



**FORM -3**  
(See Rule 38, 39 (ii))  
Manipur Medical Council

**APPLICATION FORM FOR CONTINUATION OF NAME IN THE REGISTER**

Receipt No .....  
Date .....  
(for office use)

**To,**

**The Registrar**  
**Manipur Medical Council**  
**Imphal**

Affix passport  
Size  
photograph  
attested

*Subject :- Continuation of name in the Register.*

**Sir,**

I request that my name may be contained in the State Register maintained by Manipur Medical Council.

1. Name of the Applicant (in block letters) :
2. Mother's Name :
3. Father's/Husband's Name :
4. Gender :
5. Date of Birth (date, month, year) :
6. Nationality :
7. Category (General / ST/SC/OBC) :
8. a) Residential Address :  
b) Permanent Address :  
c) Professional Address :
9. Telephone No./ Mobile No./Fax No./  
E-mail ID

10. Details of Qualifications :

Sl. No.	Description of Qualification	Name of the School/College/ Medical Institution	Name of the Board/ University/Licensing Body	Year of the completion Of Internship in case of MBBS in any other case year of passing examination

11. Manipur Medical Council :  
Registration Certificate No. & Date

12. Present Occupation :

I submit herewith original certificates for verification and submit attested copies of the same certificates :-

- Two recent passport size photographs with name and signature at the backside.
- Manipur Medical Council Registration Certificate.
- MBBS Degree/ Post graduate Degree/ Diploma/ Post-Doctoral Degree Certificate.

I hereby submit a Bank Draft No. .... Dated .....  
Prepared from (Bank) ..... for Rs. 3000/- (Rupees three thousand ) as non-refundable fee in favour of 'The Manipur Medical Council' payable at Imphal.

**(in case of late fee)**

I hereby submit a Bank Draft No. .... Dated ..... prepared from (Bank) Punjab National Bank, RIMS for Rs. 1000 upto 6 months and Rs. 3000 above 6 months being the late fee as non-refundable in favour of 'The Manipur Medical Council' payable at Imphal.

**DECLARATION**

I solemnly affirm and declare that the particulars furnished above by me are true to the best of my knowledge and belief and I undertake to abide by the code of conduct & Ethics of Manipur Medical Council and Indian Medical Council and by the Rules of Manipur Medical Council.

Date :

**Signature of the Applicant**

**(for office use only)**

Received the above documents in original.

Signature of registered person.....

Name .....

Date .....

MMC Copy



# Punjab National Bank

RIMS, Lamphel, Imphal

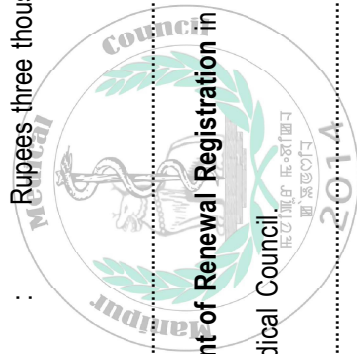
Date : \_\_\_\_\_

In favour of : **The Manipur Medical Council**

A/c # : **0652200100007106**

Sum of : **Rs. 3000/- (Case only)**

in words : **Rupees three thousand**



For Allotment of Renewal Registration in

Manipur Medical Council

Applicant's detail :

Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

Email : \_\_\_\_\_

Signature of depositor  
Authorized Signatory & Seal

*The Bank copy will be retained by the Bank, MMC copy to be submitted to the Manipur Medical Council, and personal copy to be kept with the Applicant*

Personal Copy



# Punjab National Bank

RIMS, Lamphel, Imphal

Date : \_\_\_\_\_

In favour of : **The Manipur Medical Council**

A/c # : **0652200100007106**

Sum of : **Rs. 3000/- (Case only)**

in words : **Rupees three thousand**



For Allotment of Renewal Registration in

Manipur Medical Council

Applicant's detail :

Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

Email : \_\_\_\_\_

Signature of depositor  
Authorized Signatory & Seal

*The Bank copy will be retained by the Bank, MMC copy to be submitted to the Manipur Medical Council, and personal copy to be kept with the Applicant*

Bank Copy



# Punjab National Bank

RIMS, Lamphel, Imphal

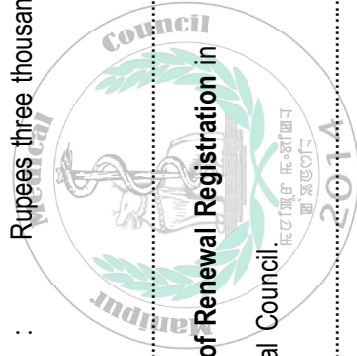
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**Additional Format for synchronization of National Register and State Register (to be filled up by the applicant with effect from 15<sup>th</sup> April, 2021)**

<b>Sl. No.</b>	<b>Particulars</b>	<b>Information</b>
1.	Name (as given in MBBS degree)	
2.	Recent photo (one copy to be affixed)	
3.	Father's Name	
4.	Present/Corresponding Address	
5.	Permanent address	
6.	Aadhaar Numer	
7.	Mobile Number	
8.	e-mail	
9.	Date of birth	
10.	Nationality	
11.	<b>UG Degree</b>	
i.	Name of Degree	
ii.	Name of Medical College/University	
iii.	Month & year of passing	
iv.	Registration number	
v.	Date of Registration	
vi.	Name(s) of register (National/State)	
vii.	Whether the registration is renewable or permanent	

Sl. No.	Particulars	Information
12.	<b>(a) PG Degree (MD/MS)</b>	
i.	Name of Degree	
ii.	Name of the Subject	
iii.	Name of Medical College/University	
iv.	Month & year of passing	
v.	Registration number	
vi.	Date of Registration	
vii.	Name(s) of register (National/State)	
viii.	Whether the registration is renewable or permanent	
12.	<b>(b) PG (DNB from NBE)</b>	
i.	Name of Degree	
ii.	Name of the Subject	
iii.	Name of Medical College/University	
iv.	Month & year of passing	
v.	Registration number	
vi.	Date of Registration	
vii.	Name(s) of register (National/State)	
viii.	Whether the registration is renewable or permanent	

<b>Sl. No.</b>	<b>Particulars</b>	<b>Information</b>
12.	<b>(c) PG (Medical Diploma)</b>	
i.	Name of Degree	
ii.	Name of the Subject	
iii.	Name of Medical College/University	
iv.	Month & year of passing	
v.	Registration number	
vi.	Date of Registration	
vii.	Name(s) of register (National/State)	
viii.	Whether the registration is renewable or permanent	
12.	<b>(d) Super speciality (DM/MCH)</b>	
i.	Name of Degree	
ii.	Name of the Subject	
iii.	Name of Medical College/University	
iv.	Month & year of passing	
v.	Registration number	
vi.	Date of Registration	
vii.	Name(s) of register (National/State)	
viii.	Whether the registration is renewable or permanent	
12.	<b>(e) Super speciality (DNB)</b>	
i.	Name of Degree	
ii.	Name of the Subject	
iii.	Name of Medical College/University	
iv.	Month & year of passing	
v.	Registration number	
vi.	Date of Registration	
vii.	Name(s) of register (National/State)	
viii.	Whether the registration is renewable or permanent	

Sl. No.	Particulars	Information
13.	<b>Name of the Institute/Hospital/Clinic where engaged in teaching /research/practice of Medicine</b>	Government/Private/Own Teaching/Non-teaching Research/Non research
14.	Complete Address/Contact details of the Institute/Hospital/Clinic mentioned in Item No.13 above	
15.	Name of person in Hospital/Institute mentioned above in Item No.13 above who is responsible for legal issues regarding patient care provided by the Doctor.	
16.	Registered Medical Practitioner (RMP) no. of the person mentioned in item no.15 above	

Date :

Signature of the Doctor

(Complete name of the Doctor)