



Maharashtra Medical Council



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Create New Account

Please Fill the form below:

** Mandatory Fields*

Last Name :	<input type="text"/>	*
First Name :	<input type="text"/>	*
Middle Name :	<input type="text"/>	*
Reg.No :	<input type="text"/>	*
Reg. Date :	<input type="text"/>	*
Date of Birth(dd/MM/yyyy):	<input type="text"/>	*
Email :	<input type="text"/>	*
Mobile No :	<input type="text"/>	*



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Enter Above Displayed Character	<input type="text" value="admin123@gmail.com"/>	*
Create Your Password (8 Characters) :	<input type="password" value="*****"/>	*


Register

Cancel


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Login



Maharashtra Medical Council, Mumbai.



HOME ONLINE PAYMENT INSTRUCTION

Login

User Name(Registered Email-id):

Enter your registered Email-id

Password :

Enter Password

Registration No :

rqSCUL

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Login


Don't have an account? Create new Account

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Forgot password >>

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Forgot Password:




Maharashtra Medical Council,Mumbai.



HOME

Forgot password

User Name(Your Email-id)"	: dsa@gmail.com
Mobile No	: 9898789898
Date Of Birth	: 03/01/1990
Registration No	: 2009031156
Registration Date	: 23/03/2009

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Maharashtra Medical Council, Mumbai.



HOME

New Password

Enter New Password :

Confirm Password :



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User Home

Maharashtra Medical Council

Home Doctor's Profile Online Payment Welcome dsa@gmail.com | Logout

Application For Doctors:

- Provisional Registration(Maharashtra State)
- Permanent Registration (Maharashtra State)
- Permanent Registration (Who Previously Registered with MMC but whose name removed from the register before 1990)
- Permanent Registration (Out State)
- Permanent Registration for foreign Medical graduate
- Schedule an appointment
- Renewal of Registration
- Change of Name
- Change of Address
- Good Standing Certificate from MMC
- Good Standing Certificate from MCI
- Additional Qualification
- Duplicate Certificate
- NOC For Other State From MMC

Application For NRI Doctors:

Instructions For Doctors:

Application For NRI Doctors:

- Renewal of Registration
- Foreign Verification
- Good Standing from MMC

Instructions For Doctors:

Permanent 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 : [Submit](#)

When you 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 : 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
Marital 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

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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"/>

Upload your pdf format Document

sk1oeB

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Enter Above Displayed Characters *

Submit

Cancel

After submission of The Form The
Next Message Will Be Displayed




After Submitting 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 **Doctors profile** Menu in 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 MMC will generate registration number and will send your registration certificate .

Permanent Registration (Who previously Registered With MMC but Whose Name removed From Register Before 1990)

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Application Form for Registration (Doctors who have not Renewed his registration with MMC. in 1988-1989 and before , and whose name is not seen on updated MMC Register as on today.)

Registration Details
Reg No : Reg Date :

Personal Details

	Sur Name	First Name	Middle Name
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marrital Status	<input type="text"/>	Gender <input type="text"/>	
Maiden Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Husband's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>		

Contact Details
Present Address :

City/Taluka	<input type="text"/>	District	<input type="text"/>
State	<input type="text"/>	Country	<input type="text"/>
Pin code	<input type="text"/>	Fax No	<input type="text"/>
Mobile No	<input type="text"/>	Email Id	<input type="text"/>
Residential No	<input type="text"/>	Clinic No	<input type="text"/>
Authority Council Name	<input type="text"/>	State	<input type="text"/>
Email id Of authority council	<input type="text"/>	Nationality	<input type="text"/>
Internship Starting Date	<input type="text"/>	Internship Completion Date	<input type="text"/>

Qualificatation

Select Examination *	<input type="text"/>	Select College *	<input type="text"/>
Select University *	<input type="text"/>	Enter Passing Year *	<input type="text"/>

You Can fill this Form

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	Certificate of 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"/>
4	Proof of date of birth(School leaving cert/Birth Certificate/SSC Or HSc passing certificate/Passport any one)	.pdf	NO	50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>
5	M.B.B.S. passing / Degree Certificate issued by university in original	.pdf	NO	50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>
6	Certificate satisfactory completion of internship(Issued by the Head of the Institution Annexure I & II in original)	.pdf	NO	50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>
7	Certificate satisfactory completion of internship issued by University in	.pdf	NO	50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>
8	Notarised Affidavit on Non judicial Stamp Paper of Rs 100 /- for non renewal of registration as per proforma	.pdf	YES	100 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>
9	Notarised indemnity bond on Non judicial Stamp Paper of Rs 200 /- for non renewal of registration as per proforma	.pdf	YES	100 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>

Upload Your pdf Format Document Here



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Enter Above Displayed Characters *

You Can Submit The Form

After submission of The Form The
Next Message Will Be Displayed




After Submitting 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 **Doctors profile** Menu in 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 MMC will generate registration number and will send your registration certificate .

Permanent Registration (Out State)

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Application Form for Registration(Who has Registered with other state)

Other state Details

Reg No	:	<input type="text"/>	Reg Date	:	<input type="text"/>
Registration Validity Date	:	<input type="text"/>	Purpose of registration in Maharashtra	:	<input type="text" value="--SELECT--"/>
NOC Letter NO	:	<input type="text"/>	NOC Letter Date	:	<input type="text"/>

Personal Details

	Sur Name	First Name	Middle Name
Name	<input type="text" value="--SELECT--"/> CHAINANI	<input type="text" value="CHITRA"/>	<input type="text"/>
Father's Name	<input type="text" value="--SELECT--"/>	<input type="text"/>	<input type="text"/>
Mother's Name	<input type="text" value="--SELECT--"/>	<input type="text"/>	<input type="text"/>
Marrital Status	<input type="text" value="--Select--"/>	Gender	<input type="text" value="--Select--"/>
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="04/10/1961"/>		

Contact Details

Permanent Address	:	<input type="text"/>			
Residential Address in Maharashtra	:	<input type="text"/>			
City/Taluka	:	<input type="text" value="--SELECT--"/>	District	:	<input type="text"/>
State	:	<input type="text"/>	Country	:	<input type="text"/>
Pin code	:	<input type="text"/>	Fax No	:	<input type="text"/>
Mobile No	:	<input type="text" value="9875667895"/>	Email Id	:	<input type="text" value="admin123@gmail.com"/>
Residential No	:	<input type="text"/>	Clinic No	:	<input type="text"/>
Authority Council Name	:	<input type="text" value="--SELECT--"/>	State	:	<input type="text"/>
Email id Of authority council	:	<input type="text"/>	Nationality	:	<input checked="" type="checkbox"/> Indian
Internship Starting Date	:	<input type="text"/>	Internship Completion Date	:	<input type="text"/>

