

	<h2 style="margin: 0;">MEDICAL COUNCIL OF INDIA</h2> <p style="margin: 0;">Pocket - 14, Sector - 8, Phase-I, Dwarka, New Delhi – 110 077</p> <p style="margin: 0;">Phone : 011-25367033, 25367035, 25367036</p> <p style="margin: 0;">Email : mci@bol.net.in, Website : www.mciindia.org</p>
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**APPLICATION FORM FOR ELIGIBILITY CERTIFICATE**

*(For getting admission to Graduate Medical Course in a Foreign Medical Institution u/s 12 and 13(4B) of Indian Medical Council Act, 1956)*



- (1) Name in Capital letters (according to 12<sup>th</sup> Class Certificate or its equivalent) .....
- .....
- (2) Father's Name .....
- (3) Sex (tick mark the correct box)                       MALE                       FEMALE
- (4) Nationality ..... Date of Birth .....
- (5) Age (as on 31st Dec. of admission year) YEARS  MONTHS  DAYS
- (6) Category (General/SC/ST/OBC) .....
- (7) Two visible identification marks : (a) .....
- (b).....
- (8) Present Address in capital letters (including pin code no & phone no) .....
- .....
- .....
- (9) Permanent Address in capital letters (including pin code no. & phone no.) .....
- .....
- .....

(10) Details of educational qualifications from 11th standard onwards:

**11<sup>th</sup> Class details :**

<ul style="list-style-type: none"> <li>• School Name &amp; Address .....</li> <li>• Board Name &amp; Address .....</li> <li>• Roll No..... Result.....</li> <li>• Certificate No. &amp; Date .....</li> <li>• Date of Joining &amp; Date of Completion.....</li> </ul>					
Subjects	Maximum Marks		Marks Obtained		% Result Pass/Fail
	Theory	Practical	Theory	Practical	
English					
Physics					
Chemistry					
Biology					
<b>PCB Total</b>					

**12<sup>th</sup> Class/ Intermediate or 10+2 details :**

<ul style="list-style-type: none"> <li>• School Name &amp; Address .....</li> <li>• Board.....Roll No.....</li> <li>• Date of Joining .....Date of Passing .....</li> <li>• School Code No. ....</li> </ul>					
Subjects	Maximum Marks		Marks Obtained		% Result Pass/Fail
	Theory	Practical	Theory	Practical	
English					
Physics					
Chemistry					
Biology					
<b>PCB Total</b>					

**B.Sc. or any other University Examination. (if any) :**

<ul style="list-style-type: none"> <li>• College Name &amp; Address .....</li> <li>• University .....</li> <li style="padding-left: 100px;">.....Roll No.....</li> <li>• Date of Joining ..... Date of Passing .....</li> </ul>						
Subjects	Maximum Marks		Marks Obtained		% Result	Pass/Fail
	Theory	Practical	Theory	Practical		
<b>Grand Total</b>						

(11) Name of the Foreign Medical College/Institution wherein Admission Is sought by the Candidate.....  
.....

(12) Name of the Foreign Medical University to which the Foreign Medical College/Institution with country name mentioned in Col. No. 11 above, is affiliated .....

(13) Year of admission in Foreign Medical College/Institution .....

(14) Details of payment of fees :

**(a) Eligibility Certificate Fee:**

(i) Paid by Demand Draft of Rs. 1,000.00 (Rs. One thousand only)

DD

(ii) Demand draft, details thereof :

Name and address of issuing bank.....

Demand Draft Number and date .....

Amount Rs.....

**(b) Verification Fees (as prescribed by concerned board) Details:**

(i) Name & Address of issuing bank.....

(ii) Demand Draft Number and date .....

(iii) Demand Draft in Favour of .....

(iv) Amount Rs.....

(15) Email address of the candidate: .....

(16) Mobile No of the Candidate.....

.....

(Signature of Candidate)

Place : .....

Date : .....

**NOTE: THE APPLICANT MUST PROVIDE HIS/HER EMAIL ADDRESS AND MOBILE NO. THE CERTIFICATES OF THE CANDIDATES WILL BE MADE AVAILABLE ONLINE ON OUR WEBSITE [www.mciindia.org](http://www.mciindia.org) ON OR AFTER 27<sup>th</sup> FEBRUARY,2013 UNDER “APPLY ONLINE PORTAL”. A LOGIN ID AND PASSWORD WILL BE PROVIDED TO THE APPLICANTS THROUGH SMS AND E-MAIL BY WHICH THEY CAN DOWNLOAD THEIR CERTIFICATES AND CAN TAKE PRINT OUT.**

**DECLARATION**

I declare that the entries made by me in this Form are true to my knowledge and I understand that I am liable for action under the law for any false information or document produced by me without any notice from MCI, New Delhi.

