

WELCOME TO HARYANA MEDICAL COUNCIL



**Online Registration and Renewal
Application Portal**

Visit the Official website of the Haryana Medical Council
<https://haryanamedicalcouncil.org/>

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GALLERY

SMR

SIGN UP

LOGIN

For technical assistance, please contact us during office hours at +91 8049649529.



Sh. Nayab Singh Saini
Chief Minister-Haryana



Ms. Arti Singh Rao
Health Minister, Haryana



Sh. Sudhir Rajpal (I.A.S)
Additional Chief Secretary



Dr. Satish Khattar
President, HMC



Dr. Mandeep Sachdeva
Registrar

Haryana Medical Council

SCO-410 2nd Floor, Sector-20, Panchkula-134116

Email: registrarhmc@gmail.com, info@haryanamedicalcouncil.org

Phone- 0172-4090410, 2520165

Click on the **Sign Up** or **Login** button to proceed further.

Sign Up: For New Users → Registration Page

Login: For Existing Users → Login Page

CME

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Email: registrarhmc@gmail.com, info@haryanamedicalcouncil.org

Phone- 0172-4090410, 2520165

- Registration Page: Read General Instructions before proceeding further.
Click on the **Services** button to view all online services provided by the HMC.

Registration Page

Are you registered in Haryana Medical Council? (If Yes, please enter Your Registration number)

Select an option

Name/नाम

Enter User Name

Father's Name/पिता का नाम

Enter Father Name

Email ID/ईमेल आईडी

Printer@veritos.in

Mobile No/मोबाइल नंबर

Enter Mobile No

Date of Birth/जन्मतिथि

dd----yyyy

Primary Qualification*

Select Qualification

Create Your Login Password/पासवर्ड

....

Confirm Your Login Password/पासवर्ड

Create Password (Min 6,Max 30 Char)

Captcha Code/कैप्चा



Enter Captcha Code

Register


Login | Forgot Password

- All Services Page: Check all the Applications/Services provided by the HMC.

Haryana Medical Council

हरियाणा चिकित्सा परिषद

Online Portal for Registration, Renewal, Transfer and Related Services
पंजीकरण, नवीनीकरण, स्थानांतरण और संबंधित सेवाओं हेतु
ऑनलाइन पोर्टल



Online Services Provided by the Council

- Application For Provisional Registration
- Application For Permanent Registration
- Application For Transfer Registration
- Application For Renewal of Registration
- Application For Additional Qualification / Specialization Registration
- Application For No Objection Certificate
- Application For Good Conduct Certificate
- Application For Duplication Registration Certificate

Haryana Medical Council – Application Descriptions

- **Application Form for Provisional Registration**

This application is for medical graduates who have completed their MBBS degree and wish to obtain **provisional registration** to undergo compulsory rotatory internship within Haryana.

- **Application Form for Permanent Registration**

This form is for medical graduates who have **completed their internship** and want to convert provisional registration into **permanent registration**.

- **Application Form for Transfer Registration**

Doctors registered with another State Medical Council can use this form to **transfer their registration** to the Haryana Medical Council.

- **Application Form for Good Conduct Certificate (GCC)**

This application is required to obtain a **Good Conduct Certificate**, confirming that the doctor is registered with HMC and has no disciplinary actions recorded—often needed for jobs, higher studies, or foreign registration.

- **Application Form for No Objection Certificate (NOC)**

Doctors applying for registration, employment, or higher education **outside Haryana or abroad** must submit this form to obtain an official NOC from the Council.

- **Application Form for Renewal of Registration**

This form is used to **renew an existing HMC registration** after its validity period expires, ensuring continued legal practice.

- **Application Form for Duplication of Registration Certificate**

This application is for doctors who have **lost, damaged, or misplaced** their original registration certificate and require a duplicate copy.

- **Application Form for Additional Qualification / Specialization Registration**

Doctors who have acquired **new medical qualifications or specializations** (PG, Diploma, Super-specialty, etc.) must apply through this form to update their credentials with HMC.

- **Application Form for Smart Card**

This form is used to apply for the **HMC Smart Registration Card**, which serves as official proof of registration and identity as a registered medical practitioner.

- **Application Form for Change / Correction on Certificate**

This application is used to request **corrections or updates** in personal details such as name, father's name, date of birth, or qualification details on HMC records and certificates.

- On clicking the specific application, further subtypes and a list of required documents for that particular service.

Online Services Provided by the Council

Application For Provisional Registration ▼

Provisional Registration (MBBS from Haryana) ▼

Provisional Registration (Foreign Medical Graduates) ▼

Important instructions:

Before applying please make sure that you have arranged the scanned copy of the following documents along with valid payment option to pay the application fee online.