Qualificatation

Select Examination *	<input type="text" value="--SELECT--"/>	Select College *	<input type="text" value="--SELECT--"/>
Select University *	<input type="text" value="--SELECT--"/>	Enter Passing Year *	<input type="text"/>

You Can Fill
The Form

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 any one)	.pdf	YES	100 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>
4	M.B.B.S. passing/Degree Certificate issued by the university in original	.pdf	YES	100 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	100 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	100 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>
7	N.O.C. in original for other state candidate valid for three month from the date of issue.	.pdf	YES	100 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>
8	Purpose of Registration in Maharashtra : Higher Education (Selection letter or Bonafide Certificate from concerned Institution) / Service(Appointment Order or In-service Certificate.) / Private Practice (Place of Practice with documentary proof) any one	.pdf	YES	100 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>
9	Residential Proof in Maharashtra (copy of leave and license agreement or Allotment Letter from Government accommodation / Dean/warden/superintendent of Medical college or Hospital /Ration Card/ Domicile Certificate/Electric Bill/ Telephone Bill). any one	.pdf	YES	100 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>
10	Certificate of Registration issued by state medical council	.pdf	YES	100 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>

Upload
The
Document

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Enter Above Displayed Characters

Click on Submit
To Save Form

Submit

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After submission of The Form The
Next Message Will Be Displayed



After submission of the application You will get the message as above as well as you will

get the e-mail from MMC that your application is submitted successfully.

Once the application had been submitted MMC will send the email to your parent council for the confirmation of your registration.


Once confirmation came from your parent council MMC will send you an e-mail.

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 **Doctors profile** Menu in your login.) in MMC.

N.O.C. in original for other state candidate valid for three month from the date of issue is mandatory at the time of document verification

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.

Permanent Registration For Foreign Medical Graduate

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APPLICATION FORM FOR REGISTRATION FOR INDIAN NATIONALS QUALIFIED FROM FOREIGN INSTITUTIONS(ONLY FOR DOMICILE OF MAHARASHTRA)

Application Type :

--Select--
--Select--
Permanent Registration (Foreign Graduate)
Provisional Registration (Foreign Graduate)

Select Application Type



APPLICATION FORM FOR REGISTRATION FOR INDIAN NATIONALS QUALIFIED FROM FOREIGN INSTITUTIONS(ONLY FOR DOMICILE OF MAHARASHTRA)

Application Type : Permanent Registration (Foreign Graduate) ▼

Provisional Details

Authority Council Name * GUJRAT MEDICAL COU ▼ State GUJARAT

Email id Of authority council

Provisional No* 1245658 Provisional Date 03/09/2014

Submit

You Can Fill The Information



APPLICATION FORM FOR REGISTRATION FOR INDIAN NATIONALS QUALIFIED FROM FOREIGN INSTITUTIONS(ONLY FOR DOMICILE OF MAHARASHTRA)

Application Type : Permanent Registration (Foreign Graduate) ▼

Provisional Details

Authority Council Name * GUJRAT MEDICAL COU ▼ State GUJARAT
Email id Of authority council
Provisional No * 1245658 Provisional Date 03/09/2014

Submit

When you click on Submit Below form open

Personal Details

	Sur Name	First Name	Middle Name
Name *	Ms. ▼ Maurya	Chaya	Dinesh
Father's Name *	Mr. ▼ Maurya	Dinesh	Rajesh
Mother's Name *	Mrs. ▼ Maurya	Anjali	Dinesh
Marrital Status *	Single ▼	Gender Female ▼	
Maiden Name *	---SELECT-- ▼		
Husband's Name *	---SELECT-- ▼		
Date of Birth *	15/03/1984	Place of Birth *	MUMBAI (SUBURBAN) ▼
District *	MUMBAI (SUBU	State *	MAHARASHTRA

You Can Fill The Information

Contact Details

Present Address * : Integrated Business Solution, M.D. keni Road, Nahur(E), Mumbai-400042

City/Taluka *	: MUMBAI (SUBURBAN) ▼	District *	: MUMBAI (SUBURBAN)
State *	: MAHARASHTRA	Country *	: INDIA
Pin code *	: 400042	Fax No	:
Mobile No *	: 9892957975	Email Id *	: admin1@gmail.com
Residential No	:	Clinic No	:
Category (General or Reseve i.e. SC/ST/OBC/Other) *	:	Nationality *	: <input checked="" type="checkbox"/> Indian

wW4AOC

Change Image

Enter Above Displayed Characters wW4AOC *

Save & Continue

Click On Save & Continue Next Form Will Be Open

**APPLICATION FORM FOR REGISTRATION FOR INDIAN NATIONALS QUALIFIED FROM FOREIGN INSTITUTIONS(ONLY FOR DOMICILE OF MAHARASHTRA)**

Application Type : Permanent Registration (Foreign Graduate) ▼

Provisional Details

Authority Council Name * : GUJRAT MEDICAL COU ▼ State : GUJARAT
Email id Of authority council :
Provisional No* : 1245658 Provisional Date : 03/09/2014

Submit**10th Class/Matric/High school**

School Name : Public School School Address : Mulund
Board Name : Mumbai Board Board Address : Mumbai
Roll No : 145552 Result : ☒ Yes ☐ No
Certificate No : 784552232 Certificate Date : 24/06/2004
Marks Marks (Obtained/Total) : 325 / 650 Percentage : 50

11th Class

School Name : National School School Address : Thane
Board Name : Mumbai University Board Address : Mumbai
Roll No : 754164411 Result : ☒ Yes ☐ No
Certificate No : 8456541121 Certificate Date : 17/06/2005
Marks (Obtained/Total) : 360 / 600 Percentage : 60

12th Class/Intermediate or 10+2

School Name : National School School Address : Thane
Board Name : Mumbai University Board Address : Mumbai
Roll No : 415623 Result : ☒ Yes ☐ No
Certificate No : 843211449 Certificate Date : 06/06/2006
Marks : 300 / 600 Percentage : 50

SrNo	Subjects	Maximum Marks	Obtained Marks	% Result	Pass/Fail
1	English	35	50	50	Pass ▼
2	Physics	35	50	50	Pass ▼
3	Chemistry	35	50	50	Pass ▼
4	Biology	35	50	50	Pass ▼

B.SC. OR ANY OTHER UNIVERSITY EXAMINATION.

