

# NAGALAND MEDICAL COUNCIL

## Form – 6

### APPLICATION FOR REGISTRATION OF ADDITIONAL QUALIFICATION

To,

**The Registrar,**  
Nagaland Medical Council  
Kohima : Nagaland

Affix passport  
Size photograph  
attested

Sub: **Registration of additional qualification**

Sir,

I am a registered practitioner of Nagaland Medical Council and my Registration No. is ..... I have acquired an additional qualification in modern system of medical and desire to register the same. My particulars are as under

1. Name of the Applicant (block letters) :
2. Father's/Husband's Name :
3. Mother's Name :
4. Gender :
5. Date of Birth (date, month, year) :
6. Nationality :
7. Category (General/ST) :
8. Address :
  - a). Residential Address :
  - b). Permanent Address :
  - c). Professional Address :
9. Telephone No./Mobile No./Fax No./Email ID :
10. Details of Qualifications :
11. Aadhaar No. :

| Sl. No. | Description of Qualification | Name of the School/Medical of Institution | Name of the University/Licensing body | Year of obtaining the Qualification |
|---------|------------------------------|---|---------------------------------------|-------------------------------------|
|         |                              |   |                                       |                                     |

**DECLARATAION**

I solemnly affirm and declare that the particulars furnished above by me are true to the best of my knowledge and belief and I undertake to abide by the code of conduct & Ethics of Nagaland Medical Council an Indian Medical Council and by the Rules of Nagaland Medical Council.

Date:

Signature of the Applicant

Note:

1. Copies of relevant additional qualification may be submitted with this application along with originals which would be returned after verification.
2. Only post graduate qualification(s) recognised by the Medical Council of India would be entered in the Register.
3. Entries of additional qualification(s) would be entered only for those persons who possess a registerable basic medical qualification as included in the schedule to the Indian Medical Council ACT 1956.
4. The certificate of Registration with Nagaland Medical Council shall be required to be submitted, in original, with this application.
5. Cash/Online Payment of Rs. 4000/- (Rupees Four Thousand only) in favour of Nagaland Medical Council (Non-Refundable)

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(For office use)

Received the above documents in original

Signature of registered person.....

Name.....

Date.....

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**APPENDIX – I**  
**DECLARATION**

At the time of registration, each applicant shall be given a copy of the following declaration by the Registrar concerned and the applicant shall read and agree to abide by the same:

- a. I solemnly pledge to consecrate my life to service of humanity.
- b. Even under threat, I will not use my medical knowledge contrary to the laws of Humanity.
- c. I will maintain the utmost respect for human life from the time of conception.
- d. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient
- e. I will practice my profession with conscience and dignity.
- f. The health of my patient will be my first consideration.
- g. I will respect the secrets which are confined in me.
- h. I will give to my teachers the respect and gratitude which is their due.
- i. I will maintain by all means in my power, the honour and noble traditional of medical profession.
- j. I will treat my colleagues with all respect and dignity.
- k. I shall abide by the code of medical ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) regulations 2002.
- l. I make these promises solemnly, freely and upon my honour.

Signature.....

Name.....

Place.....

Address.....

.....

.....

Date.....

**NAGALAND MEDICAL COUNCIL**  
**APPLICATION FORM FOR ISSUE OF ID CARD**

To

The Registrar,  
Nagaland Medical Council  
Kohima: Nagaland

Photo

Sub: **Issue of ID card.**

Sir,

I request for issue of ID card as Registered under the Nagaland Medical Council.

1. Name of the Applicant (block letters) :
2. Registration No. & Date :
3. Present/Permanent Address :
4. Mobile No. & Email ID :
5. DOB :
6. Details of qualifications :

| Sl No. | Description of the qualification | Name of the Medical College | Name of the Board/University | Year of passing (Completion of Internship) |
|--------|----------------------------------|-----------------------------|------------------------------|--|
| 1.     | M.B.B.S                          |                             |                              |  |
| 2.     |                                  |                             |                              |  |
| 3.     |                                  |                             |                              |  |

**DECLARATION**

I solemnly affirm and declare that the particulars furnished above by me are true to the best of my knowledge and belief and I undertake to abide by the Code of Conduct & Ethics of Nagaland Medical Council and Indian Medical Council and by the Rules of Nagaland Medical Council.

**Date:**

**Signature of the Applicant**