Passport-size recent colour photograph (to be affixed on the certificate) *
Allowed extension: .jpg /.jpeg /.png Allowed size: 2MB
Stamp Size Signature (To be affixed on certificate) *
Allowed extension: .jpg /.jpeg /.png Allowed size: 2MB
Affidavit For Change in Name *
Allowed extension: .jpg /.jpeg /.pdf /.PDF Allowed size: 2MB
Matric Certificate / Birth Certificate in support of Date of Birth. *
Allowed extension: .jpg /.jpeg /.pdf /.PDF Allowed size: 2MB
Detail Mark Card of 10+2 certificate / Passing Certificate *
Allowed extension: .jpg /.jpeg /.pdf /.PDF Allowed size: 2MB
Graduation Ist Prof. Certificate (MBBS) *

Online Services Provided by the Council

Application For Provisional Registration ▼

Application For Permanent Registration ▼

Permanent Registration (MBBS from Haryana) ▼

Important Instructions:

Before applying please make sure that you have arranged the scanned copy of the following documents along with valid payment option to pay the application fee online.

Passport-size recent colour photograph (to be affixed on the certificate) *
Allowed extension: .jpg /.jpeg /.png Allowed size: 2MB
Matric Certificate / Birth Certificate in support of Date of Birth. *
Allowed extension: .jpg /.jpeg /.pdf /.PDF Allowed size: 2MB
MBBS Degree (Provisional / Final) *
Allowed extension: .jpg /.jpeg /.pdf /.PDF Allowed size: 2MB
ACLS/BCLS Certificate *
Allowed extension: .jpg /.jpeg /.pdf /.PDF Allowed size: 2MB
Attempt & Character Certificate *
Allowed extension: .ipa /.ipea /.pdf /.PDF Allowed size: 2MB

➤ Choose whether you have already registered with the Haryana Medical Council or not.

- Select Yes, if you already have HN number issued by HMC and register yourself at the online portal of HMC.
- Select No, if you don't have HN number issued by HMC, and register yourself at the online portal of HMC.

Registration Page

Are you registered in Haryana Medical Council? (If Yes, please enter Your Registration number)

Name/नाम
Enter User Name

Email ID/ईमेल आईडी
Printer@veritos.in

Date of Birth/जन्मतिथि
dd-----yyyy

Create Your Login Password/पासवर्ड
.....
Password must be 6-30 characters long, include at least one uppercase letter, one lowercase letter, one number, and one special character (!@#\$\$%^&*).

Captcha Code/कैप्चा
KGI 6T 2

Select an option
Select an option
No
Yes

Mobile No/मोबाइल नंबर
Enter Mobile No

Primary Qualification*
Select Qualification

Confirm Your Login Password/पासवर्ड
Create Password (Min 6,Max 30 Char)

Register

[Login](#) | [Forgot Password](#)

- **Registration Page: If Yes Selected. Enter Your HN Registration Number.**
The system will check the old account details, and if no details are found.

- **Alert: If the user does not have any online account, click ok and create a new online account.**

Are you registered in Haryana Medical Council? (If Yes, please enter Your Registration number)

Yes

Registration No

HN- 12345

Name/नाम

Enter User Name

Father's Name/पिता का नाम

Enter Father Name

Email ID/ईमेल आईडी

Enter Email ID

Invalid email address. Please enter a valid email without spaces.

Mobile No/मोबाइल नंबर

Enter Mobile No

Date of Birth/जन्मतिथि

dd----yyyy

Primary Qualification*

Select Qualification

Create Your Login Password/पासवर्ड

.....

Password must be 6-30 characters long, include at least one uppercase letter, one lowercase letter, one number, and one special character (!@#\$%^&*).

Confirm Your Login Password/पासवर्ड

Create Password (Min 6,Max 30 Char)

Captcha Code/कैप्चा

K 6 I 6 T 2

Enter Captcha Code

Register

online.haryanamedicalcouncil.org says

We could not find your data with Registration No. 12345, in the Haryana Medical Council's records.

Please check your registration number carefully or Press Ok to proceed further.

OK

Cancel


online.haryanamedicalcouncil.org says

Press ok and enter your details to create new account.

OK

- Registration Page: Enter all the required details, set a password, enter the captcha, and click on the Register button.

