FOREIGN TRAVEL DETAILS

Name of the FMG:

_____

Passport Details (Provide details of all the passports if more than one has been issued)

S.No.	Passport No.	Date & Place of issue	Validity from	Validity up to

The following entry should be in chronological order starting on or before the course start date and ending with last travel date from the country in which the college was situated

S.No.	Date of Departure from India (DD/MM/YYYY)	Date of leaving Study Country (DD/MM/YYYY)	Passport number & Page number of passport in which attestation done	Total duration of stay in the study country

SELF DECLARATION BY FMG

Details of on-site Compensation (if any) in lieu of online study period							
	Official Course duration	**Official Vacation period**	**Total offline study duration from (DD/MM/YYYY) to (DD/MM/YYYY)**	**Total online study duration from (DD/MM/YYYY) to (DD/MM/YYYY)**	**Duration of on-site compensation (Extended or Along with)**	**Subjects covered during compensatory classes**	**Mode of Examination**
1st year							
2nd year							
3rd year							
4th year (Pre-final)							
5th year (Final)							

AFFIDAVIT

(To be attested by 1st Class Magistrate)

I, _____, S/o / D/o Sh. _____, resident of _____, do hereby solemnly affirm and declare as under:

1. That I was admitted to the MBBS course in the day/month/year at _____ (Name of Medical College and University) and successfully completed the said course in the day/month/yearat _____ (Name of Medical College and University).

2. That a part of my medical education was conducted through online mode for the period from day/month/year to day/month/year, and the said period has been duly compensated through physical, onsite academic and clinical training from day/month/year to day/month/year, in accordance with the applicable guidelines and requirements prescribed by the competent authorities.

3. That I am applying for grant of Provisional Registration for undergoing Compulsory Rotating Medical Internship (CRMI) and hereby declare that all documents, certificates, statements and information submitted by me in support of my application, including but not limited to the Compensation Certificate, Academic Transcripts, Class 12th Marks Certificate, Eligibility Certificate, FMGE Pass Certificate, MBBS Degree, and any other supporting documents, are genuine, true and correct to the best of my knowledge and belief.

4. That I fully understand and undertake that if, at any stage, any discrepancy, deficiency, misrepresentation, concealment of facts, forgery, falsification, or adverse verification report is received from the concerned University, Medical Institution, National Medical Commission (NMC), National Board of Examinations in Medical Sciences (NBEMS), Embassy, Government Authority, or any other competent authority with respect to my qualifications, compensation period, eligibility, or any document submitted by me, the Jammu & Kashmir Medical Council shall be at liberty to cancel, suspend, withdraw, or revoke my Provisional Registration and/or CRMI forthwith, without prejudice to any other action permissible under law.

5. That I shall abide by all rules, regulations, notifications, guidelines, and directions issued by the National Medical Commission, Jammu & Kashmir Medical Council, and other competent authorities from time-to-time governing provisional registration, internship, and permanent registration.

7. That I am executing this affidavit with full understanding of its contents for the purpose of obtaining Provisional Registration and permission to undergo CRMI in India.

Deponent

Verified at _____ on this _____day of_____ that the contents of this affidavit are true and correct to the best of my knowledge and belief and that nothing material has been concealed there from.

Deponent

Date:

Place: