

Affidavit for Registration in MPMC

(on Rs. 100/- non-judicial stamp)

I, Dr.

s/o, d/o, w/o Age years,

resident of

do hereby stat and solemnly declare on affirmation as under...

1. I say that, I have passed my M.B.B.S. Examination from Medical College in (month and year) and completed internship on (day, month and year).
2. I have done my provisional / permanent medical registration from medical council(place of council) and my provisional / permanent medical registration no. is Dated
3. I say that, within 1 month of admission, I will apply for registration in Madhya Pradesh Medical Council (MPMC) and will submit receipt of application of registration / copy of registration to this institute.

Verification

Whatever stated above from point no. 1 – 3 by me, are true and correct to the best of my knowledge and belief. If found anything false / incorrect, I am liable for any legal action.

Solemnly affirmed at

On Date

Witness

(Sign., Name, Address & Mobile No.)

Deponent

(Sign. & Name)