Registration Page



Are you registered in Haryana Medical Council? (If Yes, please enter Your Registration number)

Registration No

Name/नाम

Email ID/ईमेल आईडी

Date of Birth/जन्मतिथि

Create Your Login Password/पासवर्ड

Captcha Code/कैप्चा

Yes

HN- 12345

Father's Name/पिता का नाम

Mobile No/मोबाइल नंबर

Primary Qualification*

Confirm Your Login Password/पासवर्ड

Enter User Name

Enter Father Name

Enter Email ID

Enter Mobile No

Select Qualification

Create Password (Min 6,Max 30 Char)

dd----yyyy

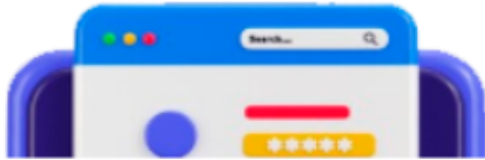
.....

Enter Captcha Code

Register

Login | Forgot Password

- You will receive an OTP at your registered mobile number. Verify OTP and proceed further.



Enter OTP Received On
Registered E-Mail/Mobile No

Enter OTP

ReSend OTP ✉

Verify OTP

Click Here To Go Back

- **Registration Page: If Yes Selected. Enter Your HN Registration Number.**
The system will check the old account details, and if the account found, registered email will be shown along with the name.

online.haryanamedicalcouncil.org says

An account for Dr. [REDACTED] is already registered with kc*****@gmail.com . To continue, please click Forgot Password to reset your credentials. This mandatory security step is required for all applicants before their next login

OK

- Alert: If the user does have an online account, the system reflects this alert.
- Go to the **Forgot Password** option and reset your password. ok and create a new online account.

online.haryanamedicalcouncil.org says


An account for Dr. [REDACTED] is already registered with kc*****@gmail.com . To continue, please click Forgot Password to reset your credentials. This mandatory security step is required for all applicants before their next login

OK

Register

Login | Forgot Password

- **Registration Page: If No Selected.**
Enter all the required details, set a password, enter the captcha, and click on the Register button. Your Login Details will be sent via email and SMS.



Registration Page

Are you registered in Haryana Medical Council? (If Yes, please enter Your Registration number)

No

Name/नाम

Enter User Name

Father's Name/पिता का नाम

Enter Father Name

Email ID/ईमेल आईडी

Enter Email ID

Mobile No/मोबाइल नंबर

Enter Mobile No

Date of Birth/जन्मतिथि

dd-----yyyy

Primary Qualification*

Select Qualification

Create Your Login Password/पासवर्ड

.....

Confirm Your Login Password/पासवर्ड

Create Password (Min 6,Max 30 Char)

Password must be 6-30 characters long, include at least one uppercase letter, one lowercase letter, one number, and one special character (!@#\$%^&*).

Captcha Code/कैप्चा

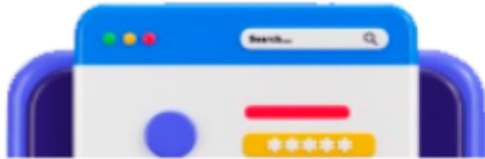
M5 SBB V

Enter Captcha Code

Register

[Login](#) | [Forgot Password](#)

- You will receive an OTP at your registered mobile number. Verify OTP and proceed further.



Enter OTP Received On
Registered E-Mail/Mobile No

Enter OTP

ReSend OTP ✉

Verify OTP

Click Here To Go Back


- Login Page: Log in to your accounts with your credentials.
Enter Captcha and Login.

Haryana Medical Council

हरियाणा चिकित्सा परिषद

Online Portal for Registration, Renewal, Transfer and Related Services

पंजीकरण, नवीनीकरण, स्थानांतरण और संबंधित सेवाओं हेतु ऑनलाइन पोर्टल



Login For Registered Users

पंजीकृत उपयोक्ताओं हेतु लॉगिन

Registered Email ID/पंजीकृत ईमेल आईडी

Password/पासवर्ड

Captcha/कैप्चा

NHE 6 L
9

↺

Enter Captcha Code

Enter Captcha/कैप्चा भरें

Login

Register | Forgot Password

➤ My Profile Page: For New Registered Users

Complete Your Profile by entering all the details and press Save button.

