

(1)

MEDICAL COUNCIL OF INDIA

Pocket - 14, Sector - 8, Phase-I, Dwarka, New Delhi - 110 077 Phone: 011-25367033,25367035, 25367036

Email: mci@bol.net.in, Website: www.mciindia.org

Name of applicant (in Capital letters according to 12th Class Certificate or its equivalent)

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)

Affix Attested Passport Size Colour Photograph

` ,	
	$ \tilde{0} \ . \tilde{0} \ \tilde{0}$
(2)	$ Fatheros Name \~o °o °o$
(3)	Sex (tick mark the correct box) MALE FEMALE
(4)	Nationality $\~{0}$ $\~{$
(5)	Age (as on 31st Dec. of admission year) YEARS MONTHS DAYS
(6)	Category (General/SC/ST/OBC) õ õ .õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ
(7)	Two visible identification marks : (a) õ õõ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ
	(b)õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ
(8)	Present Address in capital letters (including pin code no & phone no) õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ
	$ \begin{picture}(20,0) \put(0,0){\circ} \put(0,0$
	$ \begin{picture}(20,0) \put(0,0){\circ} \put(0,0$
(9)	Permanent Address in capital letters (including pin code no. & phone no.) õ õ õ õ õ õ õ õ õ õ õ õ
	$ \begin{picture}(20,0) \put(0,0){0} \put(0,0$
	$ \tilde{0} \ \tilde{0} \$

rev-eligi-7/2016 (1)

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

11th Class details:

- $\bullet \ \mathsf{School} \ \mathsf{Name} \ \& \ \mathsf{Address} \ \tilde{\mathsf{o}} \ \tilde$
- $\bullet \ \mathsf{Roll} \ \mathsf{No\tilde{o}} \ \tilde{\mathtt{o}} \ \tilde{\mathtt{o}}$

Subjects	Maximum Marks		Marks O	btained	% Result
	Theory	Practical	Theory	Practical	Pass/Fail
English					
Physics					
Chemistry					
Biology					
PCB Total					

12th Class/ Intermediate or 10+2 details :

- $\bullet \ \, \mathsf{School} \ \, \mathsf{Name} \ \, \& \ \, \mathsf{Address} \ \, \tilde{\mathsf{o}} \$
- $\bullet \ \mathsf{Date} \ \mathsf{of} \ \mathsf{Joining} \ \tilde{\mathsf{o}} \$
- $\bullet \ \mathsf{School} \ \mathsf{Code} \ \mathsf{No.} \ \~{0} \$

Subjects	Maximum Marks		Marks O	btained	% Result
	Theory	Practical	Theory	Practical	Pass/Fail
English					
Physics					
Chemistry					
Biology					
PCB Total					

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

- $\bullet \ \, \text{University} \ \, \tilde{0} \$

Subjects	Subjects Maximum Marks		Marks O	btained	% Result	Pass/Fail
	Theory	Practical	Theory	Practical		
Grand Total						

rev-eligi-7/2016 (2)

