



सत्यमेव जयते

The Mizoram Gazette

EXTRAORDINARY

Published by Authority

RNI No. 27009/1973

Postal Regn. No. NE-313(MZ) 2006-2008

VOL - LII Aizawl, Tuesday 26.09.2023 Asvina 04, S.E. 1945, Issue No. 526

NOTIFICATION

No. B.12012/10/19-HFW, the 18th August, 2023: Pursuant to the decision of the Council of Ministers taken in its meeting held on 31.07.2023 and conveyed vide No. J.11011/1/2023-POL/Vol-II Dt. 01.08.2023, the Governor of Mizoram is pleased to notify amendment of the following Rules, Forms & Appendix of The Mizoram State Medical Council Rules, 2013 as given in Annexure enclosed.

This issue with the concurrence of Finance Department vide their I.D No. FIN(E): 1/2023 Dt. 24.04.2023 and vetting by Law & Judicial Department vide their I.D No. LJD/16/2022/69 Dt.27.07.2023.

Esther Lal Ruatkimi,

Principal Secretary to the Govt. of Mizoram,
Health & Family Welfare Department

ANNEXURE TO NOTIFICATION No. B.12012/10/19-HFW Dt. August, 2023 **MIZORAM STATE MEDICAL COUNCIL (AMMENDMENT) RULES, 2023**

ANNEXURE

1. Short title and commencement.- These rules may be called the Mizoram State Medical Council (Amendment) Rules, 2023.
They shall come into force from the date of their publication in the Official Gazette.
2. Amendment of rule 6.- The Mizoram State Medical Council Rules, 2013 (hereinafter referred to as the Principal Rules) Clause (a) of rule 6 shall be substituted by the following, namely:-
(a) Fees for attendance at meetings:- Every member of the Council (including the President) shall be paid a fee of Rs. 1000/- (Rupees one thousand) per day for attending a meeting of the Council/or Committee."
3. Amendment of rule 14.- Clause (a) of sub-rule (3) of rule 14 of the Principal Rules, shall be substituted by the following, namely:- "(a) Every registered practitioner

shall renew his/her registration after every five years, ending 31st December, by subscription of prescribed renewal fee; with intimation about alterations, if any, in the address, appointment, qualification of titles, etc. The application for renewal of registration shall be in Form - VI.

Further, the applicant shall produce certificate for having attended the required Continuing Medical Education (CME) as per guidelines/regulations issued by the Council from time to time."

- 4. Amendment of forms & appendix. - In the Principal Rules, Form I, II, III, IVA, IVB, V & VI and Appendix I shall be substituted by the following namely:-

FORM - I

[See rule 10(3) of Mizoram State Medical Council Rules, 2013]

**NOMINATION PAPER Election to the Member of Mizoram State Medical Council
(To be filled by Candidates)**

I am a registered practitioner under Mizoram State Medical Council, and hereby offer my candidature for election as Member of Mizoram State Medical Council, I hereby signify my willingness to serve if I am elected.

- 1. Name (in block letter) : _____
- 2. Age & Sex : _____
- 3. Postal Address : _____
- 4. Registration No. in the State Medical Council : _____
- 5. Present Occupation : _____

Date: _____

(Signature of the Candidate)

(To be filled in by the proposer)

I hereby nominate _____ as a Candidate for the forthcoming election to the member of State Medical Council.

- 1. Name of proposer (in block letter) : _____
- 2. Postal address of proposer : _____
- 3. Serial number of proposer in the electoral roll : _____

Date: _____

(Signature of the Proposer)

(To be filled in by the seconder)

I second the above nomination-

1. Name of the seconder (in block letter) : _____
2. Postal address of seconder: _____
3. Serial number of seconder in the electoral roll: _____

Date: _____

(Signature of the Seconder)

(To be filled in by the Returning Officer)

1. Serial No. of nomination paper: _____
2. Date and time of receipt: _____
3. Receipt of Nomination Fee : Rs. _____

I have examined this nomination paper in accordance with the provisions of the Mizoram State Medical Council Rules, 2013 and decided as follows:

Nomination Accepted:

Nomination Rejected due to the following reasons:

Date: _____

(Signature of the Returning Officer)

