

FORMAT OF AFFIDAVIT (DULY NOTARIZED) TO BE SUBMITTED ON NON JUDICIAL STAMP PAPER OF RS. 10/- BY THE APPLICANT, SEEKING PERMANENT REGISTRATION AT THE MEDICAL COUNCIL OF INDIA, WHO HAVE SECURED BOTH GRADUATE AND POST GRADUATE QUALIFICATIONS, RECOGNIZED FOR PRACTICING MODERN MEDICINE FROM AUSTRALIA, CANADA, NEW ZEALAND, UNITED KINGDOM & UNITED STATES OF AMERICA.

I, Dr. _____ son/daughter of _____ permanent resident of _____ currently residing at _____ do hereby solemnly affirm and declare as under:

- I. I have successfully secured graduate medical qualification namely _____ from _____ (name of University / Institution) situated at _____ (place) in _____ (Country) in year _____.
- II. I have successfully secured postgraduate medical qualification namely _____ from _____ University / Institution situated at _____ (place) in _____ (Country) in year _____.
- III. I say that I have secured undergraduate and postgraduate medical qualifications from _____ (Australia / Canada / New Zealand / United Kingdom / United States of America) and the qualifications obtained by me are recognized medical qualifications for medical practitioner in the country from where I have obtained these qualifications.
- IV. I have been registered with the Medical Council of _____ (name of the Country) bearing Registration No. _____, registered in year _____ and I have not been held guilty of professional misconduct.
- V. I have also secured Good Standing Certificate issued by the Medical Council of _____ (name of Country) bearing no. _____ dated _____.

OR

I have requested the Medical Council of _____ (name of Country) to get a Good Standing Certificate in my favour. As per the Rules and Regulations of the Medical Council of _____ (name of Country) the Good Standing Certificates are not issued directly to the applicant. It is sent directly to the concerned Medical Council.

**{Strike of whichever is not applicable}*

- VI. I say that I am/was covered by Medical Malpractice Insurance bearing Policy No. _____ from _____ (Name and address of the Insurance Company). I am covered/not covered by Medical Malpractice Insurance for my practice in India.
- VII. I say that the degree certificates / documents submitted along with the application for my registration are true and correct copies of respective originals.
- VIII. I say that I have not made any false declaration about my qualifications and none of the certificates/documents submitted by me is/are false or fake.
- IX. I say that Medical Council of India shall be at liberty to cancel my registration and take all such measure permissible in law including but not limited to filing of a criminal case for offence of perjury if it comes to the knowledge or discovered on its own or on verification at any stage by Medical Council of India that the declaration/information made herein above is false or certificates / documents submitted along with the application is/are fake.

Deponent

Verified on this day _____ at _____ that the contents of above affidavit is true and correct to my knowledge and nothing material has been concealed therefrom.

Deponent