F	orr	n-l	VI (CI-	01
	VI I		717	∵ 1-	•

(11)	Nan	ne d	of the	Foreign	Medical	College/Ins	titution	wherein	Admission	ls	sought	by	the
	Can	ndidat	eõ õ õ	õõõõõ	ŏõõõõ	õõõõõ	őőőő	ŏõõõõ	õõõõõõõ	õõõ	õõõõ	õõõ	õõ
	$\tilde{0} \ \tilde{0} \ $												
(12)	Trai	Transfer/Migration, if any with the name of present Medical College/Institution along with date of											
	Transfer/Migration (attach supportive documents) õõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõ												
(13)	Nan	ne of	the For	eign Med	ical Univer	sity to which	the Fo	reign Med	ical College	/Instit	ution wit	th cou	ıntry
	nam	ne me	entioned	in Col. N	o. 11 abov	e, is affiliated	dõõõ	õ õ õ õ õ	õ õ õ õ õ	õõĉ	ŏõõõ	.õ õ ć	õõ
	õõ	õõ	õõõõ	õ õõ	õõõõõ	õ õ õ õõ	õ õ õ	õõ.õõ	őőőőőő	ŏõõ	õõõ	õõõ	õõ
(14)	Yea	r of a	dmissio	n in Forei	gn Medical	College/Insti	itution õ	õ õ õ õ õ	ŏ õ õõ õ	õõõ	őőőő	õõõ	õ
(15)	Deta	ails o	f payme	nt of fees	:								
	(a)	Elig	ibility C	Certificate	Fee:								
		(i)	Paid b	oy Deman	d Draft of F	Rs. 2,000.00	(Rs. Two	o thousand	d only)				_
		(ii)	Dema	ınd draft, d	details ther	eof:						DD	
			Name	and addr	ess of issu	ing bankõ õ	õõõõ	ŏ õ õ õ	õõõõõõ	õõõ	õõõõ	õõõ	õ
			Dema	and Draft N	Number an	d date õ õ õ	õõõõ	õõõõõ	õõõõõõ	õõõ	őőőő	õõõ	Õ
			Amou	ınt Rsõ õ	õõõõõõ	o o o o o o	õõõõ	őőőő	õõõõõõõ	όõõ	õ		
	(b)	<u>Ver</u>	ification	r Fees (as	prescribe	ed by conce	rned bo	ard) Detai	<u>ls:</u>				
		(i)	Name	& Address	s of issuing	bankõ õ õ õ	õõõõ	õ õ õ õ õ	ŏõõõõõ	őő	õõõõ	õõ	õ.
		(ii)	Demar	nd Draft N	umber and	date õõ õ	õõõõ	õõõõõ	õõõõõõ	õõ	õõõõ	õõõ	õ.
		(iii)	Demar	nd Draft in	Favour of	õõõõõõõ	õõõ	õõõõõ	$\tilde{0}\ \tilde{0}\ \tilde{0}\ \tilde{0}\ \tilde{0}$	õõõ	õõõõ	õõõ	j
		(iv)	Amour	nt Rsõ õ	õõõõõ	õõõõõõõ	őőőő	õõõõõ	õõõõõõ	õõõ	õõõõ		
(16)	Ema	ail ad	dress of	the candi	date (in ca	pital letters):	õõõõ	õ.õõõ	õõõõõõ	õõõ	o õ õ õ	õõõ	õ.
(17)	Mok	oile N	o of the	Candidate	eõõõõõ	õõõõõõ	õõõõ	õõõõõ	õõõõõõ	õ õ	őőőő	ο õ	õ
•													
									(\$	Signa	ture of C	andid	date)
Р	lace	:õ	õõõõ	õõ									
D	Date : õ õ õ õ õ õ õ												

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 ON OR AFTER 27th FEBRUARY,2013 UNDER TAPPLY ONLINE PORTALTO. 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.

rev-eligi-7/2016 (3)

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.

(O'
(Signature of Candidate)
Nameõ õ õ õ õ õ

Place : õ õ õ õ õ õ õ .. Date : õ õ õ õ õ õ õ ..

rev-eligi-7/2016 (4)

(Signature of Candidate)

CHECK LIST

(for submission of documents)

The candidates are required 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	Whe Yes N	or
1	A Bank Draft for Rs.2,000/- in favour of Whe Secretary, Medical Council of India, New Delhi+	Yes	No
2	Whether candidates name, Fathers name, phone no. & purpose of application has been written on the reverse side of DD/Pay order.	Yes	No
3	Application form in original	Yes	No
4	Three self attested copies of Passport along with copy of complete visas mentioned on passport, if admission already taken.	Yes	No
5	Proof of Nationality or Overseas Citizen of India.	Yes	No
6	Three self attested copies of Pass Certificate as well as Mark sheet of 10 th Class or equivalent Board examination along with copy of Transfer Certificate/Migration Certificate in case change of School.	Yes	No
7	Three self attested copies of Pass Certificate as well as Marksheet of 11 th Class or equivalent examination along with copy of Transfer Certificate/Migration Certificate in case change of School.	Yes	No
8	Three self attested copies of Mark sheet of 12 th Class (10+2) or equivalent Board examination and also copy of Transfer Certificate/Migration Certificate in case change of School/Board.	Yes	No
9	Three self attested copies of Pass Certificate of 12 th Class (10+2) or equivalent examination.(showing all the subjects & the name of the school)	Yes	No
10	Three self attested copies of School/College Leaving Certificate for Bihar Board & Tamilnadu Board Students.	Yes	No
11	Equivalency Certificate from Association of Indian Universities (AIU), New Delhi for the +2 equivalent qualifications, if obtained from abroad along with subject wise equivalency. If marks are given in grades, proof of their equivalent percentage of marks.	Yes	No
12	Three self attested copies of B.Sc. Mark sheet - if the candidate obtained less than 50% marks for General and 40% marks for Reserve Category	Yes	No
13	Three self attested copies of OBC/SC/ST Certificate (mention the Caste Certificate number, date and name and address of the Issuing authority on the back side of copy of the certificate)	Yes	No
14	Three self attested copies of English Translation of OBC/SC/ST Certificate - (if the Certificate is in Regional language) .	Yes	No
15	One additional colour passport size photograph with front view	Yes	No
16	Three attested copies of Admission/Acceptance letter issued by concerned Foreign Medical University	Yes	No
17	Year wise mark sheet of MBBS or equivalent course from 1 st year onwards, if already taken admission.	Yes	No
18	Copy of student ID card issued by the concerned medical university/institute, if admission already taken	Yes	No
19	Additional DD for Verification of 10+2 mark sheet/Certificate, as per list attached with the application form.	Yes	No
20	Original Certificates for Serial No 6 to Sr. No 14 for verification.	Yes	No

