



## DELHI MEDICAL COUNCIL

Room No. 308A, 3<sup>rd</sup> Floor, Administrative Block  
Maulana Azad Medical College, Bahadur Shah Zafar Marg,  
New Delhi – 110 002 Tel. : 23237962 (4 Lines) Fax : 23234416  
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Website : [delhimedicalcouncil.nic.in](http://delhimedicalcouncil.nic.in)

Receipt No. \_\_\_\_\_  
Date \_\_\_\_\_

D.D.No. \_\_\_\_\_ Date \_\_\_\_\_ Drawn on Bank \_\_\_\_\_

### **APPLICATION FORM FOR OBTAINING A CERTIFICATE OF GOOD STANDING**

- 1) Name of the doctor as given  
in DMC registration certificate :- \_\_\_\_\_
- 2) Delhi Medical Registration No  
& Date of Registration. :- \_\_\_\_\_
- 3) Present Address :- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4) Reason for seeking Certificate  
of Good Standing :- \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

### **Declaration**

I solemnly affirm & declare that the above entries made by me are true & correct. I further declare that no disciplinary proceedings have ever been initiated or are pending against me before the Delhi Medical Council or any medical regulatory authority nor I have been subject to any inquiry or investigation before any authority which may disentitle me from seeking Certificate of Good Standing from Delhi Medical Council. I undertake to abide by the Code of Conduct & Ethics prescribed by Delhi Medical Council and Medical Council of India.

Date: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Documents to be submitted for obtaining the good standing certificate

- 1) A Bank Draft of Rs 1000/- (Rupees One Thousand Only) as non-refundable fee in favour of “Delhi Medical Council” payable at New Delhi .
- 2) Attach a photocopy of DMC Registration Certificate.

**Note**

- The certificate of Good Standing issued by the Delhi Medical Council will be valid upto six months from the date of issue.

**- In case you have ever been fined, given a warning/reprimanded/suspension of registration temporary/permanent, by any medical, health or any regulatory authority including Delhi Medical Council or has been held guilty of medical malpractice or negligence by any Court of Law, you must provide the full details on a separate sheet to the Delhi Medical Council**

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***Acknowledgement of receipt of Certificate of Good Standing***

Received the above document in original.

Signature of registered person

\_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_