



## **MEDICAL COUNCIL OF INDIA**

Pocket - 14, Sector - 8, Phase-I, Dwarka, New Delhi - 110 077

Phone : 011-25367033, 25367035, 25367036,

Email : [mci@bol.net.in](mailto:mci@bol.net.in), Website : <http://www.mciindia.org>

### **APPLICATION FORM FOR MIGRATION FROM ONE MEDICAL COLLEGE TO ANOTHER MEDICAL COLLEGE IN INDIA**

*(Please read the instructions carefully as given in Appendix-I before filling the form)*

1. Name of the Candidate :
2. Father's Name :
3. Date of application :
4. Name of the Medical College from/ to Migration is requested:
5. Date of admission in Ist MBBS course:
6. Date of passing Ist MBBS University Exam:  
(Attach attested photocopy of the marksheet)
7. Reasons for migration in brief:  
(Please enclose copy as proof).  
*If the reasons for migration is on medical  
Grounds, the candidate should submit a certificate  
about his/her illness and disability by the State  
Medical Board of the State Medical Board  
of the State in which he/she is currently studying.*
8. NOC from relieving college (date of issue):
9. NOC from relieving university (date of issue):
10. NOC from receiving college (date of issue):
11. NOC from receiving university (date of issue):
12. Affidavit, duly Sworn before Ist Class Magistrate containing  
an undertaking that "I will study for full 18 months of IInd  
Phase of MBBS course in transferee medical college, before  
appearing in the IInd Prof. University examination." Yes/No

13. Details of payment of fees:

(a) Paid by demand draft:

(b) Amount rupees:

14. Details of demand draft:

(a) Name & address of issuing bank:

(b) Demand draft no.: \_\_\_\_\_ dated: \_\_\_\_\_

\_\_\_\_\_

15. Permanent Address:-

16. Postal Address:-

Signature of the Candidate

Date:

Place:

**APPENDIX-I**  
**INSTRUCTIONS**

1. THE APPLICATION FORM INCLUDING CHECK LIST SHOULD BE PROPERLY AND NEATLY FILLED IN.
2. COPY OF MIGRATION RULES CONTAINED IN THE GRADUATE MEDICAL EDUCATION REGULATIONS 1997 IS ENCLOSED FOR PERUSAL OF THE CANDIDATE. ALL THE APPLICATIONS FOR MIGRATION WILL BE CONSIDERED BY THE COUNCIL AS PER THE MIGRATION RULES.
3. PLEASE ATTACH THE ENTIRE DOCUMENTS IN ORIGINAL AS MENTIONED IN THE APPLICATION FORM EXCEPT MARKSHEET OF PASSING THE IST MBBS EXAMINATION.
4. INCOMPLETE APPLICATION WILL NOT BE CONSIDERED BY THE COUNCIL.
5. NON REFUNDABLE APPLICATION FEE OF RS. 5000/- (RUPEES FIVE THOUSAND ONLY) BY A BANK DRAFT IN FAVOUR OF "THE SECRETARY, MEDICAL COUNCIL OF INDIA, NEW DELHI", PAYABLE AT NEW DELHI. ON REVERSE OF THE DRAFT, FOLLOWING DETAILS TO BE FILLED BY THE APPLICANT AND DULY SIGNED: -
  - (a) Name
  - (b) Father's Name
  - (c) Purpose for which the draft submitted
  - (d) Telephone No with Code/Mobile No.
6. APPLICANT IS ADVISED TO RETAIN COPY OF HIS APPLICATION AND DRAFT FOR FUTURE REFERENCE

\*\*\*\*\*

**CHECK LIST** for submission of documents

The candidates are requested to ensure that the documents be enclosed as per the order in the Checklist. All papers/documents should be numbered according to the checklist. Please arrange the application in the following order & tick mark the relevant boxes:

1.	Bank Draft.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Application form .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Copy of marksheet of passing the Ist MBBS course.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Reasons for migration with proof.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	NOC from relieving college.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	NOC from relieving university.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	NOC from receiving college.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.	NOC from receiving university.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Affidavit.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature \_\_\_\_\_