Dated õ õ õ õ õ õ õ õ õ õ	

rev-eligi-7/2016 (5)

(NEW PAGE INSERTED)



MEDICAL COUNCIL OF INDIA

Pocket - 14, Sector - 8, Phase-I, Dwarka, New Delhi - 110 077

Phone: 011-25367033,25367035, 25367036

Email: mci@bol.net.in, Website: www.mciindia.org

THREE NON-ATTESTEI PHOTOGRAPH	SPECIMEN SIGNATURE OF THE CANDIDATE
Colour Photograph	(Signature of the Candidate)
Colour Photograph	(Signature of the Candidate)
Colour Photograph	(Signature of the Candidate)

rev-eligi-7/2016 (6)

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 original certificates properly tagged along with the application form. The same will be returned after issuance of Eligibility Certificate.
- 3) The Form should be filled up using Capital letters in candidates own legible handwriting.
- Demand draft for Rs.2000/- (Rupees Two Thousand only) in favour of <u>"The Secretary, Medical Council of India"</u>, <u>Payable at New Delhi.</u> On reverse of demand draft please mention applicants Name, Fathers Name, purpose for which the draft submitted and Telephone Number. Applicant is required to affix one recent front view colour photograph on the application form.
- 5) All the documents should be submitted in original (along with three legible self attested photocopies)
- 6) Original Matriculation Certificate showing Date of Birth (with three self attested photocopies.)
- 7) Original Marksheet of the 11th class (with three self attested photocopies).
- 8) Original +2 Marksheet & Pass Certificate (with three self attested photocopies).
- 9) Original and three attested copies of School/College Leaving Certificate for Bihar Board and Tamilnadu Board Students.
- 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.
- Original Proof of Admission in Foreign Medical University (alongwith three self 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) Eligibility Certificate is issued only through email and no hard copy is issued. Therefore, candidates must have a valid email ID on which the Eligibility Certificate to be sent.
- Verification fees to be submitted by way of DD/Pay Order by the candidate who have qualified 10+2 examinations from the following States:

rev-eligi-7/2016 (7)

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

SNo	State/Board	Amount	In favour of
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		Secretary, C.B.S.E., payable in respect of 12th Roll Number starting with: - ### Payable at Ajmer for Rs. 235/- ### Payable at Panchkula for Rs. 100/- ###################################
d)	GOA	Rs.100/-	Secretary, Goa Board of Secondary & Higher Secondary Education, Alto-Betim-Goa.
e)	Gujarat	Rs.225/-	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.560/-	Chairman J & K State Board of School Education, payable at J & K Bank, Rehari Colony, Jammu/Lalmandi Srinagar.
h)	Jharkhand	Rs.100/-	Jharkhand Academic Council Fund, Payable at Ranchi
i)	Madhya Pradesh	Rs.100/-	Secretary, Madhya Pradesh Board of Secondary Education,payable at Bhopal
j)	Himachal Pradesh	Rs.600/-	Secretary, Himachal Pradesh School Education Board, Dharamshala-176700, Payable at Dharamshala
k)	Maharashtra	Rs.200/- Rs.300/-	Secretary, M.S. Board of Secondary & Higher Secondary Education of respective Divisional Board from Nationalised Bank only. (Rs.300 for Kolhapur Divisional Board)
I)	Manipur	Rs.100/-	Secretary, Council of Higher Secondary Education, payable at Manipur
m)	Orissa	Rs.100/-	‰inance Officer, CHSE, Odisha, Bhubaneswar+
n)	Punjab	Rs.600/-	Secretary, Punjab School Education Board, payable at Mohali/Chandiargh
0)	Tamil Nadu	Rs.50/-	The Director, Directorate of Govt. Examinations, Chennai- 6, payable at Chennai (From Nationalized Bank.)
p)	West Bengal	Rs.100/- (from SBI)	West Bengal Council of Higher Secondary Education, Payable at Kolkata

rev-eligi-7/2016 (8)



MEDICAL COUNCIL OF INDIA

Pocket - 14, Sector - 8, Phase-I, Dwarka, New Delhi - 110 077

Phone: 011-25367033,25367035, 25367036

Email: mci@bol.net.in, Website: www.mciindia.org

ACKNOWLEDGEMENT

(to be filled by the candidate)

Note: The application is accepted subject to the fulfillment of requirements for issuance of Eligibility Certificate as laid down in the MCI Regulations.



Signature of Receiving Official with date

Email of Eligibility Section : eligibility@mciindia.org

rev-eligi-7/2016 (9)