

**Format of affidavit for Renewal of Registration (As per Sec.23 of
MMC Act,1965)**

**The Notaries Affidavit on Non judicial Stamp Paper (Rs. 500/-) with
photo identity declaring reason for delay in Renewal of Registration,
as follows.**

I Dr..... Reg. No..... age, occupation
..... Residing at

do solemnly affirm and state that :

- A. I say that I am duly registered with MMC vide Reg. No.Reg.
dt..... & ought to have renewed onI say that, I have
not renewed my registration on previous renewal programme due
to (State Reason).....
.....
- B. I say that, I have not been found guilty in any court of law or by
MMC till date.
- C. I say that, there is no civil /criminal case/writ petition against me in
any court till date.
- D. I say that, I have not done any unethical / professional mis-conduct
in past i.e. during register period as well as during non renewal
period.
- E. I say that, I shall be held responsible, if it is proved or found later on
that I have done any unethical/ unlawful deed in past during non-
renewal period, the Maharashtra Medical Council shall have liberty
to pass such appropriate order as to registration /renewal or even
removal.
- F. There is no complaint filed or pending against me in the MMC/ any
other state medical Council or Medical Council of India, New Delhi
till date.
- G. I say that, I undertake to pay the requisite fees for renewal & late
fees as per Sec.23 of MMC Act and directions of the Council for
considering my application for renewal.

I am swearing this affidavit to produce before the Registrar of MMC,
Mumbai and/or any other concerned authorities, to take the above facts on
record. I further say that, I undertake to furnish all requisite original
documents and requisite fees as per Rules.

I say that, whatever stated here in above are true to my best of my knowledge and belief & I believe the same are to be true & correct & nothing has concealed by me.

Solemnly affirmed at _____ on this _____ day of _____2024.

Deponent

Identified and explained by

Before me
Notary

Advocate
Name, Address, phone number
and Registration No.

**Indemnity Bond as per format given below by the Council for
Renewal of Registration for Not Renewed timely.
Non judicial Stamp Paper (Rs. 500/-)with notaries**

INDEMNITY BOND

THIS DEED OF INDEMNITY BOND is made at Mumbai on this ____ day of _____ 2024 between DR. _____, residing at _____ Reg. No. _____ Reg. Date _____ (hereinafter referred to as 'the Obligor') of the ONE PART:

AND

The Maharashtra Medical Council, a Statutory body, having its registered office Maharashtra Medical Council, 189-A, Anand Complex, 1st Floor, Sane Guruji Marg, Arthur Road Naka, Chinchpokali (w), Mumbai - 400011. (hereinafter referred to as 'the Council') of the OTHER PART:

WHEREAS the Obligor is a Medical Graduate, MBBS from _____ University, Place ____ which is a recognized qualification for registration under Sec.16 of the MMC Act,1965 & opted Reg. No. _____ dt. _____ from MMC.

AND WHEREAS the said Obligor has applied for Renewal of Registration with the MMC vide application dt _____ and Affidavit dt _____ by furnishing all the required details and necessary documents/ to the aforesaid Council.

AND WHEREAS the Council has agreed to do so, provided the Obligor executes this Indemnity Deed in favour of the Council, which the Obligor has agreed to do so.

NOW THIS DEED OF INDEMNITY WITNESSETH that pursuant to the premises the Obligor does hereby agree to indemnify and keep indemnified the Council against any claim/complaint of whatsoever nature made by any other person/authority for during registration & non-renewal periods, failed to get the Renewal of Registration under the MMC Act, 1965. The obligor indemnity against any loss, costs, charges and expenses incurred or suffered by the Council by reason of such claim

arising out of the consideration of Renewal of Registration of Obligor by the Council on the basis of the information/documents furnished by the Obligor with Application for Renewal and supporting Affidavit. Further, obligor hereby totally indemnify the Council for the unethical and professional misconduct during the non-renewal period/re-registration period.

This Indemnity bond is signed on the date and year first mentioned hereinabove.

SIGNED, SEALED AND DELIVERED]	
BY WITHIN THE NAME OBLIGOR]	photo
DR. _____]	
IN THE PRESENCE OF]	Signature

WITNESSES : (name & signature)

- 1.
- 2.

Identified & explained by	Before me
	Notary

Advocate
 Name:
 Address :
 Registration no.
 Phone no.