I also understand that the Medical Council of India shall be free to investigate on its own into the correctness of information furnished by me in this application and/or call for any further information in this regard from me and in the event of any information furnished by me being found to be incorrect or false during such investigation or at any subsequent stage, the Council may refuse to issue the eligibility certificate or if already issued may cancel the same and I shall stand debarred from appearing in the Screening Test prescribed in Sub-Section(4A) of Section 13 of the Indian Medical Council Act, 1956 and any other rule and regulation framed by MCI, New Delhi without any notice.

I understand that after obtaining the foreign recognized primary medical qualification, and subject to the verification as contained above, I have to pass a screening test prescribed under the Indian Medical Council Act, 1956 read with the Eligibility Requirement for taking Admission in an Undergraduate Medical Course in a Foreign Medical Institution Regulations, 2002 and the Screening Test Regulations, 2002 before grant of provisional/permanent registration by the Medical Council of India or any of the State Medical Councils.



(Signature of Candidate)

Name.....

Place : .....

Date : .....

**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 and arranged according to the checklist. In the following order & tick mark the relevant box:

S.NO.	Particulars/Details	Whether Yes or No	
		Yes	No
1	Check list	Yes	No
2	Bank Draft for Rs.1,000/-	Yes	No
3	Whether candidate's name, Father's name, phone no. & purpose has been written on the back of DD/Pay order duly signed by the candidate	Yes	No
4	Application form	Yes	No
5	Three attested copies of Passport	Yes	No
6	Three attested copies of Pass Certificate of 10 <sup>th</sup> Class or equivalent examination	Yes	No
7	Three attested copies of Pass Certificate of 11 <sup>th</sup> Class or equivalent examination	Yes	No
8	Three attested copies of Marksheet of 12 <sup>th</sup> Class (10+2) or equivalent examination	Yes	No
9	Three attested copies of Pass Certificate of 12 <sup>th</sup> Class (10+2) or equivalent examination. <i>(showing all the subjects &amp; the name of the school)</i>	Yes	No
10	Three attested copies of School/College Leaving Certificate for Bihar Board Students & for Tamilnadu Board Students	Yes	No
11	Three attested copies of B.Sc. Marksheet - if the candidate obtained less than 50% marks for General and 40% marks for Reserve Category	Yes	No
12	Three attested copies of OBC/SC/ST Certificate <i>(mention the Caste Certificate number, date and name and address of the Issuing authority on the back side of copy of the certificate )</i>	Yes	No
13	Three attested copies of English Translation of OBC/SC/ST Certificate - <i>(if the Certificate is in regional language) .</i>	Yes	No
14	One additional colour passport size photograph with front view	Yes	No
15	Three attested copies of Admission/Acceptance letter of Foreign Medical University	Yes	No
16	Additional DD for Verification of 10+2 marksheet/Certificate, as per list given in the instructions	Yes	No
17	Original Certificates for Serial No 6 to Sr. No 13.	Yes	No

Dated .....

(Signature of Candidate)

(NEW PAGE INSERTED)

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**THREE NON-ATTESTED  
PHOTOGRAPH**

**SPECIMEN SIGNATURE OF  
THE CANDIDATE**

Colour Photograph

(Signature of the Candidate)

Colour Photograph

(Signature of the Candidate)

Colour Photograph

(Signature of the Candidate)

