

# KARNATAKA MEDICAL COUNCIL

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

To :  
The 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"/> |   |                          |

Name (in Block letters) :

KMC Registration Certificate 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. Original K.M.C. Registration Certificate & Xerox copy
- 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 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.
- f. Original Karnataka Medical Council Registration Certificate + xerox copy.

### **3.FOR DUPLICATE COPY OF KMC REGISTRATION CERTIFICATE :**

- 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 / KMC 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 VERIFICATION OF KMC REGISTRATION CERTIFICATE**

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

### **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.
- c. Original State Registration Certificate for Endorsement
- d. KMC Original Registration Certificate.

**FOR FURTHER INFORMATION PLEASE CONTACT THE REGISTRAR**