

4. The Sikkim Medical Council approved the review of fees for registration with Sikkim Medical Council w.e.f. 28.02.2017, the proposal to be submitted to the Government of Sikkim for approval. The following (revised) fees shall be levied by the Council:

| | |
|---|--|
| 1. For Provisional Registration | Rs. 2000/- |
| 2. Permanent Registration | Rs. 5000/- for five years |
| 3. Renewal of Registration | Rs. 5000/- for five years |
| 4. Duplicate copy of Registration | As applicable for relevant certificate |
| 5. Issue of No Objection Certificate | Rs. 2000/- |
| 6. Certified copy of entries | Rs. 2000/- |
| 7. Good Standing Certificate | Rs. 5000/- |
| 8. Registration of Additional Qualification (each) | Rs. 2000/- |
| 9. Permission to practice Medicine for Foreigner's u/s 14(1) of IMC Act, 1956 | Rs. 5000/- |
| 10. Permission for Foreign Nationals Coming To India for Elective training | Rs. 5000/- |
| 11. Submission of complaint against any Doctor(s) | Rs. 5000/- |
| 12. For any other types of Certificate not Covered above | Rs. 3000/- |



SIKKIM MEDICAL COUNCIL, GANGTOK

From:
THE REGISTRAR,
SIKKIM MEDICAL COUNCIL, GANGTOK,
BEHIND PAEDIATRIC DEPARTMENT,
S.T.N.M. HOSPITAL,
P.O. GANGTOK, EAST SIKKIM-737101
Ph. No.: 03692-204915
E-mail: registrar_smc2007@rediffmail.com

Instructions for filling up the Application form for Permanent Registration.

Writing Instructions

Application needs to be filled in by the applicant in his/her own handwriting. All particulars should be filled in neat legible hand and in block letters (i.e. no running hand, lower case is not permitted). No short forms should be used. The applicant must ensure that name entered in the application form exactly corresponds with his/her name with the supporting documents.

Name:

1. In all boxes of names, fill in the name in Roman script.
2. Prefix: Mention Mr. Ms. Do not write Dr. in any box. The prefix of Mrs. Is permitted in the special box provided for married women applicants. They can retain the prefix of Ms. in that box, if they so desire.
3. Married women applying for Provisional Registration should write their maiden name in the first box. They should indicate their name after marriage in the box provided.

Posting Instruction

Application may be submitted in person or sent by the registered post/courier to above mentioned address.

Payment Instruction

Registration fee will be accepted by Demand Draft/Pay Order/ Banker's Cheque.

Acceptance of Application

Forms will be accepted during 10:00 a.m. to 3.00 p.m. at the office of Sikkim Medical Council, Gangtok. An incomplete form or the one not accompanied by valid payment will not be accepted. Such a form received by post will be destroyed. No correspondence in this regard will be entertained.

Application form:

Rs. 100/- (Rupees one hundred) only by Demand Draft.

Permanent Registration fee:

Rs. 5000/- (Rupees five thousand) only by Demand Draft *(for five years)*

Preservation:

This "Certificate of Registration" is to be preserved by Registered Medical Practitioner carefully. It is required to be displayed at the normal place of Clinical practice.

-sd-
Registrar

**Application form for Registration with Sikkim Medical Council, Gangtok
U/S 13 (1) of Sikkim Medical Registration Act, 2005
and U/S 39 (1) of Sikkim Medical Registration Rules, 2007**

To,
The Registrar
Sikkim Medical Council,
Gangtok.

| |
|---|
| Passport size photograph duly attested by a Gazetted Officer |
|---|

Sir/Madam,

I request you to register me as a Medical Practitioner under Section 13 (1) of Sikkim Medical Registration Act, 2005 and to issue the necessary Certificate. My particulars are as follows:

| Name of applicant | Prefix | (First Name) | (Middle Name) | (Family Name) |
|--------------------|--------|--------------|---------------|---------------|
| (1) Name | : | | | |
| (2) Name of Father | : | | | |
| (3) Name of Mother | : | | | |

Name of Husband if Married:

| | | | | | |
|----------|---|--|--|--|--|
| (4) Name | : | | | | |
|----------|---|--|--|--|--|

(5) Present Address: _____

(6) Permanent Address: _____

(7) Nationality: Indian Other Specify _____ Sex: Male
 Female

| | | | |
|---------------------------|----|----|----|
| (8) Date & place of Birth | DD | MM | YY |
| | | | |

| | |
|-------------------------|--|
| (9) Identification Mark | |
|-------------------------|--|

SIKKIM MEDICAL COUNCIL, GANGTOK.

