## TELANGANA STATE MEDICAL COUNCIL

SULTAN BAZAR, HYDERABAD, INDIA - 500 095. h: 040-24657639, 8125828958, 7842707925, Email: <u>telanganamedicalcouncil@gmail.com</u>

Dr MAHESH KUMAR K	Dr D RAMESH
M.B.B.S	M.B.B.S, M.S
CHAIRMAN	REGISTRAR
TSMC/FMG/2024/2	Dt: 15.04.2024

NOTIFICATION

- Ref: 1. G.O Ms No 32, dt 02.03.2023 issued by Government of Telangana, HM&FW Department.
  - 2. G.O.Ms No 60, dt 29.05.2023 issued by Government of Telangana, HM&FW Department.

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With reference to the cited above, applications (offline) are invited from all the FMG candidates who have passed the screening test (FMG Exam) and intended to perform internship in the colleges of Telangana, as per the guidelines of National Medical Commission, New Delhi, has to apply in the prescribed form with all the necessary color photocopies of the required documents.

The applications will be accepted from 18.04.2024 to 30.04.2024 by 4.00pm in the office of Telangana State Medical Council.



(Dr Mahesh Kumar K) Chairman, TSMC CHAIRMAN Telangana State Medical Council Sultan Bazar, Hyderabad-500095.

## FMG'S Provisional Registration Requirements: -

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Candidate Name: Ph.no:

1. MBBS Degree/Equivalent to MBBS Course from to	[ ]
Degree issued date:	
2. If any Internship Certificate from parent universe	versity [ ]
3. Transcripts certificates issued by parent univer-	ersity []
4. MCI Eligibility Certificate	[]
5. Screening Test Pass Certificate issued by NBE	. Delhi []
Session month & year:	
Roll no:	
Score: Page No:	
6. NOC form parent University	r ı
7. Migration Certificate from parent University	[]
8. SSC Certificate	
9. Intermediate Xerox Copy & Verification Letter	L ] •r [ ]
10. Full Passport	
11. Application form pertaining with Passport V	l ] /isa Entrios onlino / offling / (
will be provided by TSMC –Annexure – I	fisa Entries Online / oπline (form
12. All Xerox copies should be attested by with	
necessary documents with colour photocopies	any Gazetted Officer. (all the
necessary documents with colour photocopies	required including passport)

Scrutiny by

Verified by

Approved by

Name: Signature:

TEARDER THE PROPERT & STERRES FOR FINE FINE FOR THE

Name: Signature:

Name: Signature:

## ANNEXURE- 1

## FOREIGN MEDICAL GRADUATES - FOR FINAL / PROVISIONAL REGISTRATIONS DETAILS OF VISA ENTRIES IN THE PASSPORT

Name of the Candidate	Passport No.	
Country of Study	Date of Issue	
Period of Study	Date of Expiry	
Mobile No.	Email ID	

Year	Visa Number	Exit Details			Entry Details			Period of Stay Abroad			Period of Stay in	
		Place Date of Departure	Date of	Page No.	Place	Date of Arrival	Page No.	in			India	
			Departure					Years	Months	Days	Months	Days
1 <sup>st</sup>												
Year					•							
2 <sup>nd</sup>												
Year												
3 <sup>rd</sup>	-											
Year												
4 <sup>th</sup>												
Year												
5 <sup>th</sup>												
Year												
6 <sup>th</sup>												
Year												
					L		Total Pe	eriod:	•	1		

Certified that the entries in the document above have been verified by me with the original entries in the Passport and found to be correct.