College Name : College Address :
University : --SELECT-- Roll No :
Date of Joining : Date of Passing :
Examination Passed :

SrNo	Subjects	Maximum Theory Marks	Maximum Practical Marks	Obtained Theory Marks	Obtained Practical Marks	% Result	Pass/Fail
1							--SELECT-- Edit

Medical Qualification

Name of Institute : JMC Mumbai Address of Institute : Mumbai
Registration Number/ (OVIR NO.) : 512112111 Address of SENTRALNIYA OVIR (Registration Deptt.-OVIR) (Ministry of Foreign Affairs or Interior Ministry City) : Mumbai
Registration Valid from : 02/09/2015 Registration Valid upto : 09/09/2018
Medium of instructions : English

Have You done any part of your medical course in india, or any country than where you have obtained Medical degree as mention in application, If Yes ,its duration and Location

☐ Yes ☒ No

yeOEa5

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Enter Above Displayed Characters yeOEa5 *

Save & Continue

Click On Save & Continue Next Form Will Be Open

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**APPLICATION FORM FOR REGISTRATION FOR INDIAN NATIONALS QUALIFIED FROM FOREIGN INSTITUTIONS(ONLY FOR DOMICILE OF MAHARASHTRA)**

Application Type : Permanent Registration (Foreign Graduate) ▼

Provisional Details

Authority Council Name * : GUJRAT MEDICAL COU ▼ State : GUJARAT
Email id Of authority council :
Provisional No* : 1245658 Provisional Date : 03/09/2014

Submit**Passport Details**

Passport No : 56215451
Date of issue : 01/09/2014 Place of issue : Mumbai
Address as on passport : Mumbai
Visa issued by (name of Country) : U.S.A. ▼ Nature of Visa : STUDENT ▼
Date of Validity from : 14/10/2015 To : 09/09/2018
Date of leaving India : 30/09/2015 Date of returning to india : 09/09/2018
Did You ever Change/Loss the passport due to any reason : ☐ Yes ☒ No

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The
Information

Screening Test Particulars

Name of Board : National Board of Examination New Delhi. (Ministry of Health, Government of Ind ▼
Date of passing : 02/09/2015 Roll no : 745540222
Marks obtained : 800 Out of : 900

Internship Training Particulars

Name of Training Institute : ABC Address : Mumbai
State : Maharashtra Whether Recognized by MCI : ☒ Yes ☐ No
Date of Training from : 07/07/2012 To : 04/08/2014
Total Present in Days : 700

NAME OF THE MEDICAL DEGREE / DIPLOMA OBTAINED AND UNIV. / LICENSING BODY WITH THE YEAR OF : JMC Mumbai

WHETHER SHE / HE HAS UNDERGONE PRACTICAL TRAINING BEFORE OR AFTER OBTAINING THE MEDICAL QUALIFICATION REQUIRED BY THE RULES OF THE CONCERNED FOREIGN COUNTRY : ☒ Yes ☐ NO

IF YES, GIVE DETAILS. :

WAS ANY MEDICAL COLLEGE / SCHOOL IN INDIA ATTENDED BEFORE DEPARTURE FROM INDIA, (GIVE NAMES OF PERIOD OF STUDY UNDERGONE AND EXAMINATION PASSED). :

IN THE LANGUAGE OF STUDY IN THE COUNTRY BE OTHER THAN ENGLISH, PLEASE INDICATE IF IT WAS STUDIED IN INDIA BEFORE DEPARTURE OR WAS STUDIED IN THAT COUNTRY. PLEASE INDICATE THE TIME TAKEN FOR THAT STUDY AND WHETHER ANY EXAMINATION WAS PASSED. :

DO THE MEDICAL EXAMINATION (S) PASSED IPSO FACTO ENTITLE ONE TO REGISTER IN THE COUNTRY IN WHICH THEY WERE TAKEN OR A SEPARATE EXAMINATION FOR REGISTRATION HAS TO BE PASSED. :

ARE YOU REGISTERED IN ANY FOREIGN COUNTRY? : ☒ Yes ☐ NO

Register Body :

Registration Number : 254544

Date OF Registration : 08/06/2012

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Enter Above Displayed Characters : BI8nbh *

Save & Continue

Click On Save & Continue Next
Form Will Be Open

APPLICATION FORM FOR REGISTRATION FOR INDIAN NATIONALS QUALIFIED FROM FOREIGN INSTITUTIONS(ONLY FOR DOMICILE OF MAHARASHTRA)

Application Type
 :
 Permanent Registration (Foreign Graduate)

Provisional Details

Authority Council Name *
 GUJRAT MEDICAL COU
 State
 GUJARAT

Email id of authority council

Provisional No*
 1245658
 Provisional Date
 03/09/2014
 Submit

Documents									
Sr No.	Doc Name	File Type	+	File Size	Upload			Submitted	
1	Passport size Photograph	.jpg	YES	50 kb	Choose file	No file chosen	Upload	Document Uploaded Successfully	View
2	Candidate's scan Signature	.jpg	YES	50 kb	Choose file	No file chosen	Upload	Document Uploaded Successfully	View
3	M.B.B.S./M.D. physician degree Certificate issued by the recognized university	.pdf	YES	50 kb	Choose file	No file chosen	Upload	Document Uploaded Successfully	View
4	Marksheet of SSC Exam ,Eleventh Class and HSSC	.pdf	YES	50 kb	Choose file	No file chosen	Upload	Document Uploaded Successfully	View
5	Passing Certificate of SSC and HSSC Examination board	.pdf	YES	50 kb	Choose file	No file chosen	Upload	Document Uploaded Successfully	View
6	Eligibility Certificate issued to the Candidate by MCI for admission to Undergraduate Medical Course in Abroad	.pdf	YES	50 kb	Choose file	No file chosen	Upload	Document Uploaded Successfully	View
7	Screening Test Result issued by National Board of Examination New Delhi. (Ministry of Health, Government of India)	.pdf	YES	50 kb	Choose file	No file chosen	Upload	Document Uploaded Successfully	View
8	All the pages of all the passports showing visa, the date of emigration and immigration from and to Foreign Country and India	.pdf	YES	250 kb	Choose file	No file chosen	Upload	Document Uploaded Successfully	View
9	Original Provisional Registration Certificate issued by MCI / any other State Medical Council	.pdf	YES	50 kb	Choose file	No file chosen	Upload	Document Uploaded Successfully	View
10	Original Provisional Registration Certificate issued by MCI / any other State Medical Council	.pdf	YES	50 kb	Choose file	No file chosen	Upload	Document Uploaded Successfully	View
11	Internship Completion Certificate showing posting in various departments trained with specific dates issued by the Medical College / Institution Head.	.pdf	YES	50 kb	Choose file	No file chosen	Upload	Document Uploaded Successfully	View
12	Notarised Affidavit on Non judicial Stamp Paper of Rs 100 /- with photograph for delay in applying for Permanent Registration- if the delay in applying for registration is more than 30days after completion of Internship.	.pdf	NO	50 kb	Choose file	No file chosen	Upload	Document Uploaded Successfully	View
13	Letter from the Indian Embassy concerned that primary medical qualification as possessed by the candidate is a recognized qualification for enrollment as medical practitioner in the country in which the institution awarding the said qualification is situated.	.pdf	YES	50 kb	Choose file	No file chosen	Upload	Document Uploaded Successfully	View
14	Domicile Certificate issued by competent authority	.pdf	YES	50 kb	Choose file	No file chosen	Upload	Document Uploaded Successfully	View