DECLARATION

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 of 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 confided in my.
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 traditions of medical profession.
10. I will treat my colleagues with 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 and all applicable rules and regulations of the State Government.
12. I further declare that I have not been convicted of a cognizable offence nor have I been found guilty of any type of professional misconduct.

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

Signature : _____

Full Name : _____

Permanent Address: _____

Date: _____

Contact Number & E-mail ID: _____

I have enclosed following certificates in original, along with their neat & legible attested photocopies:

1. Birth Certificate
2. Class X marksheet and passed Certificate.
3. Certificate of passing Inter-Science/ Higher Secondary or Equivalent Examination with the name of the University/ Board.
4. Memorandum of Marks of all subject pursued during the course of study of M.B.B.S.
5. Certificate of Medical Education indicating attempts for passing 1st, 2nd and final M.B.B.S. examination issued by the Head of the Institution.
6. Internship completion Certificate issued by the Head of the Institution.
7. M.B.B.S. degree Certificate
8. Previous Registration Certificate (incase where the Medical Practitioner is already register with another State/MCI)
9. Proof of changed of name in case of applicants desirous of registration in new name.
10. Demand Draft/Pay Order/ Banker's cheque No. _____ date _____ for/ Rs. _____ favouring Sikkim Medical Council payable at Gangtok.
11. Provisional Registration Certificate.
12. Two Recent passport size photographs apart from the one on application form.
13. Aadhaar Card/Voter Card.

Declaration

I have carefully read the instructions and I certify that the particulars furnished above are true to the best of my knowledge and belief.

Date:

Place:

(Signature)

FOR OFFICE USE ONLY

| | |
|--|--|
| <u>Particulars of Payment:</u> | |
| Demand Draft/Pay Order/ Banker's cheque No. | |
| Date of issue of Demand Draft/Pay Order/ Banker's Cheque | |
| Name of the Bank and place of issue | |
| Demand Draft/Pay Order Amount | |
| <u>Particulars of Documents:</u> | |
| Receipt No. and Date | |
| Signature of SMC Employee. | |
| Signature of Registrar SMC | |

Note: 1) Instruction sheet attached

2) Read the instructions carefully before filling the form.

| | |
|---|--|
| (10) PRELIMINARY EDUCATION FULL PARTICULARS OF MATRICULATION/ EQUIVALENT EXAMINATION PASSED WITH NAME OF THE EXAMINING BODY AND WITH THE YEAR OF OBTAINING THE QUALIFICATION. | |
|---|--|

| | |
|--|--|
| (11) DATE OF PASSING INTER- SCIENCE/HIGNER SECONDARY OR EQUIVALENT EXAMINATION WITH THE NAME OF THE UNIVERSITY. | |
|--|--|

| | |
|---|--|
| (12) NAME OF THE MEDICAL COLLEGE ATTENDED WITH THE DATE OF JOINING AND LEAVING. | |
|---|--|

| | |
|---|--|
| (13) NAME OF THE MEDICAL DEGREE/DIPLOMA OBTAINED AND UNIVERSITY/LICENSING BODY WITH THE MONTH AND YEAR OF OBTAINNING THE QUALIFICATION. | |
|---|--|

| | |
|--|--|
| (14) WHETHER HE/SHE HAS UNDERGONE PRACTICAL TRAINING BEFORE OR AFTER OBTAINING THE MEDICAL DEGREE/DIPLOMA AS AN INTERNEE IN A HOSPITAL. | |
|--|--|

| | |
|---|--|
| IF SO, WHETHER THE HOSPITAL OR INSTITUTE WHERE SUCH TRAINING WAS OBTAIN IS REGOGNISED EITHER BY THE COUNCIL OF THE MEDICAL SCHOOL/COLLEGE CONCERNED (GIVE FULL DETAILS OF THE HOSPITAL/INSTITUTION). | |
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| (15) NAME OF THE STATUTORY UNIVERSITY AND PLACE TO WHICH THE SAID INSTITUTION IS AFFILIATED. | |
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|--|--|
| (16) IF HE/SHE REGISTERED WITH ANY OTHER MEDICAL COUNCIL THE NAME OF BODY WITH REGISTRATION NUMBER AND DATE OF REGISTRATION. | |
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| | |
|--|--|
| (16) IS HE/SHE A CITIZEN OF INDIA (A) BY BIRTH (B) BY DOMICILE | |
|--|--|

