

**TELANGANA MEDICAL COUNCIL  
SULTAN BAZAR: HYDERABAD-500 001**

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**Dr. Mahesh Kumar K  
CHAIRMAN**



**Dr. Dhandem Lalaiah Kumar  
REGISTRAR**

**TGMC/FMG/OCT/1/2024**

**Dt: 28.10.2024**

**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 are invited through offline from all the FMG candidates who have passed the screening test (FMG Exam) on or before June-2024 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 xerox copies of the required documents. Fee of Rs. 10,000/- will be charged for each application, allotment will done for the Domiciles and for Non Domiciles depending on the vacancies allotment will be done.

Applications will be accepted from 01.11.2024 to 15.11.2024 by 4.00pm in the office of Telangana Medical Council.



**(Dr. Mahesh Kumar K)  
Chairman**

**TGMC  
CHAIRMAN**

**Telangana Medical Council  
Sultan Bazar, Hyderabad-500 095.**

## **List of Documents required for FMG Applicants:**

Candidate Name:

Ph.no:

1. MBBS Degree/Equivalent to MBBS ( )  
Course from \_\_\_\_\_ to \_\_\_\_\_  
Degree issued date: \_\_\_\_\_
2. If any Internship Certificate from parent university ( )
3. Transcripts certificates issued by parent university ( )
4. MCI Eligibility Certificate. ( )
5. Study Certificate of 1<sup>st</sup> to 10<sup>th</sup> atleast 5<sup>th</sup> to 10<sup>th</sup> ( )  
Classes is mandatory.
6. Screening Test Pass Certificate issued by NBE, Delhi ( )  
Session month & Year: \_\_\_\_\_
7. NOC form Parent University ( )
8. Migration Certificate from parent University ( )
9. SSC Certificate ( )
10. Intermediate Xerox Copy & Verification Letter ( )
11. Full Passport ( )
12. Application form pertaining with Passport Visa Entries online / offline (form ( )  
will be provided by TGMC – Annexure – I
13. All Xerox copies should be attested by any Gazetted Officer (all the  
Necessary documents with colour photocopies required including passport).

Scrutiny By

Name:  
Signature:

Verified By

Name:  
Signature:

Approved By

Name:  
Signature:

**FOREIGN MEDICAL GRADUATES**  
**FINAL / PROVISIONAL REGISTRATIONS**  
THE FOLLOWING ARE MY PASSPORT DETAILS W.R.T VISA ENTRIES

NAME OF THE APPLICANT :  
 PASSPORT NO :  
 DATE OF ISSUE :  
 DATE OF EXPIRY :

**PERIOD OF STAY IN THE  
 FOREIGN COUNTRY / INDIA**

YEAR OF STUDY	COUNTRY NAME	FROM D - M - Y	----- TO D - M - Y	TOTAL PERIOD D - M - Y
I YEAR				
	INDIA			
II YEAR				
	INDIA			
III YEAR				
	INDIA			
IV YEAR				
	INDIA			
V YEAR				
	INDIA			
VI YEAR				
	INDIA			

TOTAL PERIOD SPENT IN :  
 TOTAL PERIOD SPENT IN INDIA :  
 (IF THE ABOVE PERIODS ARE NOT TALLIED WITH VISA ENTRIES  
 I WILL BE HELD RESPONSIBLE AND LIABLE FOR ANY ACTION)

Signature  
 Of the Applicant