Goa Medical Council

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GENERAL NOTIFICATION

Goa Medical Council eliminates requirement of NOC for granting permanent registration to doctors registered in Other State seeking permanent registration of Goa Medical Council.

Implementation of Priority Area 19 (PA-19) of the Compliance Reduction and Deregulation Docket – Phase II of Government of India

It is hereby notified for the information of Doctors and Public in General that Goa Medical Council at its Extra Ordinary meeting of Council held on 4th August'2026 have resolved to eliminate need for submission of No objection Certificate (NOC) from other State Medical Council by a doctor who is registered with said Council and seeks permanent registration of Goa Medical Council. This is in compliance of Priority Area 19 (PA-19) of Government of India Deregulation Docket -Phase II.

The detailed procedure for granting permanent registration of Goa Medical Council to a doctor registered with Other State Medical Council or the National Medical Commission as laid down and resolved at said Extra Ordinary meeting is as under: -

1. Interested practitioner shall submit an application in prescribed Form 15 through post or email, addressed to The Registrar, Goa Medical Council expressing his/her desire to register with Goa Medical Council mentioning the name of Present Medical Council, with which he/she is registered. If the practitioner has registrations with multiple Councils, all such registrations shall be disclosed in the application form.

2. The concerned practitioner seeking registration is required to submit a self-certification cum undertaking by way of an affidavit as per Council's draft and submit supporting documents pertaining to his/her academic records as enlisted in Form 15.

3. Permanent registration will be granted immediately on verification of the documents.

4. Self-certification cum undertaking by way of an affidavit to be submitted by a medical practitioner seeking permanent registration with Goa Medical Council shall inter alia cover following points: -

   (i) Truthfulness, correctness and completeness of all particulars and documents submitted;

   (ii) Subsisting and valid registration with the parent, presently registered State Medical Council and all other State Medical Councils with whom he/she holds registration;

   (iii) Absence of any pending disciplinary, professional misconduct or criminal proceedings;

   (iv) Absence of any prior removal, suspension or cancellation of registration;

(v) Unconditional consent for the Council to undertake Suo moto verification with the parent State Medical Council, presently registered State Medical Council, previous registered State Medical Councils, the National Medical Commission, the awarding University or Universities /Institute or Institutes and any other relevant authorities whichever applicable or as per Council's mandate;

(vi) Acknowledgement of the consequences of false declaration, including summary cancellation of registration granted and criminal prosecution;

(vii) Compliance with the Goa Medical Council Act'1991, the National Medical Commission Act'2019 and the applicable Code of Ethics and Professional Conduct Regulations.

5. Immediately after granting permanent registration by the Council on the strength of the self-certification cum undertaking, the Goa Medical Council shall, on its own motion and through its own administrative machinery, undertake post-registration verification of the registration status and professional credentials of the said registered medical practitioner directly from the concerned present State Medical Council or Councils with which the applicant is or was registered. In case no response is received from the concerned Council/s within one month, a reminder by way of formal correspondence shall be issued seeking confirmation of the status of registration and details of any adverse records, if any. If no response is received within three months, a final communication shall be issued stating that, in the event no response is received within a further period of fifteen days, it shall be presumed, for the limited purpose of completion of the verification process, that no adverse information is available with the concerned State Medical Council/s, and the post-registration verification process shall stand closed.

6. In case any adverse report on credentials of the concerned registered medical practitioner, to whom permanent registration was granted on the basis of self-certification cum undertaking is received including but not limited to false qualification, fictitious or cancelled registration, pending disciplinary or criminal proceedings, prior removal from the register, or any other professional misconduct, same will be placed before the next Ordinary meeting of the Council for appropriate decision including cancellation of permanent registration, initiating appropriate disciplinary proceedings, advising to his prior Council and all other State Medical Councils and National Medical Commission and/ or referral to law-enforcement authorities for appropriate action deemed fit by the Council.

7. In case a practitioner who is registered with other State Medical Council produces a NOC from his/ her present State Medical Council, the concerned practitioner will be granted permanent registration immediately on submission of supporting documents pertaining to academic records and provision of submission of self-certification cum undertaking by way of an affidavit as well as para 4, 5 and 6 will not apply to him/her. The Council may, however, conduct verification whenever considered necessary.

Unanimous Resolution passed in this regard comes in force with immediate effect.

GOA MEDICAL COUNCIL

(Gajanan Anand Keni)
Registrar

SELF-CERTIFICATION CUM UNDERTAKING

I, **Dr.** _____, aged _____ years, son / daughter / wife of Shri / Smt. _____, presently residing at _____

_____,

do hereby solemnly affirm, declare and undertake as under:

1. That I am a duly qualified Registered Medical Practitioner holding the qualification of _____ awarded by _____ in the year _____, and the said qualification is duly recognised under the National Medical Commission Act, 2019 / the erstwhile Indian Medical Council Act, 1956.