| | |
|---|--|
| IF SO STATE THE DATE OF BECOMING INDIAN CITIZEN. | |
|---|--|



From:
THE REGISTRAR,
SIKKIM MEDICAL COUNCIL, GANGTOK
BEHIND PAEDIATRIC DEPARTMENT,
S.T.N.M. HOSPITAL,
P.O. GANGTOK, EAST SIKKIM-737101
Ph. No.: 03592-204915



APPLICATION FORM FOR REGISTRATION OF ADDITIONAL
QUALIFICATION
U/S (12) OF SIKKIM MEDICAL REGISTRATION ACT 2005.

1. NAME OF THE DOCTOR
2. ADDRESS AS GIVEN IN THE SIKKIM MEDICAL REGISTER.
3. PRESENT ADDRESS IN BLOCK CAPITALS WITH PIN CODE & PHONE NO.
4. PERMANENT ADDRESS IN BLOCK CAPITALS WITH PINCODE & PHONE NO.
5. REGISTRATION NUMBER (AS IT APPEARS ON THE REGISTRATION CERTIFICATE).
6. ADDITIONAL QUALIFICATION FOR WHICH CERTIFICATE IS REQUESTED WITH DOCUMENTARY PROOF.

DETAILS TO BE FURNISHED IN THE TABLE GIVEN AS UNDER (PLEASE DO NOT FILL REMARKS COLUMN)

| Qualification | College Attended | University | Date of Qualification | Remarks |
|---------------|------------------|------------|-----------------------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

6. I SOLEMNLY AFFIRM & DECLARE THAT THE ABOVE ENTRIES MADE BY ME ARE CORRECT.

DATE: _____

SIGNATURE OF THE CANDIDATE

IMPORTANT INSTRUCTIONS:-

The following instruction should be read carefully before filling up the forms:

- Incomplete documents will be rejected.
- The forms should be COMPLETE IN ALL THE RESPECT & SHOULD BE filled up in capital letters in candidate's own legible handwriting.
- All the documents should be signed & dated by the applicant only.
- The addresses, wherever required, should be complete in all respect.
- The date, wherever required, should be mentioned in complete i.e. year, month & the day.
- The fee is non- refundable and is accepted by Demand Draft only in favour of Sikkim Medical Council and payable at Gangtok.
- Public dealing will be between 10 AM to 3 PM only.
- Candidates are requested not to approach the office before 30 days of submission of the Application form along with other documents/receipt of the verification from the concerned issuing authorities, if any.
- The certificate will be issued only to those who possess a registrable basic medical qualification and subsequently have obtained recognized postgraduate Medical qualification(s) as per the Provisions of the I.M.C. Act, 1956.
- The candidates are requested to ensure that the documents be enclosed as per the order in the Checklist. The entire certificate should be submitted in original along with one clear attested photocopy of each of these certificates. All papers/documents should be numbered according to the checklist.

CHECK LIST

CHECK LIST FOR ENCLOSURES

1. DEMAND DRAFT RS. 2000/- (RUPEES TWO THOUSAND ONLY) FOR EACH QUALIFICATION IN FAVOUR OF SIKKIM MEDICAL COUNCIL, GANGTOK.
2. THE DEGREES/DIPLOMAS OR PROVISIONAL CERTIFICATE OF POSTGRADUATE QUALIFICATION ISSUED BY THE PRINCIPAL/DEAN/REGISTRAR OF THE COLLEGE CONCERNED, AS SHOWN IN COL.6 OF THE APPLICATION.
3. ONE RECENT PASSPORT SIZE PHOTOGRAPHS FRONT VIEW.
4. ATTESTED COPY OF PERMANENT REGISTRATION CERTIFICATE.
5. ATTESTED COPY OF THE PASS CERTIFICATE FROM THE COLLEGE.

Particulars of Documents:

FOR OFFICIAL USE

| | |
|---------------------------|--|
| D.D. No. & Date | |
| Amount (Rs.) | |
| Receipt No. & Date | |
| Signature of SMC Employee | |
| Signature of Registrar | |