

**APPLICATION FOR REGISTRATION OF DOCTOR FOR ISSUANCE OF FORM-1A
(PHYSICAL FITNESS CERTIFICATE TO LICENCE APPLICANT) UNDER MV
ACT,1988**

Attach a recent passport size photo with sign across

RTO NAME: -----

1. NAME -----

2. FATHER'S NAME -----

3. ADDRESS: AT -----

PO -----

PS -----

DIST -----

PIN

4. MOBILE NO (10 digit only)

5. ALTERNATE/OFFICE NUMBER (If any) (10 digit only)

6. ID PROOF: AADHAR/ PAN CARD/ DRIVING LICENCE (*please select*)

7. ID PROOF NUMBER:

8. MCI/OCMR REGISTRATION DETAIL

A. REGISTRATION NO -----

B. ISSUEING STATE -----

9. MEDICAL QUALIFICATION DETAILS -----

10. CLINIC NAME (*If any*): -----

11. CLINIC ADDRESS:

AT -----

PO -----

PS -----

DIST -----

PIN

UNDERTAKING BY THE APPLICANT

- ❖ The particulars furnished above are true & correct to the best of my knowledge. In case anything found wrong then I shall be legally liable.
- ❖ I shall issue the physical fitness certificate to the licence applicant as per the Indian Medical Council (Professional Conduct, Etiquette and Ethics), Regulations, 2002 & the Odisha medical registration act, 1916.
- ❖ In case of any deviation in issuance of physical fitness certificate then I shall be held responsible.
- ❖ I have enclosed the self-attested copy of following documents with this application.
 1. COPY OF MEDICAL DEGREE QUALIFICATION CERTIFICATE
 2. COPY OF MCI/OCMR REGISTRATION CERTIFICATE
 3. COPY OF ID PROOF AS MENTIONED IN SL NO-6 & 7
 4. RECENT PASSPORT SIZE COPY

DATE:

Full signature of the applicant