2. That I am presently registered as a Registered Medical Practitioner with the _____ **State Medical Council** bearing Registration No. _____ dated _____, and my said registration is valid till_____ subsisting and in full force as on the date of this Undertaking. Whereas my parent State Medical Council is _____ Medical Council with registration number _____valid till date_____. I also hold registrations with _____ **(Please mention all-State medical Councils you are / were member with, with respective registration numbers and validity status of registration)**

3. That all the particulars, statements, qualifications and supporting self-attested documents furnished by me along with my application for registration with the Goa Medical Council are **true, correct, genuine and complete** to the best of my knowledge, information and belief, and nothing material has been concealed therefrom.

4. That, to the best of my knowledge, **no disciplinary proceeding, professional misconduct enquiry, criminal proceeding or any other adverse action** is pending or contemplated against me before the parent and presently registered State Medical Council, any other State Medical Council, the National Medical Commission, any other Regulatory body, or any Court of law in India or abroad, in connection with the practice of the medical profession.

5. That my name has **never been removed, struck off, suspended or cancelled** from the register of any State Medical Council, the National Medical Commission, the Medical Council of India, or any equivalent Regulatory authority, on any ground whatsoever; and I have not been declared as professionally unfit by any competent authority. Provided, however, that in the event such removal, suspension, or cancellation had occurred at any point of time, the same stands duly restored/revoked pursuant to the order passed by the _____Council dated _____.

6. That there is no Bond / Statutory service left to be served by me, which bars me from applying for Permanent Registration with Goa Medical Council.

7. That I am physically and mentally fit to practise the medical profession and I am not suffering from any communicable disease or mental incapacity that would render me unfit to practise.

8. That I **unconditionally consent** to the Goa Medical Council undertaking Suo moto verification of the particulars submitted by me, directly with the parent and presently registered State Medical Council and / or with other State Medical Councils with whom I am duly registered and /or the National Medical Commission and / or the awarding University or Universities / Institute or Institutes, and I hereby authorise all such bodies to share my registration and qualification data with the Goa Medical Council for the purpose of such verification.

9. That I understand and accept that on the basis of this Self-certification cum Undertaking, the Goa Medical Council shall grant me **Permanent Registration of Council** subject to post verification of my credentials by the Goa Medical Council.

10. That I clearly understand and unequivocally accept that, in the event any of the particulars, statements or documents furnished by me are found to be **false, forged, fabricated, misleading or in any manner incorrect**, or if any material fact has been suppressed by me, then —

(a) my Permanent Registration with the Goa Medical Council shall stand **summarily cancelled** without any further notice or opportunity of hearing;

(b) I shall be liable for **criminal prosecution** under the relevant provisions of the Acts, including those relating to forgery, cheating, impersonation and making of false declarations, and under the Goa Medical Council Act, 1991;

(c) the fact of cancellation shall be **publicly notified** on the Council's website and intimated to the parent and presently registered State Medical Council, other State Medical Councils, the National Medical Commission, and all other concerned regulatory and law-enforcement authorities; and

(d) I shall not be entitled to claim any refund of the registration fee or any other charge paid by me to the Council.

11. That I undertake to **intimate the Goa Medical Council, in writing, within fifteen (15) days** of the occurrence of any of the following events:

(a) initiation of any disciplinary or criminal proceeding against me;

(b) suspension, cancellation or any adverse order passed against me by the parent and presently registered State Medical Council or any other Regulatory body;

(c) change of address, contact number or email ID; and

(d) any other change in the particulars furnished in this Undertaking.

12. That I undertake to abide, at all times during the subsistence of my registration, by **the Goa Medical Council Act, 1991**, the Rules and Regulations framed thereunder, the **National Medical Commission Act, 2019**, the applicable Code of Medical Ethics and Professional Conduct Regulations, and all directions issued by the Council and the National Medical Commission from time to time.

13. That I declare that I am submitting this Undertaking voluntarily, without any coercion, undue influence or misrepresentation, after fully understanding the contents and consequences thereof, and the contents have been read over and explained to me in a language known to me.

Solemnly affirmed and signed at _____ this _____ day of _____, 20___, that the contents of this Undertaking are true and correct to the best of my knowledge and belief, and nothing material has been concealed therefrom.

_____

Signature of the Deponent

Name: Dr. _____

Parent and presently registered SMC Reg. No.: _____

Place: _____

Date: _____

VERIFICATION

Verified at _____ on this _____ day of _____, 20___, that the contents of paragraphs 1 to 13 of the above Undertaking are true and correct to the best of my knowledge and belief, and no part thereof is false and nothing material has been concealed.