FORM - II

[see Rule 12(3) of Mizoram State Medical Council Rules, 2013]

MIZORAM STATE MEDICAL REGISTER

Sl. No. (1)	Full Name (2)	Father's Name (3)	Aadhaar ID No.	Gender (4)

Date of Birth (dd/mm/yy) (5)	Address		Nationality (8)
	Present Address (6)	Permanent Address (7)	

Qualification Degree (9)	School/College (10)	Board/University (11)	Year of Passing (12)

MCI Registration (if any) Reg. No./dd/mm/yy of registration etc. (13)	Registration in other state (if any) Reg. No./dd/mm/yy & Authority under whom registered (14)	Provisional registration under Mizoram State Medical Council (15)	
		Date	Number

Permanent Registration (16)		Renewal Due Date (17)	Renewed on (18)	Initial of Registrar (19)
Date	Number			

FORM - III

[see rule 14(1) of Mizoram State Medical Council Rules, 2013]

Rs. 100/- per form

APPLICATION FOR REGISTRATION IN THE MIZORAM STATE MEDICAL REGISTER

Provisional Registration
Direct/Permanent registration
(Tick whatever applicable)

Attach your
recent
passport size
photo
here.

To
The Registrar,
Mizoram State Medical Council
Aizawl, Mizoram

Sir,

I have the honor to request you to register my name and other particulars, as stated below in the Mizoram State Medical Register (Provisional/Permanent) and further to give certificate of registration. My particulars are given below-

1. Name in full (block letter):

2. Father's name (full):

3. Gender: Male Female

4. Nationality: _____

5. Phone/E-Mail ID/Aadhaar No./PAN

Phone	:	_____
E-Mail	:	_____
Aadhaar No.	:	_____
PAN	:	_____

6. Date and Place of Birth

Date, Month & Year	Place

7. Address:

Present	Permanent (if different from present address)

8. Education Qualification : (Matriculation/Class X onwards)

Examinations/Degree (1)	School/College (2)	University/Board (3)	Year of Passing (4)

9. Present Occupation & Address (block letter)

10. Is he/she registered with any other State Medical Council or Medical Council of India

YES NO

If YES, mentioned the name of Register body/registration No. /date/year/ etc.

Register Body (Medical Council)	Registration No.	Date, Month & Year

11. Date of completion of Internship: _____
Name of the Institution:- _____

(Sl./No. 12 and 13 are for Provisional Registration only)

12. Date of passing of MBBS: _____

13. Name of College/University:- _____

14. Specimen signature of applicant:-

(1)	(2)
(Signature)	(Signature)

I submit herewith original certificate for verification and submit attested copies of the same certificates:-

1. Birth Certificates / other certificates with Date of Birth.
2. HSLC & HSSLC certificates.
3. MBBS, P.G. Degree, Diploma, Past Doctoral Degree, any other certificates.
4. Other State Medical Council, Medical Council of India Registration Certificate.
5. Internship Completion Certificate.
6. NOC from Dean/Principal/Director of Medical College (for Provisional only).
7. Aadhaar ID.
8. PAN card.
9. Passport size photograph.

Declaration

I have carefully read the instructions along with this form, and I certify that the particulars furnished above are true to the best of my knowledge and belief. I therefore, undertake

to abide by the code of conduct of ethics of Mizoram State Medical Council and Indian Medical Council and by the rules of Mizoram State Medical Council.

Date: Yours faithfully,

(Signature of Candidate)

For Office Use Only (List of enclosure/Check list):

Sl. No.	Documents, etc.	Official
1	Educational Certificates (Matriculation or Class X Onwards) with date of birth	
2	Medical Degree/Diploma/PG degree from Univ. or Colleges	
3	Provisional Registration Certificate Original (applicant for Permanent Registration)	
4	Internship Completion certificate issued by Dean/Principal/Director or any Authorized persons (duly attested)	
5	NOC from Dean/Principal/Director of Medical College (for Provisional)	
6	Recent passport size photo (3 nos)	
7	Nationality	
8	Registration Fee: Rs: i) D/D/ No. date ii) Postal Order No: iii) Money order No: iv) Others:	

INSTRUCTIONS:

