ASSAM COUNCIL OF MEDICAL REGISTRATION
OFFICE OF THE REGISTRAR, ASSAM COUNCIL OF MEDICAL REGISTRATION
Six Mile, Khanapara, Guwahati (Assam)-781022

SELF-DECLARATION FORM

(For Registration under Assam Council of Medical Registration)

Instructions: This form is to be completed by applicants who are registered as Registered Medical Practitioners in any other State Medical Council of India or Medical Council of India/National Medical Commission and want to get registered with Assam Council of Medical Registration also.

1. Name of the Applicant: _____
2. Father's name: _____
3. Mother's name: _____
4. Permanent Address: _____
   _____
5. Present Address: _____
   _____
6. Contact No.: _____
7. Email Address: _____
8. Employer's details *(if applicable)*: _____
   _____
9. State Medical Council(s)/MCI/NMC previously registered: _____
   _____
10. State Medical Council(s)/MCI/NMC registration numbers: _____
    _____

Certification –

I, Dr. _____ bearing the registration no(s). mentioned above is/are still borne in the Register(s) of Registered Medical Practitioners maintained by the respective State Medical Council(s)/MCI/NMC and no disciplinary proceeding(s) had ever been taken against me nor is in progress till date.

I, hereby certify that the information I have provided on this form is true and correct, to the best of my knowledge, and that if any of the information provided by me in this form is later on found to be not true or correct, I shall be bound by law for the Council to take any action against me as deemed fit.

Signature of the applicant
Place: _____
Date: _____