

KARNATAKA MEDICAL COUNCIL

(Statutory Body, established under Karnataka Act No. 34 of 1961)

To,
Registrar
Karnataka Medical Council
#16/6, 2nd Floor, Miller Tank Bed Area,
Vasanthnagar, Bangalore - 560 052.
Tele : 080-22200888 Fax : 080-22200300
E-mail : kar.medi_council@yahoo.co.in Website : www.karnatakamedicalcouncil.com

FORM OF APPLICATION FOR

(Tick whichever applicable)

- | | | | |
|---|--------------------------|---|--------------------------|
| 1. No objection Certificate for | <input type="checkbox"/> | 6. Change of Name | <input type="checkbox"/> |
| 2. Additional Degree / Diploma Registration. | <input type="checkbox"/> | 7. Certified Testimonials | <input type="checkbox"/> |
| 3. Duplicate Copy of KMC Registration Certificate | <input type="checkbox"/> | 8. Verification of KMC Registration Certificate | <input type="checkbox"/> |
| 4. True Copy of PRC | <input type="checkbox"/> | 9. Re- Registration | <input type="checkbox"/> |
| 5. Good Standing Certificate | <input type="checkbox"/> | 10. Renewal | <input type="checkbox"/> |

Name (in Block Letters) :

KMC Registration Certificate No.

Date of Registration :

Permanent Address :

Age & Date of Birth.....Yrs

Sex : M / F

Phone / E-mail / Fax / Mobile :

Qualifications :	Name of the University	(Year of Examination)
1)		
2)		
3)		

College Last Studied :

Enclosed : D.D. Payable to Registrar, Karnataka Medical Council,

D.D. No.

Amount of Rs.

Dated

Name of the Bank (Issuing Bank)

Yours Sincerely,

Dated :

Place :

Signature of the Applicant

FOR OFFICE USE ONLY

Registrar
Karnataka Medical Council

Amount of Rs. :
KMC Receipt No. :
Date :

REQUIREMENTS OF OBTAIN:

Revised Rates w.e.f. 01.01.2014

1. FOR NO OBJECTION CERTIFICATE

- a. Duly filled application form
- b. Original Karnataka Medical Council Registration Certificate (Colour Xerox)
- c. D.D. for Rs. 2000/- in favour of Registrar Karnataka Medical Council, payable at Bangalore.

2. FOR REGISTRATION OF ADDITIONAL P.G. DEGREE / DIPLOMA REGISTRATION :

- a. Duly filled application form.
- b. Original P.G. Degree / Diploma Certificate or Provisional Degree Certificate from the University +Xerox copy for verification.
- c. Original P.G. Degree/Diploma and Marks Card (If issued) +Xerox copy for verification.
- d. Bonafide student certificate from the Dean or principal of the concerned college where the candidate has passed P.G. Degree/Diploma mentioning whether the **P.G. Degree/Diploma is recognised by MCI** and this certificate should be signed by the Dean or principal with a college seal.
- e. D.D. for Rs. 1000/- for each P.G. Degree /Diploma in favour of Registrar, Karnataka Medical Council, payable at Bangalore. **(If P.G. Not registered with in a year, late fee Rs. 500/- per year, will be charged.)**
- f. Original Karnataka Medical Council Registration Certificate & Xerox.
- g. Rural Service Affidavit required (Format available in K.M.C. website)

3. FOR DUPLICATE COPY OF KMC REGISTRATION CERTIFICATE :

- a. Duly filled application form.
- b. Police Complaint Receipt or Acknowledgment
- c. Affidavit from First Class Magistrate / Notary
- d. Xerox copy of the Karnataka Medical Council Registration Certificate / KMC Registration Number
- e. D.D. for Rs. 750/- in favour of Registrar, Karnataka Medical Council, payable at Bangalore.

4. FOR TRUE COPY OF PROVISIONAL REGISTRATION CERTIFICATE

- a. Duly filled application form
- b. Xerox copy of the original PRC/PRC Number.
- c. D.D. for Rs. 500/- in favour of Registrar, Karnataka Medical Council, payable at Bangalore.

5. FOR GOOD STANDING CERTIFICATE FROM KARNATAKA MEDICAL COUNCIL:

- a. Duly filled application form
- b. Xerox copy of the Karnataka Medical Council Certificate (Colour Xerox)
- c. D.D. For Rs. 2000/- in favour of Registrar, Karnataka Medical Council, payable at Bangalore.

6. FOR CHANGE OF NAME

- a. Duly filled application form
- b. Affidavit from 1st Class Magistrate (Original+Xerox) and News Paper Add Recent./ If married, Marriage Registration Certificate to be produce.
- c. D.D. for Rs. 500/- in favour of Registrar, Karnataka Medical Council, payable at Bangalore.
- d. Original+Copy of Karnataka Medical Council Registration Certificate

7. FOR CERTIFIED TESTIMONIALS:

- a. Duly filled application form
- b. C.T. Form from any foreign country.
- c. D.D. for Rs. 2000/- in favour of Registrar, Karnataka Medical Council, payable at Bangalore.
- d. Courier charges to be borne by the candidate or their representative.

8. FOR VERIFICATION OF KMC REGISTRATION CERTIFICATE

- a. Rs. 200/- D.D. in favour of Registrar, Karnataka Medical Council, Payable at Bangalore.
- b. Karnataka Medical Council Registration Certificate Colour Xerox Copy for Endorsement.

9. FOR RE-REGISTRATION CERTIFICATE

- a. Rs. 1000/- D.D. in favour of Registrar KMC Payable at Bangalore.
- b. Recent NOC from the previous State Medical Council. (with in 3 Months)
- c. Original State Registration Certificate for Endorsement. (Colour Xerox)
- d. KMC Original Registration Certificate.

10. FOR RENEWAL OF K.M.C. REGISTRATION CERTIFICATE.

- a. Original K.M.C. Registration Certificate and Xerox copy
- b. Aadhar Card
- c. Fees kindly contact to K.M.C. office.

FOR FURTHER INFORMATION PLEASE CONTACT THE REGISTRAR