

Please read all instruction before submit online application.

1. **Fees paid under MMP Act, 1961 Clause 24 shall not be refunded.**
2. Registration fess Rs. 15000/- .Date;10/06/2016
3. Please submit an affidavit on stamp paper of Rs.100/-
(The affidavit 1&2 matter is provided in download option on home page).
4. After successfully payment send your application form along with following documents to MCIM Office.
 - a. Application Form
 - b. Payment Slip
 - c. University Degree Certificate
 - d. Board Cancellation Of Registration Letter provided by your state.
 - e. College internship certificate.
 - f. Bonafide & Character / TC / Leaving certificate.
 - g. Every Year Mark sheets.
 - h. SSC Board Certificate.(Date of Birth)
 - i. SSC Mark sheets.
 - j. HSC Board Certificate.
 - k. HSC Mark Sheets.
 - l. Maharashtra State Address proof (Driving License/Electricity Bill/Ration Card/Election Voter ID)
 - m. Photo ID proof (College ID / PAN card/Voter ID/Driving License)
5. You need to submit one Xerox copies of each of the above mentioned originals countersigned by your College Principal where you have received your medical education.
6. Please mentions your Maharashtra state address when fill application form.
7. MCIM Council send verification letter to your university / board / police / SSC /HSC after received your application form. You have to submit University Verification fees &Board Cancellation of Verification fees fees at your board / Police / SSC /HSC after 15 days or you can enquiry at respective board.
You can check your application status on website in [check application status] or you can also check verification letter status send to your university/board/police/ssc/hsc.

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.100/-)

I, Shri/Smt ageYears 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. Degreedate 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 involved in any of the 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.100/- 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 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