

Please read all instructions before submitting the online application.

****Use a desktop or laptop to complete the form and avoid using a mobile phone.**

1. Please provide the police station address nearest to your college (Please mention district, city& pin code in the address).
2. Please submit an affidavit on stamp paper of Rs. 500/-

(The affidavit matter is provided in the download option on the home page).

3. After successful payment, send your application form along with the following documents to the MCIM Office.

- a. Application Form
- b. Payment Slip
- c. University Degree Certificate / Provisional Degree Certificate. (2 COPY)
- d. Board Cancellation of Registration Letter provided by your state. (NOC)
(2 COPY)
- e. College internship certificate. (2 COPY)
- f. SSC Board Marksheet (On which Date of Birth is mentioned. (1 COPY)
- g. HSC Board Certificate/Marksheet. (1 COPY)
- h. Bonafide & Character / TC / Leaving Certificate. (any 1)
- i. Maharashtra State Address proof (Driving License/Electricity Bill/Ration Card/Election Voter ID) (1 COPY)
(Address proof should be the same which you have mentioned while filling the form)

j. Photo ID proof (Voter ID/Driving License) (1 COPY)

4. You need to submit Xerox copies of each of the above-mentioned originals countersigned by your College Principal where you have received your medical education, copies mentioned in brackets. The original copy of the Affidavit needs to be sent via post.

5. MCIM Council sends verification letters to your university/board/police / SSC /HSC after receiving your application form. You have to submit University verification fees for example (RGUHS Bangalore Online Payment --- Student Fees--- Student

Fees Collection Examination--Verification) (ONE COPY OF PAYMENT RECEIPT NEEDS TO BE SENT TO MCIM OFFICEALONG WITH THE REST OF THE

DOCUMENTS) Verification fees &Board Cancellation of Verification fees at your board / Police / SSC/HSC after 25 days or you can inquire at the respective board. Please send verification receipts attached to the form itself. (Maharashtra Registration number will be issued only after we receive verification from your University, state council, police station (10th and 12th standard of certain state boards).

6. Fees paid under the MMP Act, 1961 Clause 24 shall not be refunded.

7. Registration fees Rs. 15000/- (Please make a payment by using a Credit card/Debit card OR Net Banking, avoid UPI Payments.)

8. Candidates from Chhatrapati Shahuji Maharaj University, Kanpur need to submit their marksheets of all semesters. (BAMS/BUMS)

9. . Verification letters sent by us will be displayed under ‘Check Your Application Status’

The registration number will be displayed on the website only after we receive all verifications, you can check on ‘Check Your Application Status’ mentioned on the website

AFFIDAVIT (1)

TO BE SUBMITTED BY THE REGD MEDICAL PRACTITIONER OTHER THAN
MAHARASHTRA STATE FOR OBTAINING REGISTRATION OF THE MAHARASHTRA
COUNCIL OF INDIAN MEDICINE.

Specimen of Affidavit (On Stamp paper of Rs. 500/-)

I, Shri/Smt age..... Years do hereby state and declare on solemn affirmation as under: -
I am registered Medical practitioner of state bearing registration No date B.A.M.S./B.U.M.S. Degree date This registration has been granted by State Council on the basis of my..... obtained from College. The training of said Qualification was undergone by me for the period from to..... Internship from to I was staying at

My date of Birth I All these supporting documents were already furnished to the Registrar, M.C. I.M., Mumbai, along with my application. I further declare that I have now migrated to Maharashtra State, and I am residing at I will practice only in Maharashtra State. In this context, I affirm that I am not suppressing any of the material facts in my declaration herein above mentioned, and they are true and genuine. I declare that I have not been involved in any professional misconduct. In case of any of my declaration and claim (herein above mentioned) is found to be untrue or false, beside other consequences and events of my registration with M.C.I.M. Mumbai would be liable for cancellation of my registration certificates by the Maharashtra Council of Indian Medicine as per provisions of Maharashtra Medical Practitioners Act 1961 and the Register is not responsible for consequences.

AFFIDAVIT (2)

(Your registration is ready. Please fill and submit the following certificate as per C.C.I.M. letter No.7-29/2007-Regn. /38/A.T./9545, No.7-29/2007- Reg.(38th) at on Rs. 500/- stamp paper and send it as early as possible, and collect your registration certificate of Maharashtra. You can submit your cancellation letter afterwards within 15 days from the receipt of the registration certificate.

I, _____, certify that I am residing in Maharashtra State and wish to practice my medical profession in the same state. I have taken my BAMS/BUMS degree in state of _____ on _____. As per Central Council of Indian Medicine rules I have to practice in only one state and get myself registered in the state council, to avoid the delicacy of registration and streamline the registration. I depose on oath that I am not registered in any other registration Board/ Council. Solemnly affirmed at _____ on this _____ day of _____. Explained and Identified by me

Advocate
Before me
Signature of the Court with Seal