

NAGALAND MEDICAL COUNCIL

FORM-8

APPLICATION FOR PROVISIONAL REGISTRATION

Receipt No.....

Date..... (For office use)

To,

The Registrar,
Nagaland Medical Council
Kohima: Nagaland

Affix passport
Size photograph
attested

Sub: **Provisional Registration.**

Sir,

I hereby request that my name and other particulars mentioned below may be entered in the State Provisional Register of Nagaland Medical Council as required under section of the Nagaland Medical Council Act 2014.

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. Aadhaar No. :
11. Details of Qualification :

(a). General Degree:

Sl No.	Description of Qualification	Name of the School/College/ Institution	Name of the Board/University	Year of Qualification
1	Class – X			
2	Class – XII			

(b) Medical Degree:

Sl No.	Roll No/ Registration No.	Name of the Medical College/ Institution	Name of the University/ Licensing Authority	Year of passing

11. Name of the institution where applicant has been Selected for practical training (whether the Hospital or Institution) where such training is to be undertaken is recognized by the Medical Council of India. :

12. Name of Medical College attended :

I hereby submit a Cash/Online Payment of Rs 1000/- (Rupees One Thousand Only) as Non-Refundable fee in favour of Nagaland Medical Council.

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 and Indian Medical Council and by the Rules of Nagaland Medical Council.

Date:

Signature of the Applicant

Note:

1. Application to be submitted at the office of Nagaland Medical Council along with three recent passport size photographs.
2. Provisional degree /diploma or provisional certificate of having passed the MBBS examination issued by the Dean of the College / University in original along with relevant copies be forwarded with this application. The original will be returned with the provisional certificate of registration.
3. Certificate of date of birth.
4. Cash/Online Payment of Rs. 1000/- (Rupees One Thousand Only) in favour of 'Nagaland Medical Council' (non refundable).

(For office use)

Received the above documents in original

Signature of registered person.....

Name.....

Date.....

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.....

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Date.....