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Submit

Click on Submit To Save Form

After Submitting The Form The Next
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After Submitting 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 **Doctors profile** Menu in 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 MMC will generate registration number and send your registration certificate .

Schedule and Appointment



Maharashtra Medical Council



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Appointment for Verification of Registration documents

Appointment Schedule

Application No:


Appointment Date:

Appointment time: ☐ First Half (10 Am - 1 Pm) ☐ Second Half (2 Pm - 5 Pm)

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Renewal Of Registration

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APPLICATION FOR THE RENEWAL OF REGISTRATION

Registration Details
Registration No* : 2009031156 Registration Date : 23/03/2009 [VIEW](#)

Personal Details

	Sur Name	first Name	Middle Name
Name*	Mrs. PATIL	SNHEA	RAMGOPAL
Father's Name*	Mr. KALANI	RAMGOPAL	BALAPRASADJI
Mother's Name*	Mrs. KALANI	SHOBHA	RAMGOPAL
Maiden Name	Ms. KALANI	SARIKA	RAMGOPAL
Marital Status	Married	Gender : Female	
Date of Birth	01/03/1990		

Qualification Details


Sr No.	Examination	College	University	Passing Year	Cert. No	Cert. Date
1	L.R.C.P.	GOVT. MC. KOLHAPUR	KUVEMPU UNIVERSITY	2015	 	
2	L.R.C.P.	GOVT. MC. KOLHAPUR	KUVEMPU UNIVERSITY	2015	 	

Contact Details

Address In India	2-11-86, SANKET, BACK TO SWAMI SAMARTH	City	BEED
District	BEED	State	MAHARASHTRA
Pincode	431122	Country	INDIA
Residential Tel.No.		Clinic No.	
Email	dsa@gmail.com	Mobile No.	9898789898

Documents

Sr No.	Doc Name	File Type *	File Size	Upload	
1	Latest Passport size photograph	.jpg YES	50 kb	Choose file No file chosen Upload	Document Uploaded Successfully
2	Latest Sign	.jpg YES	50 kb	Choose file No file chosen Upload	Document Uploaded Successfully
3	CME Credit hours/point Certificates (Minimum 30 points)	.pdf YES	1000 kb	Choose file No file chosen Upload	Document Uploaded Successfully

 [Change Image](#)

Enter Above Displayed Characters

[Submit](#) [Cancel](#)

Click On Submit & save The Form

Fill & Update The Information

Upload The Document

After Submitting The Form The Next Message Will Be Displayed

After Submitting The Form The Next
Message Will Be Displayed




After Submitting 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) from date of submission of your application for verification of original documents of CME Credit hours with hard copy of application ,original Notarized Affidavit and Indemnity bond on non judicial stamp paper (Note: If more than 3 months delay for renewal of registration then necessary) and xerox copies of CME Credit point certificate along with submitted application form (you can take submitted application form print from **Doctors profile** Menu in your login.) in MMC.

Once the application is 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 your renewal letter, then you can print it from your login .

Change Of Name

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Application Form For Change of Name

Registration Details
Registration No* : 2009031156 Registration Date : 23/03/2009 [VIEW](#)

Personal Details


	Sur Name	first Name	Middle Name
Name *	Mrs. PATIL	SNHEA	RAMGOPAL
Father's Name*	Mr. KALANI	RAMGOPAL	BALAPRASADJI
Mother's Name*	Mrs. KALANI	SHOBHA	RAMGOPAL
Maiden Name *	Ms. KALANI	SARIKA	RAMGOPAL
Marital Status *	Married	Gender : Female	
Date of Birth *	01/03/1990		

New Details

	Sur Name	first Name	Middle Name
Change Name *	Mrs. JADHAV	SNEHA	RAJESH
Husband's Name *	Mr. JADHAV	RAJESH	RAJARAM
Marital Status *	Married	Reason For Change of Name *	MARRIAGE

Documents

Sr No.	Doc Name	File Type	* File Size	Upload	
1	Latest passport size Photograph	.jpg	YES 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>	Document Uploaded Successfully
2	Latest Signature	.jpg	YES 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>	Document Uploaded Successfully
3	Original registration certificate issued by council	.pdf	YES 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>	Document Uploaded Successfully
4	Marriage Certificate (For Female *)	.pdf	NO 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>	Document Uploaded Successfully
5	Govt. gazette or Notarised Affidavit on Non judicial Stamp Paper of Rs 200 /-	.pdf	YES 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>	Document Uploaded Successfully
6	Verification certificate from Dean of Parent College certifying that he is same person (For Male *)	.pdf	NO 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>	Document Uploaded Successfully

 [Change Image](#)

Enter Above Displayed Characters

Fill The Form

Upload The Document

Click On Submit & save The Form

After Submitting The Form The Next
Message Will Be Displayed




After Submitting 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 **Doctors profile** Menu in your login.) in MMC.

Once the application is 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 your change of name letter, then you can print it from your login .

