Application form for Obtaining a Certificate of Good Standing

1. Name of the Doctor with address as given in the State Medical Register :  
2. Present Address :  
3. Qualifications  
   (Name of the University with Year) :  
4. Name of the College :  
5. State Medical Council with which registered Registration No. & Date :  
6. Place at which he has worked during the last 5 years with full details (Please use separate sheet if space is not sufficient) :  
7. Two testimonials of character and conduct from persons of standing, (IN ORIGINAL)  
   (from Professors, Principals, MP's, MLA's, Central or State Govt. Class I Officers) :  
8. Name and full address of two doctors who personally know the applicant to whom a reference can be made  
   (Persons who have issued testimonials should not be referred in this Column). :  
9. Certificate of Good Standing will be issued by the Secretary Medical Council of India only.  
   All correspondence should be directly made to the Secretary MCI, New Delhi.  

Date :............................20

Recommendation of the STATE MEDICAL COUNCIL :

Certified that the particulars given above are correct to the best of my knowledge and according to the records available with me.

Certified that the doctor holds current registration with this Council and no disciplinary proceedings had been taken or were in progress against him on this date by this Council.

Date :............................20

REGISTRAR  
A.P. Medical Council

Note : Demand Draft in favour of Andhra Pradesh Medical Council, Vijayawada for Rs. 2,000/- (Rupees Two Thousand only) from Andhra Bank.  
A Crossed Demand Draft for Rs. 2,000/- (Rupees Two Thousand only) in case of foreign address US $ 100 in favour of The Secretary, Medical Council of India, New Delhi on Andhra Bank should be enclosed, which is in addition to the fee of Rs. 2,000/-  
The application should be sent to The Secretary, Medical Council of India, Pocket-14, Sector-8, Dwaraka Phase-I, New Delhi - 110 077. after recommendation of the State Medical Council.