1. All particulars in the application shall be filled by the applicant only.
2. All particulars should be in neat and legible handwriting.
3. The registration fee should be sent in cash or by money order or crossed postal order on Demand Draft in the name of, Mizoram State Medical Council, payable at Aizawl. When the fee is sent by money order, the postal receipt should be attached to the application.
4. The applicant should remember that his/her name entered in the application form must exactly correspond with his/her name at the University or other Examinations, as the case may be.
5. All the Original Certificates should be enclosed along with the duly attested photo copies. Otherwise original certificate should be enclosed in the office of the council.
6. Photo Copy of Internship Completion certificate issued by the Dean/Principal of your

- college should also be forwarded.
7. Evidence regarding change of Name, Surname be sent viz. Gazette/Marriage registration Certificate as the case may be.
 8. Provisional Degree Certificate i.e. Internship Completion Certificate granted by university be forwarded in Original with copy, if the Degree Certificate has not been received from the university.



FORM-IV A

[see rule 13(5)(a) of Mizoram State Medical Council Rules, 2013]

	<h2 style="margin: 0;">MIZORAM STATE MEDICAL COUNCIL</h2> <p style="margin: 0;">Block 'B' Civil Hospital, Aizawl - 796001</p> <p style="margin: 0;">CERTIFICATE UNDER THE MIZORAM MEDICAL COUNCIL ACT, 2010</p> <h3 style="margin: 0;">Provisional Registration Certificate</h3>		
<p>No. MSMC/</p>		<p>Signature</p>	
<p>Name & Father's Name</p>	<p>Date of Birth & Sex</p>	<p>Address</p>	<p>Qualifications with Date & Institution with Registration Number</p>
<p>It is hereby certified that this is a true copy of the above specified Name in the Mizoram State Medical Register</p> <p>Aizawl</p> <p>Dated the: _____</p> <p style="text-align: right;">REGISTRAR MIZORAM STATE MEDICAL COUNCIL</p>			
<ul style="list-style-type: none"> • Every registered practitioner shall renew his/her registration after every live year, ending 31st December. • Every registered practitioners are entitled to practice medicine within the State of Mizoram. • Foreign Medical Qualification as indicated thereof is equivalent to the basic Indian Medical Qualification of M.B.B.S. • All persons registered under whatever Diplomas are legally qualified for the practice of Medicine, Surgery and Midwifery. 			

FORM IV B

[see rule 13(5)(a) of Mizoram State Medical Council Rules, 2013]

	<p>MIZORAM STATE MEDICAL COUNCIL Block 'B' Civil Hospital, Aizawl - 796001 CERTIFICATE UNDER THE MIZORAM MEDICAL COUNCIL ACT, 2010 Permanent Registration Certificate</p>		
No. MSMC/		Signature	
Name & Father's Name	Date of Birth & Sex	Address	Qualifications with Date & Institution with Registration Number
<p>It is hereby certified that this is a true copy of the above specified Name in the Mizoram State Medical Register</p> <p>Aizawl Dated this:</p> <p style="text-align: right;">REGISTRAR MIZORAM STATE MEDICAL COUNCIL</p>			
<ul style="list-style-type: none"> • Every registered practitioner shall renew his/her registration after every five year, ending 31st December. • Every registered practitioners are entitled to practice medicine within the State of Mizoram. • Foreign Medical Qualification as Indicated thereof is equivalent to the basic Indian Medical Qualification of M.B.B.S. • All persons registered under whatever Diplomas are legally qualified for the practice of Medicine, Surgery and Midwifery. 			

(APPENDIX - I)

SCHEDULE OF FEES

[see rule 14(2) of Mizoram State Medical Council Rules, 2013]

REGISTRATION FEES

Sl. No.	Head/ Subject	Rupees
(1)	(2)	(3)
1	Fee for Provisional Registration.	Rs. 1000/-
2	Fee for Permanent Registration. (conversion of registration from Provisional to Permanent)	Rs. 3000/-
3	Fee for Registration of Additional Medical Qualification.	Rs. 1000/- Dip Rs. 2000/- PG Rs. 3000/- Super Spl.

