



**BOARD OF GOVERNORS**  
**IN SUPERSESSION OF MEDICAL COUNCIL OF INDIA**  
**Pocket - 14, Sector - 8, Phase-I, Dwarka, New Delhi – 110 077**  
**Phone : 011-25367033, 25367035, 25367036**  
**Email : [eligibility@mciindia.org](mailto:eligibility@mciindia.org), Website : [www.mciindia.org](http://www.mciindia.org)**

**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

- (1) Name of applicant (in Capital letters according to 12<sup>th</sup> Class Certificate or its equivalent)  
.....
- (2) Father's Name .....
- (3) Gender (tick mark the correct box)       MALE                       FEMALE
- (4) Nationality .....
- (5) Date of Birth .....
- (6) Age (as on 31st Dec. of admission year) YEARS  MONTHS  DAYS
- (7) Category(General/SC/ST/OBC).....
- (8) Two visible identification marks:  
  - (a).....
  - (b).....
- (9) Present Address in capital letters (including pin code no) .....  
.....  
.....  
.....

(10) Permanent Address in capital letters (including pin code no. & phone no.)

.....

.....

.....

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

**11<sup>th</sup> Class details :**

<ul style="list-style-type: none"> <li>• School Name &amp; Address .....</li> <li>• Board Name &amp; Address .....</li> <li>• Roll No..... Result.....</li> <li>• Certificate No. &amp; Date .....</li> <li>• Date of Joining &amp; Date of Completion.....</li> </ul>					
Subjects	Maximum Marks		Marks Obtained		% Result
	Theory	Practical	Theory	Practical	Pass/Fail
English					
Physics					
Chemistry					
Biology					
<b>PCB Total</b>					

**12<sup>th</sup> Class/ Intermediate or 10+2 details :**

<ul style="list-style-type: none"> <li>• School Name &amp; Address .....</li> <li>• Board..... Roll No.....</li> <li>• Date of Joining ..... Date of Passing .....</li> <li>• School Code No. ....</li> </ul>					
Subjects	Maximum Marks		Marks Obtained		% Result
	Theory	Practical	Theory	Practical	Pass/Fail
English					
Physics					
Chemistry					
Biology					
<b>PCB Total</b>					

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

<ul style="list-style-type: none"> <li>• College Name &amp; Address .....</li> <li>• University .....</li> <li style="padding-left: 100px;">.....Roll No.....</li> <li>• Date of Joining ..... Date of Passing .....</li> </ul>						
Subjects	Maximum Marks		Marks Obtained		% Result	Pass/Fail
	Theory	Practical	Theory	Practical		
<b>Grand Total</b>						

(12) Name of the Foreign Medical College/Institution wherein Admission Is sought by the Candidate.....

(13) Transfer/Migration, if any with the name of present Medical College/Institution along with date of Transfer/Migration (attach supportive documents).....

(14) Name of the Foreign Medical University to which the Foreign Medical College/Institution with country name mentioned in Col. No. 11 above, is affiliated .....

(15) Academic year of admission in Foreign Medical College/Institution .....

(16) Details of payment of fees :

**(a) Eligibility Certificate Fee:**

(i) Demand Draft of Rs. 2,360/- (Rupees Two thousand Three Hundred Sixty only) including 18% GST

(ii) Demand draft, details thereof :  
Name and address of issuing bank & branch.....

Demand Draft Number and date .....

Amount Rs.....

- (17) Email address of the candidate (in capital letters): .....
- (18) Mobile No. of the Candidate.....
- (19) Aadhaar/Voter Identity Card/Driving License No.....
- (20) Passport details:
  - (a) Passport No.....
  - (b) Date and Place of issue.....
  - (c) Date of Expiry.....
- (21) (a) Whether any application has been made by you earlier for grant of Eligibility Certificate to the Council – - Yes/No.  
(b) If yes, state whether such application was accepted or rejected and provide details of the communication made by the Council. (Annexure copies of such communication).

I have read the above said particulars/details and the contents as furnished in the attached declaration. I agree that in the event of any information furnished by me found to be incorrect or false during any investigation or at any subsequent stage, the Medical Council of India may reject my application and/or cancel my eligibility certificate so granted at any time and may take appropriate action against me as per applicable Law.

\_\_\_\_\_

(Signature of Candidate)

Place : .....

Date : .....

**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](http://www.mciindia.org) ON OR AFTER 27<sup>th</sup> FEBRUARY,2013 UNDER "APPLY ONLINE PORTAL". 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.

**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. I further understand that the primary medical qualification has to be confirmed by the Indian Embassy concerned to be a recognized medical qualification for enrolment as medical practitioner in the country in which the institution awarding the said qualification is situated. In case on confirmation from the Indian Embassy/High Commission of India concerned, it found that the primary medical qualification awarded to me by the university/institution concerned is not recognized/approved for enrolment as medical practitioner in that country, the Medical Council of India may reject my application at any time.

(Signature of Candidate)

Name.....

Place : .....

Date : .....