Dated \_\_\_\_\_

**AFFIDAVIT**

I, \_\_\_\_\_ son/daughter/wife of \_\_\_\_\_  
r/o \_\_\_\_\_ here by solemnly affirm  
and state,

1. That I have passed first Part/Phase of MBBS Examination in the month of \_\_\_\_\_ from \_\_\_\_\_ College/University with Registration No. \_\_\_\_\_.
2. That I solemnly affirm and declare that I will study and complete in my 75% of attendance a subject for appearing in the examination inclusive of attendance (in non lecture teaching i.e. seminars, group discussions, tutorials, demonstrations, practicals, hospital (Tertiary, Secondary, Primary) posting and bed sides clinics etc as required as per Graduate Medical Education, Regulation 1997), of Accumulated attendance before appearing in the IInd Professional University Examination.
3. That I am giving this affidavit as required under rules for my transfer.

DEPONENT

**VERIFICATION:**

Verified at \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_ that the above stated facts are true and correct and I have not concealed  
or misrepresented any fact.

DEPONENT

**The prevailing Regulations on Migration of students from one medical college to another medical college as prescribed against Clause-6 in the Graduate Medical Education Regulation, 1997(Amended)", reads as under:-**

**Migration Rules and Regulations**

(1) Migration of students from one medical college to another medical college may be granted on any genuine ground subject to the availability of vacancy in the college where migration is sought and fulfilling the other requirements laid down in the Regulations. Migration would be restricted to 5% of the sanctioned intake of the college during the year. No migration will be permitted on any ground from one medical college to another located within the same city”

(2) Migration of students from one College to another is permissible only if both the colleges are recognised by the Central Government under section 11(2) of the Indian Medical Council Act,1956 and further subject to the condition that it shall not result in increase in the sanctioned intake capacity for the academic year concerned in respect of the receiving medical college.

(3) The applicant candidate shall be eligible to apply for migration only after qualifying in the first professional MBBS examination. Migration during clinical course of study shall not be allowed on any ground.


(4) For the purpose of migration an applicant candidate shall first obtain “No Objection Certificate” from the college where he is studying for the present and the university to which that college is affiliated and also from the college to which the migration is sought and the university to it that college is affiliated. He/She shall submit his application for migration within a period of 1 month of passing (Declaration of result of the 1<sup>st</sup> Professional MBBS examination) alongwith the above cited four “No Objection Certificates” to: (a) the Director of Medical Education of the State, if migration is sought from one college to another within the same State **or** (b) the Medical Council of India, if the migration is sought from one college to another located outside the State.

(5) A student who has joined another college on migration shall be eligible to appear in the IInd professional MBBS examination only after attaining the minimum attendance in that college in the subjects, lectures, seminars etc. required for appearing in the examination prescribed under Regulation 12(1)

Note-1: The State Governments/Universities/Institutions may frame appropriate guidelines for grant of No Objection Certificate or migration, as the case may be, to the students subject to provisions of these regulations.

Note-2: Any request for migration not covered under the provisions of these Regulations shall be referred to the Medical Council of India for consideration on individual merits by the Director (Medical Education) of the State or the Head of Central Government Institution concerned. The decision taken by the Council on such requests shall be final.

Note-3: The College/Institutions shall send intimation to the Medical Council of India about the number of students admitted by them on migration within one month of their joining. It shall be open to the Council to undertake verification of the compliance of the provisions of the regulations governing migration by the Colleges at any point of time.”

	<b>MEDICAL COUNCIL OF INDIA</b> Pocket - 14, Sector - 8, Phase-I, Dwarka, New Delhi - 110 077 Phone : 011-25367033,25367035, 25367036, Email : <a href="mailto:mci@bol.net.in">mci@bol.net.in</a> , Website : <a href="http://www.mciindia.org">http://www.mciindia.org</a>
---	--

## ACKNOWLEDGEMENT

(to be filled by the candidate)

Received Application from Ms/ Mr.....  
D/o / S/o Sh..... alongwith Bank Draft/DD  
No..... dated..... for Rs.....  
Drawn on Bank .....  
..... for permission for migration from one medical college to  
another in India, for consideration.



Signature of Receiving Official  
with date