

KARNATAKA MEDICAL COUNCIL

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

To :

The Registrar,

Karnataka Medical Council,

70, 2nd Floor, "VAIDY AKEEYA BHAVANA"

K. R. Road, (Near Basavanagudi Post Office) Basavanagudi

Bangalore - 560 004. Tele : 080-2662 0292 Fax : 080-2662 1445

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 Permanent Registration. | <input type="checkbox"/> | 8. Renewal of Registration | <input type="checkbox"/> |
| 4. True Copy of PRC | <input type="checkbox"/> | 9. Verification of KMC Registration Certificate | <input type="checkbox"/> |
| 5. Good Standing Certificate | <input type="checkbox"/> | 10. Re-Registration | <input type="checkbox"/> |

Name (in Block letters) :

KMC Permanent Registration No. Dated

KMC provisional Registration No. Dated

Present 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 Bangalore - 560 004.

D.D. No. Amount of Rs. Dated

Name of the Bank (Issuing Bank)

Dated : Yours sincerely,

Place : Signature of the Applicant

FOR OFFICE USE ONLY

Registrar Amount of Rs. :
Karnataka Medical Council KMC Receipt No.:
Date :

REQUIREMENTS TO OBTAIN :

Revised Rates w.e.f. 01-01-2014

1.FOR NO OBJECTION CERTIFICATE:

- a. Duly filled application form
- b. Xerox copy of the Karnataka Medical Council Registration Certificate. (Colour Xerox). Along with Original
- 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 recognized by MCI and this certificate should be signed by the Dean/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.
- f. Original Karnataka Medical Council Registration Certificate + xerox copy.

3.FOR DUPLICATE COPY OF PERMANENT REGISTRATION :

- a. Duly filled application form
- b. Police Compliant Receipt or Acknowledgement } IF THE ORIGINAL CERTIFICATE LOST
- c. Affidavit from First Class Magistrate/Notary.
- d. Xerox copy of the Karnataka Medical Council Registration Certificate / Permanent Registration Number.
- e. Three Passport size photographs.
- f. D.D. for Rs. 1500/- 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 Registration 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.
- 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 from.
- 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 RENEWAL OF REGISTRÁTION

- a. Original Karnataka Medical Council Registration Certificate + Xerox copy.
- b. Rs.500/- D.D. in favour of Registrar, Karnataka Medical Council, payable at Bangalore.
- c. Rs.250/- D.D. In favour of Registrar, Karnataka Medical Council, payable at Bangalore.
(For senior citizen above the age of 65 years).
- d. Penal fee of Rs.20/- for each year.
- e. Maximum panel fee of Rs. 200/-
- f. 2 Passport Size photographs (if there is no photograph in your KMC Certificate.)

9. FOR VERIFICATION OF KMC REGISTRATION CERTIFICATE

- a. Rs. 200/- D.D. In favour of Registrar, Karnataka Medical Council, payable at Bangalore.

10. 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.
- c. Original State Registration Certificate for Endorsement
- d. KMC Original Registration Certificate.

FOR FURTHER INFORMATION PLEASE CONTACT THE REGISTRAR