

SIKKIM MEDICAL COUNCIL, GANGTOK



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. 2000/- (Rupees two thousand) only by Demand Draft.

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.

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	:			
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(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: _____

7) PRELIMINARY EDUCATION GIVE ALL PARTICULARS OF MTRICULATION/ EQUIVALENT EXAMINATION PASSED WITH NAME OF THE EXAMINING BODY AND WITH THE YEAR OF OBTAINING THE QUALIFICATION.	
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(11) DATE OF PASSING INTER- SCIENCE/HIGNER SECONDARY OR EQUIVALENT EXAMINATION WITH THE NAME OF THE UNIVERSITY.	
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(12) NAME OF THE MEDICAL COLLEGE ATTENDED WITH THE DATE OF JOINING AND LEAVING.	
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(13) NAME OF THE MEDICAL DEGREE/DIPLOMA OBTAINED AND UNIVERSITY/LICENSING BODY WITH THE MONTH AND YEAR OF OBTAINING THE QUALIFICATION.	
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(14) WHETHER HE/SHE HAS UNDERGONE PRACTICAL TRAINING BEFORE OR AFTER OBTAINING THE MEDICAL DEGREE/DIPLOMA AS AN INTERNEE IN A HOSPITAL.	
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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	
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IF SO STATE THE DATE OF BECOMING INDIAN CITIZEN.	
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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. Internship posting completion Certificate issued by the Head of the Unit of the each specialty.
8. M.B.B.S. degree Certificate
9. Previous Registration Certificate (incase where the Medical Practitioner is already register with another State/MCI)
10. Proof of changed of name in case of applicants desirous of registration in new name.
11. Demand Draft/Pay Order/ Banker's cheque No. _____ date _____ for/ Rs. _____ favouring Sikkim Medical Council payable at Gangtok.
12. Provisional Registration Certificate.
13. Two Recent passport size photographs apart from the one on application form.

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.

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 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 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: _____