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. 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)

i. Photo ID proof (PAN card/Voter ID/Driving License) (1 COPY)

j. Bonafide & Character / TC / Leaving Certificate. (any 1)

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. 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 12thstandard 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

<div align="center">AFFIDAVIT (1)</div>
<div align="center">TO BE SUBMITTED BY THE REGD, MEDICAL PRACTTIONER OTHER THAN
MAHARASHTRA STATE FOR OBTAINING REGISTRATION OF THE MAHARASHTRA
COUNCIL OF INDIAN MEDICINE.</div>
<div align="center">Specimen of Affidavit(On Stamp paper of Rs.100/-)</div>

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 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.

<div align="center">AFFIDAVIT (2)</div>
(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