Update Profile

Name * Don't Fill Prefix in name field

-Select-

ATINDER

Blood Group *

A RhD positive (A+)

Gender *

-Select-

Father's Name *

TEST

Mother's name *

ENTER MOTHER'S NAME

Date of Birth *

01-JAN-1993

Place of Birth *

ENTER PLACE OF BIRTH

Primary Qualification*

Select Qualification

Country of Passing*

Select Country

ID Proof *

-- Select ID Proof --

ID Number *

ENTER ID NUMBER

Nationality

Select Nationality

Email Id *

ATINDER.VERITOS+5@GMAIL.COM

Physical Identification Mark*

ENTER PHYSICAL IDENTIFICATION

Mobile No. *

7009536353

Permanent Address*

ENTER ADDRESS LINE 1

Correspondence address in India* ☐

ENTER ADDRESS LINE 1

Same as permanent address

ENTER ADDRESS LINE 2

Select Country

INDIA

Select State

Select State

Select City

SELECT CITY

ENTER PINCODE

ENTER PINCODE

Save

Reset

By Clicking on "Save", you will confirm that you have filled valid information.

➤ For New Registered Users.
Upload Photo and Signature to complete your profile.
An option to upload a Live Image is also available.
You can also edit your profile by pressing the Edit Profile Button.

➤ **Important Instruction:** You can not edit/update your profile if you are already registered with the council or any of your application is already in process.

Medical Practitioner

My Profile

Apply Online

Payment History

Application Status

Notification

Profile Photo

Update Photo

Signature

Update Signature

01-Jan-1993

7009536353

atinder.veritos+5@gmail.com

Father's Name: Test

Mother's Name: TEST

Gender: Male

Blood group: A+

Home

Address

Permanent Address

Correspondence Address

Registration Detail

Registered Qualifications

Pending Applications

Registration No	Registration Date	Renewed Date	Valid Upto Date

Choose Option

Live Capture

Upload File

Edit Profile

- Your Profile is now completed.
Registration Details, Registered Qualifications and other details will be displayed in the profile upon approval from the council.

> Medical Practitioner

My Profile

Apply Online

Payment History

Application Status

Notification

Haryana Medical Council

Home

1

Hi Shobha

Profile Photo

Update Photo

Signature

Update Signature

Mrs Atinder

📅 01-Jan-1993

☎ 7009536353

✉ atinder.veritos+5@gmail.com

Father's Name: Test

Mother's Name: TEST

Gender: Male

Blood group: A+

Address

Permanent Address

Khanna
Khanna
ambala, Ambala
Haryana - 140301 (India)

Correspondence Address

Khanna
Khanna
ambala, Ambala
Haryana - 140301 (India)


Registration Detail

Registered Qualifications

Pending Applications

Registration No	Registration Date	Renewed Date	Valid Upto Date
-----------------	-------------------	--------------	-----------------

➤ Your Profile is now completed.
Registration Details, Registered Qualifications, and other details will be displayed in the profile upon approval from the council.




Haryana Medical
Council


Home

5

Hi Mitul




Update Photo




Update Signature

Atinder


📅 12-May-2000




✉

@gmail.com


📞




🏠



📧




📧



📧

📍 Address


Permanent Address



r Industrial Area

Haryana - 140603 (India)

Correspondence Address






Industrial Area

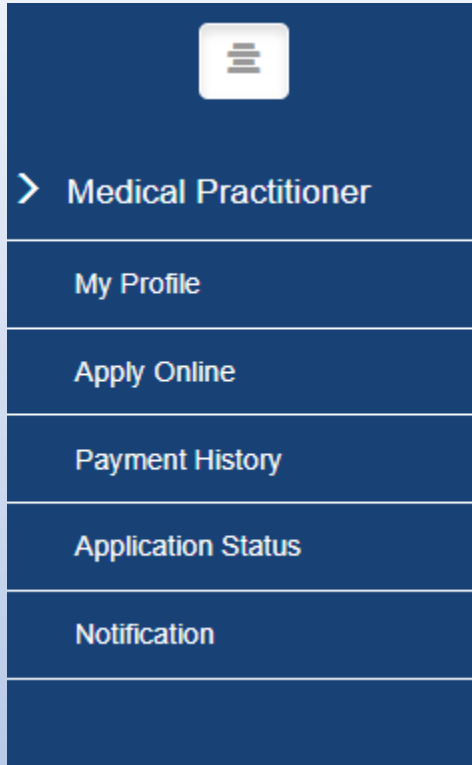
Haryana - 140603 (India)

Registration Detail

Registered Qualifications

Pending Applications

Registration No	Registration Date	Renewed Date	Valid Upto Date
			




➤ Medical Practitioner's Dashboard Menus

1. **My Profile:** Add/Edit Basic Personal Details
2. **Apply Online:** Shows a list of all the online applications/services provided by HMC
3. **Payment History:** Shows all the transactions made by the applicants.
4. **Application Status:** Shows the current status of your applications at this portal.
5. **Notification:** Shows all the notifications related to the submitted applications.

