



TRAVANCORE-COCHIN COUNCIL FOR MODERN MEDICINE

APPLICATION FOR REGISTRATION (Provisional/Permanent/Additional Qualifications)

Photo
(4.5 x 3.5 cms)
Attested by
signing across
by
the applicant

1. Name. (in block letters)
2. Address for communications with pincode
(In block letters) (Any change of address
should be communicated to the Registrar
within 30 days without fail)
3. Permanent address with Revenue District
(In block letters)
4. E.mail I.D.
5. Phone Numbers
6. Expansion of the initial(s), if any.
7. Father's name (in block letters).
8. Date of birth (in figures)

,, (in words)
9. Sex (put √ mark)

 M

 F
10. Nationality and State.
11. Type of registration needed. (put √ mark) Provisional

 Permanent.

 Additional.
12. Qualifications to be Registered
13. Name of the College

14. Name of the University
15. Date of completion of internship
16. Is the Degree/Diploma recognised
by the Medical Council of India
17. Whether registered with any other State
Medical Council or Medical Council of India.
If so, the Regn. No. and date.
18. Has the candidate produced original
'No Objection Certificate' from the Council
in which he/she has already registered
19. Particulars regarding the remittance of fees. Provisional. Permanent. Additional.
Amount, date of Chalan/D.D. No. Rs. Rs. Rs.
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Declaration - I

I..... (name in full and in capital letters) hereby declare that the particulars given above are true, that I have no disqualifications mentioned in the Travancore-Cochin Medical Practitioners Act, 1953, in the rules and regulations of this Council and of the Indian Medical Council, for the time being in force, and I promise, in the event of my name being registered in the State Medical council, to abide by all the existing rules and regulations, Code of Ethics and Etiquettes etc and amendments, if any, introduced later on, of this Council and of the Indian Medical Council.

Station :

Signature:

Date :

Name (in capital letters)

In the case of application for permanent registration the following declaration should also be furnished by the applicant.

Declaration - II

1. I solemnly pledge myself to consecrate my life to the service of humanity.
2. Even under threat, I will not use my medical knowledge contrary to the laws of Humanity.
3. I will maintain the utmost respect for human life from the time of conception.
4. I will not permit consideration of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.

5. I will practise my profession with conscience and dignity, in accordance with the principles of Modern Medicine.
6. The health of my patient will be my first consideration.
7. I will respect the secrets which are confided in me.
8. I will give to my teachers the respect and gratitude which is their due.
9. I will maintain by all means in my power, the honour and noble traditions of medical profession.
10. I will treat my colleagues with all respect and dignity.
11. I shall abide by the Code of medical ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations 2002.

I make these promises solemnly, freely and upon my honour.

Place:

Signature:

Date :

Name:

FOR OFFICE USE

INSTRUCTIONS

1. All columns in the application should be filled up neatly and clearly. Incomplete application will be rejected.
2. The required fee should be remitted by the special chalan issued by the Council along with the application form or by D.D. payable at the State Bank of Travancore, Thiruvananthapuram, drawn in favour of the Registrar, Travancore-Cochin Medical Councils (Provisional – Rs.500/-, Permanent – Rs.2000/-, Additional – Rs.1000/- for each qualification). Name and address of the applicant should be written on the back side of the D.D. and payment details should be fully entered in the column provided in the application form. Fee once remitted will not be refunded.
3. If any of the required documents is in any language other than English or Malayalam, an authentic English translation of the document should be produced duly attested by a competent Officer or Authority.
4. When copies of documents are produced, they should be legible and attested by a Gazetted Officer of the Kerala State, with name, date, designation and Office seal.
5. No certificate will be given to any person other than the applicant or to the authorized representative unless he/she has produced identity card and authorization, as the case may be, to the satisfaction of the Registrar.
6. Application form and all other correspondence should be addressed to **‘The Registrar, Travancore-Cochin Medical Councils, Red Cross Road, Thiruvananthapuram - 35.**

Documents to be produced along with the duly filled up application form

I. Provisional Registration

1. List of documents attached.
2. Attested copy of the Birth Certificate issued under the Registration of Births and Deaths Act, 1969 or SSLC to prove date of birth.

3. Attested Copies of Pass Certificate and NOC from the University concerned (for those who studied in a College/University outside Kerala).
4. Attested Copy of Provisional Registration Certificate from the concerned State Council (for those who studied in a College/University outside Kerala).
5. Chalan receipt /D.D. for the required fee.
6. Self addressed, stamped, envelope for registered post.

II. Permanent Registration.

1. List of documents attached.
2. Attested copy of the Birth Certificate issued under the Registration of Births and Deaths Act, 1969 or SSLC Certificate, to prove date of birth.
3. Attested copy of Degree/Provisional Degree Certificate from the University.
4. Attested Copy of the House Surgency or Internship Certificate in detail signed by the Principal/Dean of the College where the applicant has undergone the course.
5. Provisional Registration Certificate in original (for those who have done internship in Kerala).
6. Attested copy of the Permanent Registration Certificate, if registered in any other State Council or the Medical Council of India.
7. No Objection Certificate in original from the State Council concerned, if the applicant has already registered in any other State Council.
8. If the applicant has registered in any other system of Medicine, attested copy of the Registration Certificate.
9. Chalan receipt/D.D. for the required fee.
10. Self addressed, stamped, cloth-lined envelope (30cms x 26 cms), for sending the certificate by Registered Post.
11. Three passport size colour photos (identical) of which one should be affixed on a plain paper and attested by signing across the photo by a Gazetted Officer of the Kerala State with name, designation, Office seal and date.

III. Registration of Additional qualifications.

1. Attested copy of the Registration Certificate of basic qualification issued from this Council.
 2. Attested copy of the Certificate(s) of additional qualification(s).
 3. Chalan receipt /D.D. for the required fee.
 4. Self addressed, stamped cloth-lined envelope (30cms x 26 cms) for sending the certificate by Registered Post.
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