

KARNATAKA MEDICAL COUNCIL, BANGALORE

APPLICATION FORM FOR U.G. REGISTRATION

Personal Information			
Doctor Name			
Father Name			
Gender			
Blood Group			
Birth Date			
Birth Place			
Nationality			
Email ID			
Mobile Number			
Permanent Information			
Permanent City			
Rural / Urban			
Permanent Country			
Permanent State			
District			
Permanent Postal Code			
Permanent Phone			
Permanent Address			
Educational Information			
Degree	Bachelor of Medicine and Bachelor of Surgery MBBS	Internship Completion	D M Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of the College			
Name of the University			

Documents Required for U.G. Registration

- 1 Provisional Degree Certificate Issued by University. (Original & Xerox)
- 2 Provisional Registration Certificate Issued by Karnataka Medical Council (Original)
- 3 Internship Completion Certificate From the College (Original & Xerox)
- 4 Final year MBBS Marks Card (Part II) (Original & Xerox)
- 5 S.S.L.C. Marks Card / Birth Certificate (Original & Xerox)
- 6) ID Proof for Address : Aadhar Card Original & Xerox)
- 7) Rural Service Affidavit required (Format available in KMC Website)
- 8) Enclosed DD Rs. 200/- for smart card payable to Registrar, Karnataka Medical Council, Bangalore.