➤ My Profile Menu


1. This menu shows all the details of the Medical Practitioner registered with the Haryana Medical Council.
2. Applicants who are not registered with HMC can update or edit their profile information before submitting the application to the council.


> Medical Practitioner
 My Profile
 Apply Online
 Payment History
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 Notification

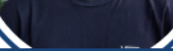


Haryana Medical Council

[Home](#) / [Medical Practitioner](#) / [My Profile](#)

 Hi Mitul





M:

F:

X:

F:

M:

G:

Blood group: O+

Address

Permanent Address	Correspondence Address
Industrial Area	Industrial Area

Registration Detail
Registered Qualifications
Pending Applications

Registration No	Registration Date	Renewed Date	Valid Upto Date

➤ Start Application

1. Click **Apply Online**.
2. Select the relevant application as per your eligibility and requirement.
3. Choose your Application carefully.

☰

> Medical Practitioner ▾


My Profile

Apply Online

Payment History

Application Status


Notification



Haryana Medical
Council

Home / Medical Practitioner / Apply Online

5

 Hi Mitul ▾

Apply Online

Note: Please choose your application carefully based on your eligibility and requirements. The fee paid for any application is non-refundable.

1	Application Form For Provisional Registration	Apply Now
2	Application Form For Permanent Registration	Apply Now
3	Application Form For Transfer Registration	Apply Now
4	Application Form For Renewal of Registration	Apply Now
5	Application Form For Additional Qualification / Specialization Registration	Apply Now
6	Application Form For No Objection Certificate	Apply Now
7	Application Form For Good Conduct Certificate	Apply Now
8	Application Form For Duplication Registration Certificate	Apply Now
9	Application Form For Smart Card	Apply Now
10	Application Form For Change/Correction on Certificate	Apply Now

➤ APPLICATION FOR PROVISIONAL REGISTRATION

Click on the Apply online button.

Medical Practitioner


My Profile

Apply Online

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Application Status

Notification



Haryana Medical
Council

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Hi Mitul


Apply Online

Note: Please choose your application carefully based on your eligibility and requirements. The fee paid for any application is non-refundable.

1	Application Form For Provisional Registration	Apply Now
2	Application Form For Permanent Registration	Apply Now
3	Application Form For Transfer Registration	Apply Now
4	Application Form For Renewal of Registration	Apply Now
5	Application Form For Additional Qualification / Specialization Registration	Apply Now
6	Application Form For No Objection Certificate	Apply Now
7	Application Form For Good Conduct Certificate	Apply Now
8	Application Form For Duplication Registration Certificate	Apply Now
9	Application Form For Smart Card	Apply Now
10	Application Form For Change/Correction on Certificate	Apply Now

1. IF YOU ARE GRADUATE FROM HARYANA THEN CHOOSE FOR APPLICATION NUMBER 1 (MBBS FROM HARYANA).

2. IF YOU ARE GRADUATE FROM OTHER COUNTRY THEN CHOOSE FOR APPLICATION NUMBER 2 (FOREIGN MEDICAL GRADUATE).



Haryana Medical
Council

[Home](#) / [Medical Practitioner](#) / [Apply Online](#)

Hi [Dr. Vikas Gupta](#) ▼

[Apply Online](#)

1	Application Form For Provisional Registration (MBBS from Haryana)	Apply Now
2	Application Form For Provisional Registration (Foreign Medical Graduates)	Apply Now

➤ AFTER CHOOSING YOUR APPLICATION, YOU WILL SEE A LIST OF DOCUMENTS REQUIRED AND IMPORTANT INSTRUCTIONS
➔ ACCEPT THE TERMS AND CLICK ON APPLY NOW

Medical Practitioner

My Profile

Apply Online

Payment History

Application Status

Important Instructions

Before applying please make sure that you have arranged the scanned copy of the following documents along with valid payment option to pay the application fee online.

List of Enclosures:-

1	Passport-size recent colour photograph (to be affixed on the certificate) * (Allowed file types: .jpg / .jpeg / .png) Allowed Size: 2 MB
2	Stamp Size Signature (To be affixed on certificate) * (Allowed file types: .jpg / .jpeg / .png) Allowed Size: 2 MB
3	Matric Certificate / Birth Certificate in support of Date of Birth. * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
4	Detail Mark Card of 10+2 certificate / Passing Certificate * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
5	Graduation Ist Prof. Certificate (MBBS) * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
6	Graduation IInd Prof. Certificate (MBBS) * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
7	Graduation Final Year Prof Part-I Certificate (MBBS) * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
8	Graduation Final Year Prof Part-II Certificate (MBBS) / Attested Result by Dean / Principal * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
9	MBBS Degree (Provisional / Final) * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
10	Attempt & Character Certificate * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
11	ID Proof (As selected in profile from Aadhar / Passport / Pan Card) * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB

☐ I have gone through all the application instructions, hereby ready to apply.

