



TELANGANA MEDICAL COUNCIL

DM & HS CAMPUS, SULTAN BAZAR, HYDERABAD - 500 095.

Dr. MAHESH KUMAR .K
M.D.

CHAIRMAN

Dr. DHANDEM LALAI AH KUMAR
M.B.B.S., (Osm.), LLB, LLM (OU)
IRS, Commissioner (Retd.) Govt. of India
REGISTRAR

NOTIFICATION FOR INTERNSHIP COUNSELLING FOR FMGs

Notification No. 02/2025 Dated 22.11.2025

All Domicile Foreign Medical Graduates are hereby informed that the Telangana Medical Council will be accepting applications from FMGs who have successfully completed their MBBS from foreign country and passed Screening Test conducted by National Board of Examinations, New Delhi. These applications are for the allocation of internships in Telangana.

Application Submission Period: From 01st December 2025 to 06th December 2025

All eligible domicile candidates are directed to submit their applications along with list of Documents as per Annexure – I and Passport Details with respect to VISA entries as per Annexure II within the stipulated period. Requisite fee for Counselling is Rs. 10,000/- (Rupees Ten Thousand only) and this should be paid through POS in Telangana Medical Council.

Important:

- Eligibility of Domicile will be strictly as per the latest orders of Hon'ble Supreme Court
- Cash is not accepted. Fee should be paid through POS in Telangana Medical Council only.
- Applications will not be entertained after 5.00 PM from 6th December 2025


Chairman
TGMC
22/11/25

ANNEXURE - II

**FOREIGH MEDICAL GRADUATES
MANDATORY FOR PROVISIONAL AND FINAL REGISTRATIONS**

The following are my Passoport Details with respect to VISA Entries

NAME OF THE APPLICANT:

PASSPORT No.:

DATE OF ISSUE:

DATE OF EXPIRY:

PERIOF OF STAY IN THE FOREIGN COUNTRY/INDIA

YEAR OF STUDY	COUNTRY NAME	FROM			*P. No In **pp.	TO			*P. No In **pp.	TOTAL PERIOD		
		D	M	Y		D	M	Y		D	M	Y
1 YEAR												
	INDIA											
2 YEAR												
	INDIA											
3 YEAR												
	INDIA											
4 YEAR												
	INDIA											
5 YEAR												
	INDIA											
6 YEAR												
	INDIA											

TOTAL PERIOD SPENT IN

TOTAL PERIOD SPENT IN INDIA

I solemnly state that the above information is true and correct to the best of my knowledge and belief. If any discrepancy is found in the given information then I am liable for any legal action as per the Rule and procedure of Telangana Medical Council.

*** PAGE NUMBER**

**** PASSPORT**

Signature of the Applicant