Change Of Address

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Application Form For Change of Address

Registration Details
Registration No* : 2009031156 Registration Date : 23/03/2009 [VIEW](#)

Personal Details

	Sur Name	first Name	Middle Name
Name *	Mrs. PATIL	SNHEA	RAMGOPAL
Father's Name*	Mr. KALANI	RAMGOPAL	BALAPRASADJI
Mother's Name*	Mrs. KALANI	SHOBHA	RAMGOPAL
Maiden Name *	Ms. KALANI	SARIKA	RAMGOPAL
Marital Status *	Married	Gender : Female	
Date of Birth *	01/03/1990		

Contact Details

Address *	2-11-86, SANKET, BACK TO SWAMI SAMARTH	City *	BEED
District *	BEED	State *	MAHARASHTRA
Pincode *	431122	Country *	INDIA
Residential Tel.No.	02442222112	Office No.	
Email	dsa@gmail.com	Mobile No.	9898789898


New Contact Details

Address *	Integrated Business Solution, MD Keni	City *	MUMBAI (URBAN)
District *	MUMBAI (URBAN)	State *	MAHARASHTRA
Pincode *	400042	Country *	INDIA
Residential Tel.No.		Office No.	
Email	abc@gmail.com	Mobile No.	9874561452
Reason for Change of address *	Due To Marriage		

Documents

Sr No.	Doc Name	File Type	File Size	Upload
1	Residential Proof (Ration Card/Aadhar card/Pan card/Passport /Electric Bill/ Telephone Bill) any one.	.pdf	YES 50 kb	<div>Choose file No file chosen</div> <div>Upload</div>

Document Uploaded Successfully

 [Change Image](#)

Enter Above Displayed Characters

[Submit](#) [Cancel](#)

Enter The Reg No
Click on View Button
Bellow Form Will be Open

Fill The Form

Upload The Document

Click On Submit & save The Form


After Submitting The Form The Next
Message Will Be Displayed



After Submitting 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.

Once the application is 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 your change of address letter, then you can print it from your login .

Good Standing Certificate From MMC

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APPLICATION FOR THE GOOD STANDING CERTIFICATE (MMC)

Registration Details
Registration No* : 2009031156 Registration Date : 23/03/2009 [View](#)

Personal Details

	Sur Name	first Name	Middle Name
Name*	Mrs. PATIL	SNHEA	RAMGOPAL
Father's Name*	Mr. KALANI	RAMGOPAL	BALAPRASADJI
Mother's Name*	Mrs. KALANI	SHOBHA	RAMGOPAL
Maiden Name	Ms. KALANI	SARIKA	RAMGOPAL
Marital Status	Married	Gender : Female	
Date of Birth	01/03/1990		


Qualification Details

Sr No.	Examination	College	University	Passing Year	Cert. No	Cert. Date
1	L.R.C.P.	GOVT. MC. KOLHAPUR	KUVEMPU UNIVERSITY	2015	 	
2	L.R.C.P.	GOVT. MC. KOLHAPUR	KUVEMPU UNIVERSITY	2015	 	

Correspondance Details
Purpose of Good Standing Certificate ☒ Personal ☐ Licensing Authority Details

Address	2-11-86, SANKET, BACK TO SWAMI SAMARTH	City	BEED
District	BEED	State	MAHARASHTRA
Pincode	431122	Country	INDIA
Residential Tel.No.		Clinic No.	
Email	dsa@gmail.com	Mobile No.	9898789898

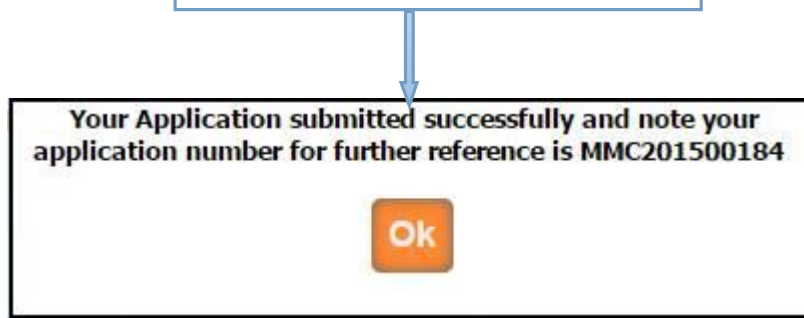
Documents

 [Change Image](#)
Enter Above Displayed Characters *
[Submit](#) [Back](#)

Enter The
Reg No
Click on
View Button
Bellow Form
Will be Open

Click On Submit & save
The Form

After Submitting The Form The Next
Message Will Be Displayed



After Submitting 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.

Once the application is 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 your Good Standing Certificate, then you can print it from your login .

Good Standing Certificate From MCI

Home
Doctor's Profile
Welcome
dsa@gmail.com |
Logout

APPLICATION FOR THE GOOD STANDING CERTIFICATE (MCI)

Registration Details
Registration No* : 2009031156 Registration Date : 23/03/2009 **View**

Personal Details

Name*	Sur Name	first Name	Middle Name
Mrs. PATIL	SNHEA	RAMGOPAL	
Father's Name*	Mr. KALANI	RAMGOPAL	BALAPRASADJI
Mother's Name*	Mrs. KALANI	SHOBHA	RAMGOPAL
Maiden Name	Ms. KALANI	SARIKA	RAMGOPAL
Marital Status	Married	Gender : Female	
Date of Birth	01/03/1990		

Qualification Details


Sr No.	Examination	College	University	Passing Year	Cert. No	Cert. Date
1	L.R.C.P.	GOVT. MC. KOLHAPUR	KUVEMPU UNIVERSITY	2015	 	
2	L.R.C.P.	GOVT. MC. KOLHAPUR	KUVEMPU UNIVERSITY	2015	 	

Contact Details

Address	2-11-86, SANKET, BACK TO SWAMI SAMARTH	City	BEED
District	BEED	State	MAHARASHTRA
Pincode	431122	Country	INDIA
Residential Tel.No.		Clinic No.	
Email	dsa@gmail.com	Mobile No.	9898789898

Documents

Sr No.	Doc Name	File Type	IS Mandatory	Maximum File Size	Upload	
1	MCI Submitted form	.pdf	YES	100 kb	Choose file No file chosen	Document Uploaded Successfully


Change Image
Enter Above Displayed Characters YQvpoZ

Click On Submit & Save The Form

Submit Back

Enter The Reg No Click on View Button Bellow Form Will be Open

Upload The Document

After Submitting The Form The Next
Message Will Be Displayed



After Submitting 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.

Once the application is 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 your Good Standing Certificate, then you can print it from your login .

Additional Qualification

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Logout

APPLICATION FORM FOR THE ADDITIONAL QUALIFICATION

Registration Details
Registration No* : 2009031156
Registration Date : 23/03/2009
VIEW

Personal Details

	Sur Name	first Name	Middle Name
Name *	Mrs. PATIL	SNHEA	RAMGOPAL
Father's Name*	Mr. KALANI	RAMGOPAL	BALAPRASADJI
Mother's Name*	Mrs. KALANI	SHOBHA	RAMGOPAL
Maiden Name *	Ms. KALANI	SARIKA	RAMGOPAL
Marital Status *	Married	Gender : Female	
Date of Birth *	01/03/1990		

Contact Details

Address	2-11-86, SANKET, BACK TO SWAMI SAMARTH	City	BEED
District	BEED	State	MAHARASHTRA
Pincode	431122	Country	INDIA
Residential Tel.No.	02442222112	Clinic No.	
Email	dsa@gmail.com	Mobile No.	9898789898

Qualification Details


Select Examination *	American Board of Interna	Select College *	SCTI FOR MST.TRIV.
Select University *	PARIS UNIVERSITY	Enter Passing Year *	2015

Sr No.	Examination	College	University	Passing Year	Cert. No	Cert. Date
1	L.R.C.P.	GOVT. MC. KOLHAPUR	KUVEMPU UNIVERSITY	2015	 	
2	L.R.C.P.	GOVT. MC. KOLHAPUR	KUVEMPU UNIVERSITY	2015	 	

Documents

Sr No.	Doc Name	File Type	* File Size	Upload	
1	Passing Certificate of Diploma/Degree issued by University	.pdf	YES 100 kb	Choose file No file chosen Upload	Document Uploaded Successfully
2	Bonafide Certificate issued by the head of institute / head of department.	.pdf	YES 100 kb	Choose file No file chosen Upload	Document Uploaded Successfully
3	Copy of MCI Scheduled/ Copy of Government notification	.pdf	NO 100 kb	Choose file No file chosen Upload	Document Uploaded Successfully

Click On Submit & save The Form


Change Image

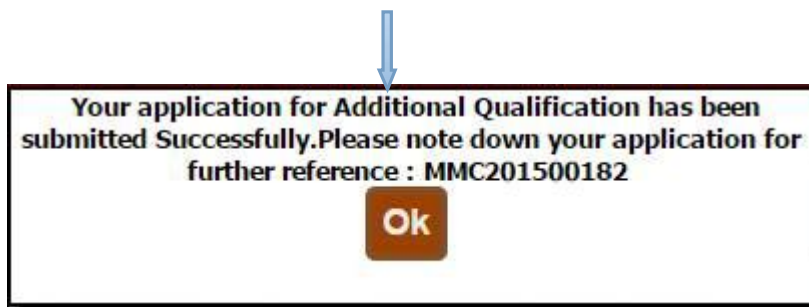
Enter Above Displayed Characters qfapuI

Submit Cancel

Enter The Reg No Click on View Button Bellow

Upload The Document

After Submitting The Form The Next Message Will Be Displayed



After Submitting 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 **Doctors profile** Menu in your login.) in MMC.

Once the application is submitted, it is verified by MMC. If Application verification is done successfully then you will again get an 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 MMC will generate and send your additional qualification certificate .

Duplicate Certificate

APPLICATION FORM FOR THE DUPLICATE CERTIFICATE

Registration Details

Select Certificate Type
Registration Certificate

Registration No*
2009031156
Registration Date
23/03/2009
VIEW

Personal Details

	Sur Name	first Name	Middle Name
Name *	Mrs. PATIL	SNHEA	RAMGOPAL
Father's Name*	Mr. KALANI	RAMGOPAL	BALAPRASADJI
Mother's Name*	Mrs. KALANI	SHOBHA	RAMGOPAL
Maiden Name *	Ms. KALANI	SARIKA	RAMGOPAL
Marital Status *	Married	Gender : Female	
Date of Birth *	01/03/1990		

Contact Details

Address	2-11-86, SANKET, BACK TO SWAMI SAMARTH	City	BEED
District	BEED	State	MAHARASHTRA
Pincode	431122	Country	INDIA
Residential Tel.No.	02442222112	Clinic No.	
Email	dsa@gmail.com	Mobile No.	9898789898


Qualification Details

Sr No.	Examination	College	University	Passing Year	Cert. No	Cert. Date
1	L.R.C.P.	GOVT. MC. KOLHAPUR	KUVEMPU UNIVERSITY	2015	 	

Reason for duplicate registration Certificate :
Lost My Certificate

Documents

Sr No.	Doc Name	File Type	* File Size	Upload	
1	Copy of Registration Certificate	.pdf	NO 50 kb	Choose file No file chosen Upload	Document Uploaded Successfully
2	Notarised Affidavit on Non judicial Stamp Paper of Rs 100 /- with photograph	.pdf	YES 50 kb	Choose file No file chosen Upload	Document Uploaded Successfully
3	FIR Copy from police authority	.pdf	YES 50 kb	Choose file No file chosen Upload	Document Uploaded Successfully


Change Image

Click On Submit & save The Form

Enter Above Displayed Characters
k6c9EJ
Submit
Cancel

Enter The Reg No
Click on View Button
Bellow Form Will be Onen

Upload The Document

After Submitting The Form The Next Message Will Be Displayed



After Submitting 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 (Only Permanent and additional qualification duplicate certificate) (you can take submitted application form print from **Doctors profile** Menu in your login.) in MMC.

Once the application is 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 your renewal letter, then you can print it from your login .

Duplicate Certificate For Provisional

APPLICATION FORM FOR THE DUPLICATE CERTIFICATE

Registration Details

Select Certificate Type Provisional Certificate

Provisional No* Provisional Date **VIEW**

Personal Details

	Sur Name	first Name	Middle Name
Name *	<input type="text" value="Maurya"/>	<input type="text" value="Chaya"/>	<input type="text"/>
Father's Name*	<input type="text" value="SAXENA"/>	<input type="text" value="PRAMOD"/>	<input type="text" value="KUMAR"/>
Mother's Name*	<input type="text" value="SAXENA"/>	<input type="text" value="ARUNA"/>	<input type="text" value="PRAMOD"/>
Maiden Name *	<input type="text" value="—SELECT—"/>	<input type="text"/>	<input type="text"/>
Marital Status *	<input type="text" value="Single"/>	Gender : <input type="text" value="Male"/>	
Date of Birth *	<input type="text" value="15/03/1984"/>		