Apply Now

➤ FILL ALL DETAILS CORRECTLY & PRESS SAVE TO MOVE FURTHER IN APPLICATION

Application For Provisional Registration / Provisional Registration (MBBS From Haryana)

Medical Qualifications Details

Medical Qualification*	MBBS	Year of Passing*	2020-09	State of Passing*	Haryana
University Name *	Maharishi Markandeshwar deemed University, haryana		College Name *	Maharishi Markandeshwar Institute of Medical Sciences And Researc	
College Email*	deansnmc@yahoo.in		College Landline/Mobile Number*	7978269692	
Universty Email*	atindernagi@gmail.com				

Internship Details

Place of Internship *	Al-Falah School of Medical Scienc & Research Centre, Village Dhoj T	Haryana	Ambala	Ballabgarh	121004
Is Internship Already Started *	Yes	Date of joining Internship *	30-Oct-2024		

Apply for SmartCard

An additional charge of Rs. 133 (exclusive of taxes) will be applicable.

☐

[Save](#) [Reset](#)

By Clicking on "Save", you will confirm that you have filled valid information.

➤ UPLOAD ALL THE DOCUMENTS ONE BY ONE IN THE CORRECT ORDER


Medical Practitioner

My Profile

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Haryana Medical
Council

Home / Medical Practitioner / Apply Online

Hi 

Upload Original Coloured Copy Of The Following Documents (Max Allowed Size 2MB)
Documents Marked With (*) Are Required

1	Passport-size recent colour photograph (to be affixed on the certificate) *	<div>Choose file</div> No file chosen	
2	Stamp Size Signature (To be affixed on certificate) *	<div>Choose file</div> No file chosen	
3	Matric Certificate / Birth Certificate in support of Date of Birth. *	<div>Choose file</div> No file chosen	
4	Detail Mark Card of 10+2 certificate / Passing Certificate *	<div>Choose file</div> No file chosen	
5	Graduation Ist Prof. Certificate (MBBS) *	<div>Choose file</div> No file chosen	
6	Graduation IInd Prof. Certificate (MBBS) *	<div>Choose file</div> No file chosen	
7	Graduation Final Year Prof Part-I Certificate (MBBS) *	<div>Choose file</div> No file chosen	
8	Graduation Final Year Prof Part-II Certificate (MBBS) / Attested Result by Dean / Principal *	<div>Choose file</div> No file chosen	
9	MBBS Degree (Provisional / Final) *	<div>Choose file</div> No file chosen	
10	Attempt & Character Certificate *	<div>Choose file</div> No file chosen	
11	ID Proof (As selected in profile from Aadhar / Passport / Pan Card) *	<div>Choose file</div> No file chosen	

By Clicking on "Upload", you will confirm that you have uploaded valid document. After uploading of requird enclosure, payment option will be displayed.

➤ AFTER UPLOADING ALL DOCUMENTS,
PAYMENT BUTTON WILL APPEAR.
CLICK ON PAY APPLICATION FEE

Medical Practitioner

My Profile

Apply Online

Payment History

Application Status

Haryana Medical Council

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Hi [Name] [Avatar]

Upload Original Coloured Copy Of The Following Documents (Max Allowed Size 2MB)
Documents Marked With (*) Are Required

1	Passport-size recent colour photograph (to be affixed on the certificate)		Uploaded ✓	Delete
2	Stamp Size Signature (To be affixed on certificate)		Uploaded ✓	Delete
3	Matric Certificate / Birth Certificate in support of Date of Birth.		Uploaded ✓	Delete
4	Detail Mark Card of 10+2 certificate / Passing Certificate		Uploaded ✓	Delete
5	Graduation Ist Prof. Certificate (MBBS)		Uploaded ✓	Delete
6	Graduation IInd Prof. Certificate (MBBS)		Uploaded ✓	Delete
7	Graduation Final Year Prof Part-I Certificate (MBBS)		Uploaded ✓	Delete
8	Graduation Final Year Prof Part-II Certificate (MBBS) / Attested Result by Dean / Principal		Uploaded ✓	Delete
9	MBBS Degree (Provisional / Final)		Uploaded ✓	Delete
10	Attempt & Character Certificate		Uploaded ✓	Delete
11	ID Proof (As selected in profile from Aadhar / Passport / Pan Card)		Uploaded ✓	Delete

Pay Application Fee/Check Payment Status

- YOU WILL GET A DRAFT REPORT FORM WHICH WILL INCLUDE ALL THE DETAILS ENTERED BY THE APPLICANT. CHECK AND VERIFY DETAILS BEFORE PAYING FEES.



