SELF-DECLARATION AND UNDERTAKING

(To be submitted by a Registered Medical Practitioner already registered with another State Medical Council / National Medical Commission, seeking registration with the Gujarat Medical Council under the Simplified Inter-State Registration Procedure– PA 19)

[As per the resolution passed by Gujarat Medical Council dated 30/06/2026]

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_____.
3. That all the particulars, statements, qualifications and supporting self-attested documents furnished by me along with my application for registration with the Gujarat 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 **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, 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 I am physically and mentally fit to practice the medical profession and I am not suffering from any communicable disease or mental incapacity that would render me unfit to practice.
7. That I **unconditionally consent** to the Gujarat Medical Council undertaking suo-motu verification of the particulars submitted by me, directly with the parent and presently registered State Medical Council and / or the National Medical Commission and / or the awarding University / Institute, and I hereby authorise all such bodies to share my registration and qualification data with the Gujarat Medical Council for the purpose of such verification.
8. That I understand and accept that on the basis of this Undertaking, the Gujarat Medical Council shall, in the first instance, grant me direct **Permanent Registration** under the Gujarat Medical Council Act, 1967, pending completion of internal back-end verification with the parent and presently registered State Medical Council.

9. 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 —

1) my Permanent Registration with the Gujarat Medical Council shall stand **summarily cancelled** without any further notice or opportunity of hearing;
2) 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 Gujarat Medical Council Act, 1967;
3) the fact of cancellation shall be **publicly notified** on the Council's website and intimated to the parent and presently registered State Medical Council, the National Medical Commission, and all other concerned regulatory and law-enforcement authorities; and
4) I shall not be entitled to claim any refund of the registration fee or any other charge paid by me to the Council.

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

1) initiation of any disciplinary or criminal proceeding against me;
2) suspension, cancellation or any adverse order passed against me by the parent and presently registered State Medical Council or any other regulatory body; and
3) change of address, contact number or email ID.

11. That I undertake to abide, at all times during the subsistence of my registration, by **the Gujarat Medical Council Act, 1967**, 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.

12. 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 12 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