Contact Details

Address	<input type="text" value="A 7 BLUESTAR APARTMENT
NEAR BHADKAL GATE"/>	City	<input type="text" value="SHIVPURI"/>
District	<input type="text" value="SHIVPURI"/>	State	<input type="text" value="MADHYA PRADESH"/>
Pincode	<input type="text" value="431001"/>	Country	<input type="text" value="INDIA"/>
Residential Tel.No.	<input type="text" value="9425339641"/>	Clinic No.	<input type="text"/>
Email	<input type="text" value="niketsaxena1989@gmail.com"/>	Mobile No.	<input type="text" value="8446913441"/>

Qualification Details

Sr No.	Examination	College	University	Passing Year	Cert. No	Cert. Date
1	M.B.B.S.	GOVT. MC. AURANGABAD	MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK	28/02/2014		

Reason for duplicate provisional certificate :

Documents

Sr No.	Doc Name	File Type	* File Size	Upload	
1	Copy of Provisional Registration Certificate	.pdf	NO 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>	Document Uploaded Successfully
2	Notarised Affidavit on Non judicial Stamp Paper of Rs 100 /- with photograph	.pdf	YES 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>	Document Uploaded Successfully
3	FIR Copy from police authority	.pdf	YES 50 kb	<input type="button" value="Choose file"/> No file chosen <input type="button" value="Upload"/>	Document Uploaded Successfully

Click On Submit & save The Form

 Change Image

Enter Above Displayed Characters

Submit **Cancel**

Enter The Reg No Click on View Button Bellow Form Will be Onen

Upload The Document

After Submitting The Form The Next
Message Will Be Displayed


**Your application for Duplicate Provisional Certificate has been
submitted Successfully. Please note down your application for
further reference : 201500150**



After Submitting 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.

Once the application is 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 your renewal letter, then you can print it from your login .

NOC For Other State From MMC

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APPLICATION FORM FOR THE NOC FOR OTHER STATE WHO REGISTERED WITH MMC

Registration Details
Registration No* Registration Date [VIEW](#)

Personal Details

	Sur Name	first Name	Middle Name
Name *	<input type="text" value="PATIL"/>	<input type="text" value="SNHEA"/>	<input type="text" value="RAMGOPAL"/>
Father's Name*	<input type="text" value="KALANI"/>	<input type="text" value="RAMGOPAL"/>	<input type="text" value="BALAPRASADJI"/>
Mother's Name*	<input type="text" value="KALANI"/>	<input type="text" value="SHOBHA"/>	<input type="text" value="RAMGOPAL"/>
Maiden Name *	<input type="text" value="KALANI"/>	<input type="text" value="SARIKA"/>	<input type="text" value="RAMGOPAL"/>
Marital Status *	<input type="text" value="Married"/>	Gender : <input type="text" value="Female"/>	
Date of Birth *	<input type="text" value="01/03/1990"/>		

Contact Details

Address *	<input type="text" value="2-11-86, SANKET, BACK TO SWAMI SAMARTH"/>	City *	<input type="text" value="BEED"/>
District *	<input type="text" value="BEED"/>	State *	<input type="text" value="MAHARASHTRA"/>
Pincode *	<input type="text" value="431122"/>	Country *	<input type="text" value="INDIA"/>
Residential Tel.No.	<input type="text" value="02442222112"/>	Clinic No.	<input type="text"/>
Email *	<input type="text" value="dsa@gmail.com"/>	Mobile No. *	<input type="text" value="9898789898"/>


Qualification Details

Sr No.	Examination	College	University	Passing Year	Cert. No	Cert. Date
1	L.R.C.P.	GOVT. MC. KOLHAPUR	KUVEMPU UNIVERSITY	2015	 	

Other Council Details

Authority *	<input type="text" value="BIHAR MEDICAL COUN"/>	State *	<input type="text" value="BIHAR"/>
Email of council *	<input type="text"/>	Reason For NOC *	<input type="text" value="Change"/>

Documents

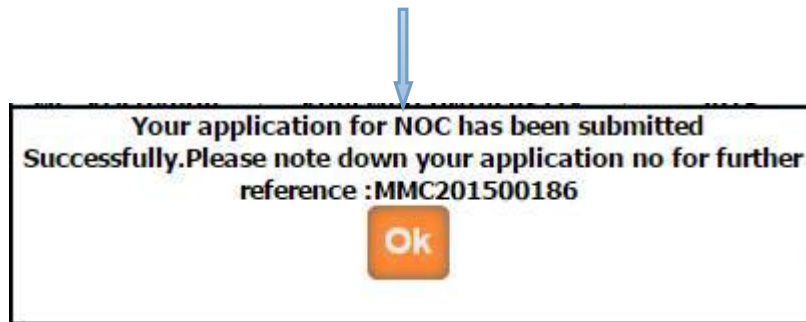
 [Change Image](#)

Enter Above Displayed Characters

[Click On Submit & save The Form](#) [Submit](#) [Cancel](#)

Enter The Reg No Click on View Button Bellow Form Will be Onen

After Submiting The Form The Next Message Will Be Displayed



After Submitting 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.

Once the application is 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 your renewal letter, then you can print it from your login .

Good Standing Certificate from MMC For NRI Doctors

Registration Details

Registration No*	: 2009031156	Registration Date	: 23/03/2009	View
------------------	--------------	-------------------	--------------	----------------------

View

		Sur Name	first Name	Middle Name
Name*	Mrs. ▼	PATIL	SNHEA	RAMGOPAL
Father's Name*	Mr. ▼	KALANI	RAMGOPAL	BALAPRASADJI
Mother's Name*	Mrs. ▼	KALANI	SHOBHA	RAMGOPAL
Maiden Name	Ms. ▼	KALANI	SARIKA	RAMGOPAL
Marital Status	Married ▼	Gender : Female ▼		
Date of Birth	01/03/1990			

Sr No.	Examination	College	University	Passing Year	Cert. No	Cert. Date
1	L.R.C.P.	GOVT. MC. KOLHAPUR	KUVEMPU UNIVERSITY	2015	 	

Address in India	2-11-86, SANKET, BACK TO SWAMI SAMARTH	City	BEED
District	BEED	State	MAHARASHTRA
Pincode	431122	Country	INDIA
Residential Tel.No.		Clinic No.	
Email	dsa@gmail.com	Mobile No.	9898789898