# CHECK LIST

**Form-MCI-01**

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	Whether Yes or No	
1	A Bank Draft for Rs.2,360/- (including 18% GST) in favour of "The Secretary, Medical Council of India, New Delhi", towards non-refundable application fee.	Yes	No
2	Whether candidate's name, Father's name, phone no. & purpose of application has been written on the reverse side of DD/Pay order.	Yes	No
3	Application form <b>in original</b>	Yes	No
4	Two 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	Two self attested copies of Pass Certificate as well as Mark sheet of 10 <sup>th</sup> Class or equivalent Board examination along with copy of Transfer Certificate/Migration Certificate in case change of School.	Yes	No
7	Two self attested copies of Pass Certificate as well as Marksheet of 11 <sup>th</sup> Class or equivalent examination along with copy of Transfer Certificate/Migration Certificate in case change of School.	Yes	No
8	Two self attested copies of Mark sheet of 12 <sup>th</sup> Class (10+2) or equivalent Board examination and also copy of Transfer Certificate/Migration Certificate in case change of School/Board.	Yes	No
9	Two self attested copies of Pass Certificate of 12 <sup>th</sup> Class (10+2) or equivalent examination.( <i>showing all the subjects &amp; the name of the school</i> )	Yes	No
10	Two 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	Two 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	Two self attested copies of OBC/SC/ST Certificate ( <i>mention the Caste Certificate number, date and name and address of the Issuing authority on the back side of copy of the certificate</i> )	Yes	No
14	Two self attested copies in English Translation of OBC/SC/ST Certificate - ( <i>if the Certificate is in Regional language</i> ).	Yes	No
15	One additional colour passport size photograph with front view	Yes	No
16	Two attested copies of Admission/Acceptance letter issued by concerned Foreign Medical University/College	Yes	No
17	Year wise mark sheet of MBBS or equivalent course from 1 <sup>st</sup> year onwards, if already taken admission and /or completed the course then copy of degree along with complete marksheet of MBBS is required.	Yes	No
18	Copy of student ID card issued by the concerned medical universitycollege, if admission already taken	Yes	No
19	An Affidavit on Rs.10/- stamp paper (as per format) duly notarized.	Yes	No

Dated .....

(Signature of Candidate)



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**THREE NON-ATTESTED  
PHOTOGRAPH**

**SPECIMEN SIGNATURE  
OF THE CANDIDATE**



Colour Photograph

(Signature of the Candidate)



Colour Photograph

(Signature of the Candidate)

**INSTRUCTIONS**

- 1) Incomplete documents and applications 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 Form should be filled up using Capital letters in candidate's own legible handwriting.
- 3) Demand draft for Rs.2,360/- (Rupees Two Thousand Three Hundred Sixty only) including 18% GST in favour of **"The Secretary, Medical Council of India", Payable at New Delhi**, towards non-refundable application fee. On reverse of demand draft please mention applicant's Name, Father's 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.
- 4) Application must accompanied with the copy of the following documents:-
  - i) Matriculation Certificate showing Date of Birth
  - ii) Marksheet of the 11<sup>th</sup> class.
  - iii) 12<sup>th</sup> Class marksheet & pass certificate.
  - iv) School/College Leaving Certificate (applicable for candidates pass out from Bihar Board and Tamilnadu Board).
  - v) SC/ST/OBC Certificate (in case of reserved category candidates) and a copy of English Version in case of Caste Certificate is in regional language.
  - vi) Proof of admission in Foreign Medical University/College.
  - vii) Valid passport.
  - viii) Identity and address proof.
  - ix) Equivalency Certificate from AIU to the +2 equivalent qualifications, if the schooling is from abroad.
  - x) An affidavit on Rs.10/- stamp paper as per format.
- 5) Applicant to retain one copy of application form and draft for future reference.
- 6) 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.

**Note: All the photocopy of documents (two sets) should be duly self attested.**



**FORMAT FOR AFFIDAVIT**

**(ON RS. 10 STAMP PAPER DULY NOTARIZED)**

I \_\_\_\_\_ S/D/o \_\_\_\_\_ resident of \_\_\_\_\_ do hereby solemnly affirm and declare that:-

1. I am an Indian national by birth/Overseas Citizen of India.
2. I have completed \_\_\_\_\_ years \_\_\_\_ months age in the year of admission in MBBS or equivalent medical course.
3. I have done my 10<sup>th</sup> class from \_\_\_\_\_ **(Name of School & Board)** in the year \_\_\_\_\_ and as per my 10<sup>th</sup> class records, my date of birth is \_\_\_\_\_.
4. I have studied 11<sup>th</sup> class with the subjects of \_\_\_\_\_ in **(Name of School/Board)** in the year \_\_\_\_\_ and declared "PASS".
5. I have studied my 12<sup>th</sup> class with the subjects of \_\_\_\_\_ from - **(Name of the School)** in the year \_\_\_\_\_.
6. I have been granted 12<sup>th</sup> class passing certificate by the \_\_\_\_\_ **(Name of Board)**.
7. I have to take admission/had joined in MBBS/equivalent medical course at **(Name of University/Medical College/Location/Country)** in the academic year \_\_\_\_\_.
8. I am still pursuing my Medicine course at the same University/Medical College.
9. I have completed my MBBS or equivalent medical course from \_\_\_\_\_ **(Name of the University/Medical College)** in the year \_\_\_\_\_.

DEPONENT

**VERIFICATION :**

I \_\_\_\_\_ do hereby solemnly affirm and declare that the above statement given is true and correct to the best of my knowledge and belief and that nothing has been concealed therefrom.

DEPONENT

**Note: Strike out which is not applicable.**



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## ACKNOWLEDGEMENT

Received Application from Mr./Ms.....  
D/o / S/o Sh..... alongwith Bank Draft  
No..... dated..... for Rs 2,360/- (Rs. Two thousand  
Three Hundred Sixty only) including 18% GST Drawn on  
Bank....., who is desirous to take/ has  
taken admission in MBBS or equivalent medical course at  
.....  
in the year .....for the purposes of issuance of Eligibility Certificate in terms of Clause  
4(2) of the Screening Test Regulations, 2002, for consideration.

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](mailto:eligibility@mciindia.org)