_____

Signature of Deponent

GOA MEDICAL COUNCIL

BAMBOLIM GOA.
Ph. No. 9975208199 Email: goamedcouncil@rediffmail.com

FORM - 15

FORM OF APPLICATION FOR REGISTRATION UNDER SUB-SECTION (3) SECTION 16.

Paste Recent Photograph here

To,
THE REGISTRAR,
GOA MEDICAL COUNCIL
BAMBOLIM - GOA.

Permanent Registration No. _____

Date of Registration _____

Sir,

I request you to register my name and other particulars as stated below, under the Goa Medical Council Act, 1991 and further to give me a certificate of registration :-

NAME IN FULL : (As appearing on MBBS degree certificate in CAPITAL LETTERS) _____

_____

SO/DO _____

ADDRESS (to be entered in the Register) with address proof _____

_____

_____

Email address (In capital letters) _____

Mobile number _____

Maiden name and surname in the case of married woman (beginning with surname in CAPITAL LETTERS) _____

_____

_____

Nationality _____ Date of Birth _____

Description of qualification of which registration is desired. The name of the University or the Licensing Body should also be stated.	Date of obtaining the qualifications. State also the institution from which you appeared for the said examination, alongwith your No. at the examination.
MBBS or Equivalent degree	1. Date _____ 2. Institution _____ 3. No. at the Examination _____ 4. Examination Centre _____
	1. Date _____ 2. Institution _____ 3. No. at the Examination _____ 4. Examination Centre _____
	1. Date _____ 2. Institution _____ 3. No. at the Examination _____ 4. Examination Centre _____

I forward herewith original certificates alongwith their xerox copies:-

I) *My Birth Certificate/Matriculation certificate SSC/HSSC Examination certificate / School leaving certificate.

ii) *The Degree/Diploma/Licence/Marksheets for all the years of study/Internship completion certificate/other evidence in support of my having obtained the qualification which I possess.

iii) Copy of certificate of Registration of present Medical Council with latest renewal receipt, if applicable.

iv) Self-Certification cum Undertaking as per draft with Council.

v) 3 Passport size photographs.

vi) Paper File.

1. The Registration fee of Rs. 3000/- for Indian graduate / Rs. 5000/- for FMG graduate is sent in by Cash / UPI / NEFT / Demand Draft in favour of Goa Medical Council, Panaji - Goa.

2. I am applying for registration for the first time and I was not registered as a medical practitioner under any law in India before this.

3. I am/we provisionally registered under Section 25 of the Indian Medical Council Act, 1956 and enclose the certificate of provisional registration in original.

4. I was/have been registered under the _____ (See the Act or Law) in the year _____ and my registration number is/was _____ .

5. I have carefully read the instruction sent with this form and certify that the particulars furnished above are true to the best of my knowledge and belief.

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Yours faithfully,

Date (Usual signature) _____

INSTRUCTIONS

1. All particulars in the application shall be filled by the applicant only.
2. All particulars should be in neat hand.
3 The Registration fee should be paid in Cash / UPI / NEFT / Demand Draft only.
4. The applicants should remember that their names entered in the application must exactly correspond with their names at the University or other examination, as the case may be.

SPECIMEN OF PRACTITIONER'S SIGNATURE AS USED ON MEDICAL CERTIFICATE

PRESENT ADDRESS

N.B.: 1. Please also forward copies of certificates and other evidence if any, under para 2 of the application.
2. Original documents to be made available for verification at the time of registration.

HOURS OF PAYMENT: 10.00 am to 1.00 pm & 2.00 pm to 4.00 pm
on all working days from Monday to Friday.

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* Registration fee ..... Rs. 3000/- for Indian graduate / Rs. 5000/- for FMG graduate plus Rs. 50/- for booklet on code of Medical Ethics.

D.D. should be drawn in favour of Goa Medical Council, Bambolim, Payable in Panaji.

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APPENDIX - 1

DECLARATION

At the time of registration, each applicant shall be given a copy of the following declaration by the Registrar concerned and the applicant shall read and agree to abide by the same.

1. I solemnly pledge myself to consecrate my life to service of humanity.

2. I will maintain the utmost respect for human life from the time of conception.

3. I will not permit consideration of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.

4. I will practice my profession with conscience and dignity.

5. The health of my patient will be my first consideration.

6. I will respect the secrets, which are confined in me.

7. I will maintain by all means in power, the honour and noble traditions of medical profession.

8. I will treat my colleagues with all respect and dignity.

9. I shall abide by the Code of medical ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.

I make these promises solemnly, freely and upon my honour.

Signature _____

Name _____

Place : _____

Address : _____

_____

Date : _____