

Annexure II

To

The Registrar,
Assam Council of Medical Registration
Sixmile, Khanapara, Guwahati-22

Dear Sir,

May I request you to be so good as to get my name registered in the Register of Registered Medical Practitioners maintained by you under section 15 of Assam Medical Council Act, 1916. A fee of Rs. 4000 required for the purpose is remitted by Bank Draft. To facilitate registration I furnish the following particulars :-

1. Full Name (In block letters)
2. Father's Name
3. Address : (a) Present
- (b) Permanent
4. Qualifications and dates thereof (to be supported by certificates in original)
5. Date of completion of internship :
6. Provisional Registration No. :
7. Passport size Photograph in duplicate duly attested :
8. Date of Birth :

DECLARATION

1. I solemnly pledge myself to consecrate my life to the service of humanity.
 2. I will give to my teachers the respect and gratitude which is their due.
 3. I will practice my profession with conscience and dignity.
 4. The health of my patient will be my first consideration.
 5. I will respect the secrets which are confided on me.
 6. I will maintain by all means my power, the honour and noble traditions of medical profession as laid down in the code of Medical Ethics.
 7. My colleagues will be my brothers.
 8. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
 9. I will maintain the utmost respect for human life from the time of conception.
 10. Even under threat, I will not use my medical knowledge contrary to the law of humanity.
- I make these promises solemnly, freely and upon my honour.

Signature

Address

ATTESTATION

I,, a Registered Practitioner of Assam Council of Medical Registration under No. do hereby testify that the above named is known to me and that he had signed the above declaration in my presence.

Signature

Address