



# 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) Sex (tick mark the correct box)  MALE  FEMALE
- (4) Nationality ..... Date of Birth .....
- (5) Age (as on 31st Dec. of admission year) YEARS  MONTHS  DAYS
- (6) Category (General/SC/ST/OBC) .....
- (7) Two visible identification marks : (a) .....  
(b).....
- (8) Present Address in capital letters (including pin code no & phone no) .....  
.....  
.....
- (9) Permanent Address in capital letters (including pin code no. & phone no.) .....  
.....  
.....

(10) 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 Pass/Fail
	Theory	Practical	Theory	Practical	
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 Pass/Fail
	Theory	Practical	Theory	Practical	
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>..... 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>						

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

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

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

(14) Year of admission in Foreign Medical College/Institution .....

(15) Details of payment of fees :

**(a) Eligibility Certificate Fee:**

(i) Paid by Demand Draft of Rs. 2,000.00 (Rs. Two thousand only)

DD
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(ii) Demand draft, details thereof :

Name and address of issuing bank.....

Demand Draft Number and date .....

Amount Rs.....

**(b) Verification Fees (as prescribed by concerned board) Details:**

(i) Name & Address of issuing bank.....

(ii) Demand Draft Number and date .....

(iii) Demand Draft in Favour of .....

(iv) Amount Rs.....

(16) Email address of the candidate (in capital letters): .....

(17) Mobile No of the Candidate.....

(18) (a) Aadhar No .....

(b) Voter Identity Card No.....

(19) Passport details:

(a) Passport No.....

(b) Date and Place of issue.....

(c) Date of Expiry.....

- (20) (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)

(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

(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	Whether	
		Yes	No
1	A Bank Draft for Rs.2,000/- in favour of "The Secretary, Medical Council of India, New Delhi"	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	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 <sup>th</sup> 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 <sup>th</sup> 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 <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	Three 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	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 ( <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	Three self attested copies of 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	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 <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 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 5 to Sr. No 14 for verification.	Yes	No
21	Affidavit on Rs.10/- stamp paper duly notarized.	Yes	No

Dated .....

(Signature of Candidate)



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## THREE NON-ATTESTED PHOTOGRAPH

Colour Photograph

Colour Photograph

Colour Photograph

## SPECIMEN SIGNATURE OF THE CANDIDATE

(Signature of the Candidate)

(Signature of the Candidate)

(Signature of the Candidate)

## 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 candidate's own legible handwriting.
- 4) Demand draft for Rs.2000/- (Rupees Two Thousand only) in favour of **"The Secretary, Medical Council of India", Payable at New Delhi.** 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.
- 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 11<sup>th</sup> 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.
- 10) 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.
- 11) 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.
- 16) Verification fees to be submitted by way of DD/Pay Order by the candidate who have qualified 10+2 examinations from the following States :



**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		<b>Secretary, C.B.S.E.</b> , payable in respect of 12th Roll Number starting with : - '1' Payable at Ajmer for Rs. 235/- '2' Payable at Panchkula for Rs. 540/- '3' Payable at Guwhati, for Rs. 200/- '4' Payable at Chennai for Rs. 240/- '5' Payable at Allahabad for Rs. 130/- '5' Payable at Dehradun for Rs. 540/- '6' Payable at Delhi for Rs. 100/- '7' Payable at Bihar for Rs. 200/-
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.590/-	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.200/- Rs.300/-	Secretary, Madhya Pradesh Board of Secondary Education, payable at Bhopal (Rs. 200/- for upto 10 years and Rs. 300/- for more than 10 years)
j)	Himachal Pradesh	Rs.600/-	Secretary, Himachal Pradesh School Education Board, Dharamshala-176700, Payable at Dharamshala
k)	Maharashtra	Rs.200/- Rs.300/-	Divisional Secretary, M.S. Board of Secondary & Higher Secondary Education of respective Divisional Board from Nationalised Bank only. (Rs.300 for Kolhapur Divisional Board)
l)	Manipur	Rs.100/-	Secretary, Council of Higher Secondary Education, payable at Manipur
m)	Orissa	Rs.100/-	"Finance Officer, CHSE, Odisha, Bhubaneswar".
n)	Punjab	Rs.600/-	Secretary, Punjab School Education Board, payable at Mohali/Chandiargh
o)	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

**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 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 \_\_\_\_\_.
2. I have studied 11<sup>th</sup> class with the subjects of \_\_\_\_\_ in \_\_\_\_\_ **(Name of School/ Board)** in the year \_\_\_\_\_ and declared **"PASS"**.
3. I have studied my 12<sup>th</sup> class with the subjects of \_\_\_\_\_ from - \_\_\_\_\_ **(Name of the School)** in the year \_\_\_\_\_.
4. I have been granted 12<sup>th</sup> class passing certificate by the \_\_\_\_\_ **(Name of Board)**.
5. I have/had joined MBBS/equivalent medical course at \_\_\_\_\_ **(Name of University/Medical College/Location/Country)** in the academic year \_\_\_\_\_.
6. I am still pursuing my Medicine course at the same University/Medical College.
7. 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

*(to be filled by the candidate)*

Received Application from Mr./Ms.....

D/o / S/o Sh..... alongwith Bank Draft

No..... dated..... for Rs 2000/- (Rs. Two thousand

only) 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)