

**PERSONAL APPEARANCE IS COMPULSORY**  
**(Please read detailed instruction over leaf)**

# UTTAR PRADESH MEDICAL COUNCIL

5, Sarvpalli, Mall Avenue Road, Lucknow  
Office : 2235965, 2238846, Fax:-2236600, E-mail:upsmflucknow@yahoo.co.in

**Application Form for Registration with U.P. Medical Council**

Serial No.

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Provisional :  Permanent :  Duplicate :  Additional :

<p><b>For Office use only :</b></p> <p>Registration Number : .....</p> <p>Fee Receipt No. : .....</p> <p>Fee Deposit Date :    <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">         Day                      Month                      Year</p> <p>Fee Amount (Rs.) :    <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<table border="1" style="width: 100%; height: 100%;"> <tr><td style="text-align: center;">Candidate Signature in Upper Box</td></tr> <tr><td style="text-align: center;">Seal &amp; Sign. of attesting authority</td></tr> </table>	Candidate Signature in Upper Box	Seal & Sign. of attesting authority	<p>Neatly paste your latest colour photograph in this box duly attested by principal of training centre</p>
Candidate Signature in Upper Box				
Seal & Sign. of attesting authority				

Date of Birth :          Gender (M/F) :     Mob.No.

First Name

Middle Name

Sur Name

Father's Name

Permanent Address

Distt.                    Pin

State                    State Code      Medical College Code       University Code

Name of Medical College

Name of University :

Additional Qualification :

Month & Year of Joining : Month      Year        Month & Year of Passing Month      Year

**Note: Fill the details in this box if in case you are already registered with U.P. Medical Council or any other Medical Council**

Registered with U.P. Medical Council/Other Council (UPM/OTH)        State/U.T. of Registration (State Code)

Which Certificate you posses Provisional/Permanent (PROV/PERM)        Registration No.

**Rotatory training College details (To be filled by the applicant applying for PERMANENT REGISTRATION)**

**Training Hospital-1**

Hospital name :

City :

Joining Date :                  Completed On          

         Day                      Month                      Year    Day                      Month                      Year

**Training Hospital-2 (If applicable)**

Hospital name :

City :

Joining Date :                  Completed On          

         Day                      Month                      Year    Day                      Month                      Year

"Candidate will be required to sign in a register in the council office".

## Instructions for the Printout of Application Registration Form

- \* Please get the **colored print** out of Application Registration Form.
- \* Print the Application Registration Form in **A4 Paper Size** only.
- \* Fill Separate forms for Provisional/Permanent/Additional (MD/MS/etc) Registrations.
- \* Before Additional Registration candidate should have Permanent (MBBS) Registration from this Council.

### INSTRUCTIONS

1. Use Black/Blue Ball pen for filling up the form.
2. Stick Coloured passport size photograph, do not staple or pin.
3. Fill the form in English capital letter & number in English numeric character.
4. **Do not use abbreviation as Dr., SMT., LATE, KM., MR., SHRI, etc.**
5. Since it is a ICR form, **please do not fold.**

#### List of Enclosures for Registration

##### For Doctors of the State

1. Provisional certificate in original
2. Date of Birth certificate (marksheet/certificate of high school)
3. Internship completion certificate (From B) in original
4. Photo Copy of MBBS Marksheets
5. Affix Photograph & Signature in the box mentioned in the form and get it duly attested by
  - a) Principal of Medical College
  - or
  - b) C.M.S. of the hospital from where he/she has undergone internship

##### For Doctors from other State

1. Photo Copy of Registration of Parent council.
2. Photo Copy of Date of Birth certificate (marksheet / certificate of high school)
3. Photo Copy of Internship completion certificate (form B)
4. Photo Copy of M.B.B.S. Degree & Marksheets
5. NOC of Parent Council (Original)
6. Affix signed photograph in the box only and get it duly attested by -
  - a) Principal of Medical college
  - or
  - b) C.M.S. of the Hospital from where he/she has undergone internship
  - or
  - c) Seal bearing name and designation of C.M.O. of the district where he / she is practicing.
  - or
  - d) SDM / ADM (First class magistrate), Special Secretary and above official.

##### For duplicate Registration

1. Copy of F.I.R.
2. Publication in News Paper
3. Affidavit on Rs. 10/- stamp paper.
4. Signature & Photograph should be attested by First Class Magistrate.

##### For registration of Additional Qualification

1. Photo Copy of MBBS registration by U.P. Medical Council.
2. Photo Copy of Additional Qualification (P.G. Degree) Certificate.
3. Affix photograph & signature in the box mentioned in the form and get it duly attested by Dean of the College
4. If he/she has done (P.G. from other state, then enclosed copy of Additional Qualification Registration of that State)

### प्रमाण-पत्र

(डीन/प्रधानाचार्य के द्वारा ही दिया जाय)

प्रमाणित किया जाता है कि डा० ..... ने .....

विषय (एम०डी०/एम०एस०/डिप्लोमा/अन्य) में इस विश्वविद्यालय/मेडिकल कॉलेज से वर्ष ..... में प्रवेश लिया

एवं वर्ष ..... में उत्तीर्ण किया।

यह भी प्रमाणित किया जाता है कि इस ब्रान्च में मेडिकल काउंसिल ऑफ इण्डिया द्वारा मान्यता प्राप्त सीटों की संख्या .....

है, और इस बैच में प्रशिक्षण प्राप्त कर रहे अभ्यर्थियों की संख्या ..... है। सम्बन्धित डा० .....

ने मेडिकल काउंसिल ऑफ इण्डिया से मान्यता प्राप्त सीट से ही प्रशिक्षण प्राप्त किया है।

नोट :- केवल मेडिकल काउंसिल ऑफ इण्डिया द्वारा मान्यता प्राप्त सीट से प्रशिक्षण प्राप्त करने वाले छात्रों को ही उक्त

प्रमाण-पत्र दिया जाये।

स्थान  
दिनांक

हस्ताक्षर  
डीन/प्रधानाचार्य  
मोहर

# U.P. MEDICAL COUNCIL

5, SARVAPALLI, MALL AVENUE ROAD, LUCKNOW

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## 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:

- 1) I solemnly pledge myself to consecrate my life to service of humanity.
- 2) Even under threat, I will not use my medical knowledge contrary to the laws of Humanity.
- 3) I will maintain the utmost respect for human life from the time of conception.
- 4) I will not permit considerations of religion, nationality, race, party, politics or social standing to intervene between my duty and my patient.
- 5) I will practise my profession with conscience and dignity.
- 6) The health of my patient will be my first consideration.
- 7) I will respect the secrets which are confined in me.
- 8) I will give to my teachers the respect and gratitude which is their due.
- 9) I will maintain by all means in my power, the honour and noble traditions of medical profession.
- 10) I will treat my colleagues with all respect and dignity.
- 11) I shall abide by the code of medical ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations 2002.

I make these promises solemnly, freely and upon my honour.

Signature.....

Name.....

Place.....

Address.....

Date.....