

## Perment Registration



# Maharashtra Medical Council



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### Application Form for Registration (Who has passed MBBS from Maharashtra state)

Enter Provisional Registration no of mmc :

When u Enter Provisional Registration No Click On Submit Next Form Will Be Open

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**Application Form for Registration (Who has passed MBBS from Maharashtra state)**

Enter Provisional Registration no of mmc :

**Submit**

**Personal Details**

	<b>Sur Name</b>	<b>First Name</b>	<b>Middle Name</b>
Name	Mr. <input type="text" value="Maurya"/>	<input type="text" value="Chaya"/>	<input type="text"/>
Father's Name	Mr. <input type="text" value="SAXENA"/>	<input type="text" value="PRAMOD"/>	<input type="text" value="KUMAR"/>
Mother's Name	Mrs. <input type="text" value="SAXENA"/>	<input type="text" value="ARUNA"/>	<input type="text" value="PRAMOD"/>
Marrital Status	Single <input type="text"/>	Gender <input type="text" value="Male"/>	
Maiden Name	<input type="text" value="--SELECT--"/>	<input type="text"/>	<input type="text"/>
Husband's Name	<input type="text" value="--SELECT--"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text" value="15/03/1984"/>		

**Contact Details**

Present Address	<input type="text" value="A 7 BLUESTAR APARTMENT NEAR BHADKAL GATE AURANGABAD MS"/>		
City/Taluka	<input type="text" value="SHIVPURI"/>	District	<input type="text" value="SHIVPURI"/>
State	<input type="text" value="MADHYA PRADESH"/>	Country	<input type="text" value="INDIA"/>
Pin code	<input type="text" value="431001"/>	Fax No	<input type="text"/>
Mobile No	<input type="text" value="9892957975"/>	Email Id	<input type="text" value="admin1@gmail.com"/>
Residential No	<input type="text" value="9425339641"/>	Clinic No	<input type="text"/>
Authority Council Name	<input type="text" value="MAHARASHTRA MEDIC."/>	State	<input type="text" value="MAHARASHTRA"/>
Email id of authority council	<input type="text"/>	Nationality	<input checked="" type="checkbox"/> Indian
Internship Starting Date	<input type="text" value="06/03/2014"/>	Internship Completion Date	<input type="text" value="05/03/2015"/>

**Qualification**

Sr No.	Examination	College	University	Passing Year
1	M.B.B.S.	GOVT. MC. AURANGABAD	MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK	2015

**Documents**

Sr No.	Doc Name	File Type	* File Size	Upload
1	Passport size Photograph	.jpg	YES 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>
2	Candidate Sign	.jpg	YES 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>
3	Proof of date of birth(School leaving cert/Birth Certificate/SSC Or HSc passing certificate/Passport of any one)	.pdf	YES 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>
4	M.B.B.S. passing/Degree Certificate from University in Original	.pdf	YES 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>
5	Certificate satisfactory completion of internship(Issued by the Head of the Institution Annexure I & II in original )	.pdf	YES 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>
6	Certificate satisfactory completion of internship issued by University in original	.pdf	YES 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>
7	Certificate of Provisional Registration in original issued by this council.	.pdf	YES 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>



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Enter Above Displayed Characters

**Submit**

**Cancel**

Application Form for Registration (Who has passed MBBS from Maharashtra state)

Enter Provisional Registration no of mmc : 33282014

Submit

Personal Details

	Sur Name	First Name	Middle Name
Name	Mr. Maurya	Chaya	
Father's Name	Mr. SAXENA	PRAMOD	KUMAR
Mother's Name	Mrs. SAXENA	ARUNA	PRAMOD
Marrital Status	Single	Gender Male	
Maiden Name	--SELECT--		
Husband's Name	--SELECT--		
Date of Birth	15/03/1984		

Contact Details

Present Address : A 7 BLUESTAR APARTMENT NEAR BHADKAL GATE AURANGABAD MS

City/Taluka	SHIVPURI	District	SHIVPURI
State	MADHYA PRADESH	Country	INDIA
Pin code	431001	Fax No	
Mobile No	9892957975	Email Id	admin1@gmail.com
Residential No	9425339641	Clinic No	
Authority Council Name	MAHARASHTRA MEDIC.	State	MAHARASHTRA
Email id of authority council		Nationality	<input checked="" type="checkbox"/> Indian
Internship Starting Date	06/03/2014	Internship Completion Date	05/03/2015

You Can Change This Information

Qualificatation

Sr No.	Examination	College	University	Passing Year
1	M.B.B.S.	GOVT. MC. AURANGABAD	MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK	2015

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2	Candidate Sign	.jpg	YES 50 kb	Choose file No file chosen Upload
3	Proof of date of birth(School leaving cert/Birth Certificate/SSC Or HSc passing certificate/Passport of any one)	.pdf	YES 50 kb	Choose file No file chosen Upload
4	M.B.B.S. passing/Degree Certificate from University in Original	.pdf	YES 50 kb	Choose file No file chosen Upload
5	Certificate satisfactory completion of internship(Issued by the Head of the Institution Annexure I & II in original )	.pdf	YES 50 kb	Choose file No file chosen Upload
6	Certificate satisfactory completion of internship issued by University in original	.pdf	YES 50 kb	Choose file No file chosen Upload
7	Certificate of Provisional Registration in original issued by this council.	.pdf	YES 50 kb	Choose file No file chosen Upload

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Submit Cancel

After submission of The Form The Next Message Will Be Displayed



After submission of the application You can get the message as above as well as you will get the e-mail from MMC that your application is submitted successfully.

Then after you have to take appointment (within 7 working days ) for hard copy document submission with submitted application form (you can take submitted application form print from your login.) in MMC.

Once the documents are submitted, it is verified by MMC. If Application verification is done successfully then you will again get the e-mail for how much amount will be pay for you .Then after you can pay online. Once the payment is done then MMC verified your payment status and then will generate new registration number and send your registration certificate.