Haryana Medical Council
Sco 410, 2nd floor, Sector 20, Panchkula, Haryana 134117
www.haryanamedicalcouncil.org Phone : 0172 252 0165, 0172 4090410
Email: info@haryanamedicalcouncil.org
Application For Provisional Registration (MBBS from Haryana)

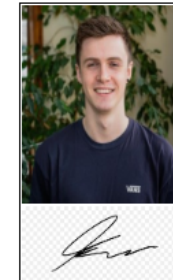
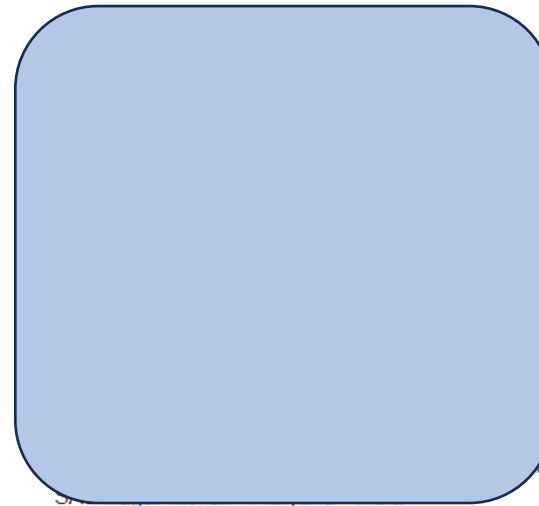


Application No : 2026030327

Date : 14/01/2026

Personal Details

1. आवेदक का नाम (Applicant's Name)
2. पिता का नाम (Father's Name)
3. माता का नाम (Mother's Name)
4. जन्म तिथि (Date of Birth)
5. लिंग (Gender)
6. ईमेल (Email Address)
7. Mobile No:
8. Permanent Address:
9. Correspondence Address:



Qualifications Detail:-

Course	University/Board	College Name	Passing Year
MBBS	Maharishi Markandeshwar deemed University, haryana	Maharishi Markandeshwar Institute of Medical Sciences And Research, Mullana, Ambala	

Internship Details:

State	District	City	Pin Code	Date of Joining	Place of Internship	Already Started Internship
Haryana	Ambala	Ballabgarh	121004	Oct/2024	Al-Falah School of Medical Scienc & Research Centre, Village Dhoj Tikri Khera, Faridabad	Yes

➤ CHECK AND VERIFY
DETAILS BEFORE
PAYING FEES.



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Application For Provisional Registration (MBBS from Haryana)

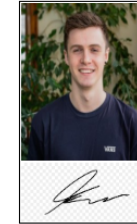
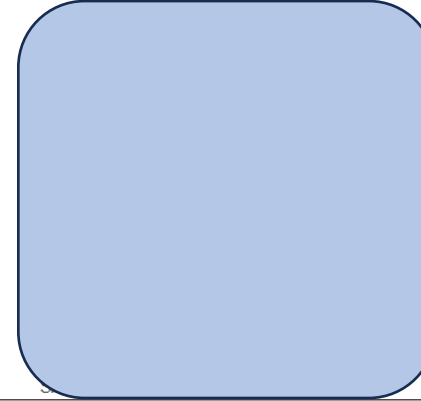


Application No : 2026030327

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Qualifications Detail:-

Course	University/Board	College Name	Passing Year
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Haryana	Ambala	Ballabgarh	121004	Oct/2024	Al-Falah School of Medical Scienc & Research Centre, Village Dhoj Tikri Khara, Faridabad	Yes

Pay Application Fee For Provisional Registration

Application Fee	Rs.	
GST	Rs.	
Hartron Portal & Bank Charges	Rs.	
Total Fee	Rs. 2,700.00	

➤ **READ DECLARATIONS AND TICK THE CHECK THE BOX AND PRESS THE PAY NOW BUTTON TO PROCEED FURTHER.**

☐ I hereby declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I am well aware of the fact that if the information given by me is proved false / not true, I will have to face the punishment as per the law. Also all the benefits availed by me shall be summarily withdrawn.

