

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	<table style="margin: auto;"> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> </tr> <tr> <td style="text-align: center;">□ □</td> <td style="text-align: center;">□ □</td> <td style="text-align: center;">□ □ □ □</td> </tr> </table>	D	M	Y	□ □	□ □	□ □ □ □
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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) DME NOC
- 8) Online appointment for U.G. Registration is compulsory