## INSTRUCTIONS

*(Read Instructions carefully before filling up the Eligibility*

- 1) Incomplete documents and applications without originals will not be accepted. Application must be complete in all respects. No alteration will be allowed to be made in the application form after it has been submitted to the Council.
- 2) The applicant who applies through post must enclose the originals properly tagged along with the application form.
- 3) The Form should be filled up using Capital letters in candidate's own legible handwriting.
- 4) Demand draft for Rs.1000/- (Rupees One Thousand only) in favour of **"The Secretary, Medical Council of India", Payable at New Delhi.** On reverse of demand draft please mention applicant's Name, Father's Name, purpose for which the draft submitted and Telephone Number. Applicant is required to affix one recent front view colour photograph duly attested by a Gazetted Officer on the application form.
- 5) All the documents should be submitted in original (along with three legible attested photocopies)
- 6) Original Matriculation Certificate showing Date of Birth (with three attested photocopies.)
- 7) Original Marksheet of the 11<sup>th</sup> class (with three attested photocopies).
- 8) Original +2 Marksheet & Pass Certificate (with three attested photocopies).
- 9) Original and three attested copies of School/College Leaving Certificate for Bihar Board Students
- 10) Original SC/ST/OBC Certificate (with three attested photocopies) (in case of reserved category candidates) and a copy of English Version in case of Caste Certificate is in regional language.
- 11) Original Proof of Admission in Foreign Medical University (alongwith three attested photocopies)
- 12) Applicant to retain one copy of application form and draft for future reference.
- 13) Equivalency Certificate from AIU to the +2 equivalent qualifications, if obtained from abroad.
- 14) Fee for verification of qualifying examination as prescribed by the State Boards/Universities concerned, as mentioned below in Column No. 16
- 15) Verification fees to be submitted by way of DD/Pay Order by the candidate who have qualified 10+2 examinations from the following States :

**VERIFICATION FEE WILL BE SUBMITTED ONLY IN FORM OF DEMAND DRAFT/PAY ORDER**

SNo	State/Board	Amount	In favour of
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a)	Andhra Pradesh	Rs. 100/-	Secretary, B.I.E, AP, Hyderabad
b)	Assam	Rs.100/-	Secretary, Assam Higher Secondary Education, Council payable at Guwahati
c)	CBSE		<b>Secretary, C.B.S.E.</b> , payable in respect of 12th Roll Number starting with : - '1' Payable at Ajmer for Rs. 235/- '2' Payable at Panchkula for Rs. 100/- '3' Payable at Guwhati, for Rs. 200/- '4' Payable at Chennai for Rs. 230/- '5' Payable at Allahabad for Rs. 130/- '6' Payable at Delhi for Rs. 100/- '7' Payable at Bihar for Rs. 100/-
d)	GOA	Rs.100/-	Secretary, Goa Board of Secondary & Higher Secondary Education, Alto-Betim-Goa.
e)	Gujarat	Rs.75/-	Secretary, Gujarat Secondary & Higher Secondary Education Board, Gandhinagar payable at Ahmedabad/Gandhinagar from Nationalized bank only.
f)	ICSE	Rs. 300/-	Secretary, Council for the Indian School Certificate Examination, payable at Delhi.
g)	Jammu & Kashmir	Rs.485/-	Chairman J & K State Board of School Education, payable at J & K Bank, Rehari Colony, Jammu/Lalmandi Srinagar.
h)	Madhya Pradesh	Rs.100/-	Secretary, Madhya Pradesh Board of Secondary Education, payable at Bhopal
i)	Himachal Pradesh	Rs. 200/-	Secretary, Himachal Pradesh School Education Board, Dharamshala-176700, Payable at Dharamshala
j)	Maharashtra	Rs.200/-	Secretary, M.S. Board of Secondary & Higher Secondary Education of respective Divisional Board from Nationalised Bank only.
k)	Manipur	Rs.100/-	Secretary, Council of Higher Secondary Education, payable at Manipur
l)	Orissa	Rs. 20/-	"Finance Officer, CHS, Orissa, Bhubaneshwar".
m)	Punjab	Rs.600/-	Secretary, Punjab School Education Board, payable at Mohali/Chandiargh
n)	Tamil Nadu	Rs.50/-	The Director, Directorate of Govt. Examinations, Chennai-6, payable at Chennai (From Nationalized Bank.)
o)	West Bengal	Rs.100/- (from SBI)	West Bengal Council of Higher Secondary Education, Payable at Kolkata

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**ACKNOWLEDGEMENT**

*(to be filled by the candidate)*

Received Application from Ms/Mr.....  
D/o / S/o Sh..... alongwith Bank Draft  
Receipt No..... dated..... for Rs 1000/- (Rs. One  
thousand only) Drawn on Bank.....  
for issuance of Eligibility Certificate u/s 12 and 13(4B) of the I.M.C. Act, 1956 for  
consideration.



Signature of Receiving Official  
with date

Email of Eligibility Section : [eligibility@mciindia.org](mailto:eligibility@mciindia.org)