4	Fee for Reciprocal Registration.	Rs. 3000/-
5	Fee for Issue of Duplicate copy of Permanent/ Additional/ Reciprocal Registration Certificate.	Rs. 500/- Dip Rs. 800/- PG Rs. 1000/- Super Spl.
6	Fee for Issue of Duplicate copy of Provisional Registration Certificate.	Rs. 500/-
7	Fee for Issue of Permanent Registration without getting Provisional Registration after completion of the prescribed internship training within 3 (three) months period.	Rs. 4000/-
8	Fee for issue of letter of NOC & Certificate of continuance of registration for any institution in India.	Rs. 500/-
9	Fee for change of Marital Status (only in female cases for change of surname).	Rs. 500/-
10	Forwarding fee of an Application of Good Standing Certificate/ NOC/ Profoma of Good Standing for foreign countries (out of India).	Rs. 2000/-
11	Fee for any appeal to the Council by Registered Medical Practitioner.	Rs. 1000/-
12	Fee for re-entry of name in the Register.	Rs. 1500/-
13	Fee for renewal of Registration.	Rs. 1000/-

LATE FEES

Sl. No.	Head/ Subject	Rupees
(1)	(2)	(3)
1	Up to 3 (three) months period the month of final year MBBS/PG Degree or Diploma examination passed.	Nil
2	On expiry of 3 (three) months period and up to period of 6 (six) months from the month of final exam passed and in the case of Permanent Registration the month of completion of internship.	Rs. 500/-
3	On expiry of 6 (six) months period and up to period of 12 (twelve) months from the month of final examination passed and in the case of Permanent Registration the month of completion of internship.	Rs. 500/-
4	On expiry of 12 (twelve) months period and up to period of 24 (twenty four) months from the month of final examination passed and in the case of Permanent Registration the month of completion of internship.	Rs. 1000/-
5	On expiry of 24 (twenty four) months period and up to period of 48 (forty eight) months from the month of final examination passed and in the case of Permanent Registration the month of completion of internship.	Rs. 3000/-
6	On expiry of 48 (forty eight) months period and up to period of 60 (sixty) months from the month of final examination passed and in the case of Permanent Registration the month of completion of internship.	Rs. 5000/-

7	On expiry of 60 (sixty) months period from the month of final examination passed for Provisional Registration and the month of completion of the prescribed Internship Training for Permanent Registration.	Rs. 5000/- plus addl. Rs. 500/- per year
8	Late fees for Renewal of Registration	Rs. 5000/- plus addl. Rs. 500/- per year

COST OF APPLICATION FORMS PAYABLE

Sl. No.	Cost of Application Forms	Rupees
(1)	(2)	(3)
1	Application form of Provisional Registration.	Rs. 100/-
2	Application form of additional Registration/ change of name/ re-entry.	Rs. 100/-
3	Application form of Renewal Registration.	Rs. 100/-
4	Application form of Permanent Registration.	Rs. 150/-
5	Application form of Reciprocal Registration.	Rs. 100/-
6	Nomination Fee	Rs. 100/-

(APPENDIX-II)

[see rule 18 of Mizoram State Medical Council Rules, 2013]

DECLARATION: PLEDGE

At the time of registration, such medical practitioner shall read and agree the Declaration: Pledge, to abide by the same and affirmed by the signature in presence of Registrar.

Declaration: Pledge

1. I solemnly pledge myself to consecrate my life to the service of humanity.
2. Even under threat, I will not use my medical knowledge contrary to the laws of humanity.
3. I will maintain the utmost respect for human life from the time of inspection.
4. I will not permit consideration of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
5. I will practice my profession with conscience and dignity.
6. The health of my patient will be my first consideration.
7. I will respect the secrets which are confined in me.
8. I will give my teachers their due respect and gratitude.
9. I will maintain by all means in my power, the honor and noble tradition of medical profession.
10. I will treat my colleagues with respect and dignity.
11. I shall abide by the code of medical ethics as enunciated in the Indian Medical Council. Professional Conduct, Etiquette and Ethics) Regulation, 2002.
12. I shall abide by the rules set out by the Mizoram State Medical Council Rules, 2013.

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

Date: _____

Signature : _____

Place : _____

Name : _____

Address: _____