Purpose of Good Standing Certificate		<input checked="" type="radio"/> Personal <input type="radio"/> General Medical Council/Licensing Authority Details	
Present Place of working Address	INTEGRATED BUSINESS SOLUTION	Name of the working country	INDIA
Name of the General Medical Council/Licensing Authority	MAHARASHTRA	Registration No	2009031156
General Medical Council/Licensing Authority Registration Date	01/09/2013	Valid upto	04/09/2017
Email id of required Good standing certificate	fgdv@gmail.com	Address	MUMBAI

Sr No.	Doc Name	File Type	IS Mandatory	Maximum File Size	Upload	
1	Photocopy of Registration certificate of MMC	.pdf	YES	100 kb	<input type="button" value="Choose file"/> <input type="button" value="No file chosen"/> <input type="button" value="Upload"/>	<i>Document Uploaded Successfully</i>
2	Additional Qualification Certificate	.pdf	NO	100 kb	<input type="button" value="Choose file"/> <input type="button" value="No file chosen"/> <input type="button" value="Upload"/>	<i>Document Uploaded Successfully</i>

Upload

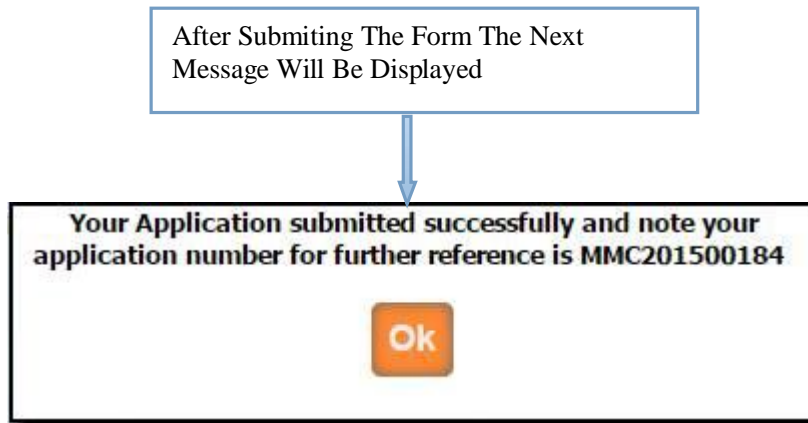
PdplCj

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Submit

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After Submitting 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.

Once the application is 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 your renewal letter, then you can print it from your login .

APPLICATION FOR THE FOERIGN VERIFICATION

Registration Details

Registration No* : 2009031156

Registration Date : 23/03/2009

View

Enter The
Reg No
Click on
View Button
Bellow Form
Will be Onen

Personal Details

	Sur Name	First Name	Middle Name
Name	Mrs. PATIL	SNHEA	RAMGOPAL
Father's Name	Mr. KALANI	RAMGOPAL	BALAPRASADJI
Mother's Name	Mrs. KALANI	SHOBHA	RAMGOPAL
Maiden Name	Ms. KALANI	SARIKA	RAMGOPAL
Marital Status	Married	Gender : Female	
Date of Birth	01/03/1990	Renewal Validity	10/09/2016

Qualification Details

Sr No.	Examination	College	University	Passing Year	Cert. No	Cert. Date
1	L.R.C.P.	GOVT. MC. KOLHAPUR	KUVEMPU UNIVERSITY	2015	 	

Contact Details

Address	2-11-86, SANKET, BACK TO SWAMI SAMARTH	Clinic No.	
City	BEED	District	BEED
State	MAHARASHTRA	Pin Code	431122
Residential Tel.No.	02442222112	Country	INDIA
Email Id	dsa@gmail.com	Mobile No	9898789898

Information of country Applied for

State the name of Country Applied For : UNITED KINGDOM

Address : Integrated Business Solution

General Medical Council/Licensing Authority Details

Present Place of working Address*	Integrated Business Solution	Name of the working country*	INDIA
Name of the General Medical Council/Licensing Authority*	Maharashtra	Registration No *	2009031156
General Medical Council/Licensing Authority Registration Date *	01/09/2012	Valid upto *	03/09/2016
Email id of General Medical Council/Licensing Authority*	asdc@gmail.com		

Amount For this Application

Total Amount : 6000.00

Documents

Sr No.	Doc Name	File Type	Is Mandatory	Max File Size	Upload	
1	Scanned Copy of Verification Form	.pdf	YES	100 kb	Choose file No file chosen Upload	Document Uploaded Successfully
2	Photocopy of Registration certificate of MMC	.pdf	YES	100 kb	Choose file No file chosen Upload	Document Uploaded Successfully
3	Additional Qualification	.pdf	NO	100 kb	Choose file No file chosen Upload	Document Uploaded Successfully

Upload The
Document

Click On Submit &
save The Form

Wn5FoS Change Image

Enter Above Displayed Characters Wn5FoS

Submit **Cancel**

After Submitting The Form The Next
Message Will Be Displayed



**Your Application submitted successfully and note your
application number for further reference is MMC201500184**





RMP Details

Sr No.	Appl No	Appl Date	Appl Name	Appl Type	Amount	Appl Status	Print App	Print Cert	Modify App
1	201500143	10/09/2015	PATIL SNHEA RAMGOPAL	Change of Name	0.00	Application Submitted but pending for Verification			
2	201500145	10/09/2015	PATIL SNHEA RAMGOPAL	Change of Address	0.00	Application Submitted but pending for Verification			
3	201500146	10/09/2015	PATIL SNHEA RAMGOPAL	Good Standing From MMC(MMC)		Application Submitted but pending for Verification			
4	201500147	10/09/2015	PATIL SNHEA RAMGOPAL	Good Standing From MMC(MCI)		Application Submitted but pending for Verification			
5	201500148	10/09/2015	PATIL SNHEA RAMGOPAL	Additional Qualification	0.00	Application Submitted but pending for Verification			
6	201500127	25/08/2015	HAGWANE SANKET DNYANESHWAR	Duplicate Certificate For Provisional Registration	0.00	Application Submitted but pending for Verification			
7	201500150	10/09/2015	Maurya Chaya	Duplicate Certificate For Provisional Registration	0.00	Application Submitted but pending for Verification			
8	201500149	10/09/2015	PATIL SNHEA RAMGOPAL	Duplicate Certificate For Registration	0.00	Application Submitted but pending for Verification			
9	201500151	10/09/2015	PATIL SNHEA RAMGOPAL	Noc for Other State from MMC	0.00	Application Submitted but pending for Verification			
10	201500126	25/08/2015	PATIL SNHEA RAMGOPAL	Duplicate Certificate for I card	100.00	Application verified but pending for payment.			

Print Application

Print Certificate

Modify Application