IS REGISTERED WITH MORE THAN ONE STATE MEDICAL COUNCIL THEN HE SHOULD GIVE ALL THE REGISTRATION NUMBERS, WITH DATES AND THE NAME OF THE STATE MEDICAL COUNCILS, BUT FORWARD HIS APPLICATION THROUGH THE REGISTRAR OF ONE OF THE MEDICAL COUNCILS. IN CASE OF DOCTORS REGISTERED WITH ERSTWHILE MEDICAL COUNCIL OF INDIA, AN OPTION TO APPLY ONLINE IS AVAILABLE. AFTER CREATING ACCOUNT IN DOCTOR'S LOGIN ON NMC WEBSITE, YOU CAN APPLY FOR GOOD STANDING CERTIFICATE.

3. PLEASE ENCLOSE AN ATTESTED COPY OF THE PERMANENT REGISTRATION CERTIFICATE ALONG WITH MBBS DEGREE.

4. NON REFUNDABLE APPLICATION FEE OF RS. 2000/- (RUPEES TWO THOUSAND ONLY) + 18% GST BY A BANK DRAFT IN FAVOUR OF "THE SECRETARY, NATIONAL MEDICAL COMMISSION, NEW DELHI", PAYABLE AT NEW DELHI. ON REVERSE OF THE DRAFT, FOLLOWING DETAILS TO BE FILLED BY THE APPLICANT AND DULY SIGNED: -

(a) Name

(b) Father's Name

(c) Purpose for which the draft submitted

(d) Telephone No with E-MAIL/Mobile No.

5. CANDIDATE IS ADVISED TO CHECK HIS/HER DETAILS IN **INDIAN MEDICAL REGISTER (IMR)** DATA ON NMC WEBSITE BEFORE APPLYING GOOD STANDING CERTIFICATE. IN CASE OF DISCREPANCY THE SAME SHOULD BE RECTIFIED THROUGH SMC IN IMR RECORDS.

6. IF THE CERTIFICATE HAS TO BE SENT TO THE FOREIGN COUNCIL/COUNTRY/AUTHORITY THEN THE FEE WOULD BE **RS. 8900/- (INCLUDING GST)** OR FOR APPLICANT PERSONAL EMAIL THE FEE WOULD BE **RS. 2360/- (INCLUDING GST).**

7. IT IS FOR THE INFORMATION OF THE CANDIDATES THAT THE DIGITALLY SIGNED CERTIFICATES WOULD BE SENT BY E-MAIL.

8. ALL QUERIES MAY BE ADDRESSED TO NATIOAL MEDICAL COMMISSION MAY BE SENT TO **goodstanding@nmc.org.**

9. APPLICANT IS ADVISED TO RETAIN COPY OF HIS APPLICATION AND DRAFT 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.	Application fee of Rs. 2000/- + 18% GST…….	Yes	No
2.	Extra fee, if the certificate is to be sent abroad	Yes	No
3.	Application form ……..	Yes	No
4.	Recommendation of the State Medical Council	Yes	No
5.	Attested copy of Permanent Registration Certificate	Yes	No
6.	E-mail where certificate is to be sent	Yes	No
7.	Attested copy of MBBS Degree	Yes	No

Signature …….

Date :-

ACKNOWLEDGEMENT

(to be filled by the candidate)

Received Application from Ms/Mr.…… D/o / S/o Sh……..... along with Bank Draft/DD No……dated..…….. for Rs……Drawn on Bank……for issuance of Good Standing Certificate for consideration.

OFFICIAL SEAL

Signature of Receiving Official with date

AFFIDAVIT

I _____ S/o _____ R/o_____

_____

, Aged – _____ years do hereby solemnly affirm and declare as under:

1. That no professional misconduct case is under enquiry against me in any of the State Medical Council or in any other Courts in India.

2. That it is my true statement.

Deponent

Verification:

Verified on _____Day of _____, 2025 at _____that the contents of the affidavit are true & correct to the best of my knowledge and belief and nothing has been concealed therein.

Deponent