☐ I solemnly pledge myself to consecrate my life to service of humanity., Even under threat, I will not use my medical knowledge contrary to the laws of Humanity., I will maintain the utmost respect for human life from the time of conception., I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient., I will practice my profession with conscience and dignity., The health of my patient will be my first consideration., I will respect the secrets which are confined in me., I will give to my teachers the respect and gratitude which is their due., I will maintain by all means in my power, the honour and noble traditions of medical profession., I will treat my colleagues with all respect and dignity., I shall abide by the code of medical ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations 2002. I make these promises solemnly, freely and upon my honour.

PayNow

Note: After successful transaction, payment confirmation will be displayed and in case if payment got deducted from bank side and confirmation not displayed then go to payment history link available in your login and click on Verify button to check the status for the same.

➤ YOU NEED TO FILL ALL PAYMENT DETAILS IN THIS PAYMENT GATEWAY TO SUCCESSFULLY SUBMIT YOUR APPLICATION

Haryana Medical Council

Payment For Provisional Registration Application

Contact Details

Contact

Email

Select a payment method

Credit/Debit Card
Visa, Mastercard, Maestro, Rupay

Netbanking
Pay with Internet Banking Account

Wallet
Pay using a Wallet

UPI
Pay using BHIM, GPay and other UPI apps

Amount payable is
₹2,707.22 + Convenience Charges

Pay with Credit/Debit Card

Card Number

Expiry DateMM / YY

CVV***

Cardholder's Name

PAY NOW

Powered by **Razorpay**

VISA

PCI COMPLIANT

- AFTER SUCCESSFUL PAYMENT A FORM WILL GENERATE THAT WILL INCLUDE ALL YOUR PERSONAL, EDUCATIONAL, APPLICATION & FEE RELATED DETAILS.

YTo0OntzOjM6InBpZCI7aTowO3M6MzoiY2lkjtpOjA7czo0OiJsaW5rIjtzOjI0OiJtX2Fwc...

1 / 2 | 100% +

Sco 410, 2nd floor, Sector 20, Panchkula, Haryana 134117
www.haryana.medicalcouncil.in Phone : 0172 252 0165 Mobile : 0172 252 0165
Fax : 0360-2246708
Email: info@haryanamedicalcouncil.org

Application For Provisional Registration
Application No : 2025000095 Date : 17/09/2025

Personal Details

Applicant's Name
Father's Name
Mother's Name
Date of Birth
Gender
Email Address
Mobile No
Permanent Address
Correspondence Address

Qualifications Detail:-

Course	University/Board	College Name	Passing Year
MBBS			

Internship Details:

State	District	City	Pin Code	Date of Joining	Place of Internship	Already Started Internship
Haryana						Yes

➤ APPLICATION FOR TRANSFER REGISTRATION

Click on the Apply online button.

Medical Practitioner


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Payment History

Application Status

Notification



Haryana Medical
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5

Hi Mitul

Apply Online

Note: Please choose your application carefully based on your eligibility and requirements. The fee paid for any application is non-refundable.

1	Application Form For Provisional Registration	Apply Now
2	Application Form For Permanent Registration	Apply Now
3	Application Form For Transfer Registration	Apply Now
4	Application Form For Renewal of Registration	Apply Now
5	Application Form For Additional Qualification / Specialization Registration	Apply Now
6	Application Form For No Objection Certificate	Apply Now
7	Application Form For Good Conduct Certificate	Apply Now
8	Application Form For Duplication Registration Certificate	Apply Now
9	Application Form For Smart Card	Apply Now
10	Application Form For Change/Correction on Certificate	Apply Now

1. IF YOU ARE GRADUATE FROM INDIA THEN CHOOSE FOR APPLICATION NUMBER 1 (INDIAN MEDICAL GRADUATE).
2. IF YOU ARE GRADUATE FROM OTHER COUNTRY THEN CHOOSE FOR APPLICATION NUMBER 2 (FOREIGN MEDICAL GRADUATES).

☰


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1	Application Form For Registration Transfer (Indian Medical Graduates)	Apply Now
2	Application Form For Registration Transfer (Foreign Medical Graduates)	Apply Now

➤ AFTER CHOOSING YOUR APPLICATION YOU WILL SEE LIST OF DOCUMENTS REQUIRED AND IMPORTANT INSTRUCTIONS

> Medical Practitioner

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Payment History

Application Status

Important Instructions

Before applying please make sure that you have arranged the scanned copy of the following documents along with valid payment option to pay the application fee online.

List of Enclosures:-

1	Passport-size recent colour photograph (to be affixed on the certificate) * (Allowed file types: .jpg / .jpeg / .png) Allowed Size: 2 MB
2	Stamp Size Signature (To be affixed on certificate) * (Allowed file types: .jpg / .jpeg / .png) Allowed Size: 2 MB
3	Matric Certificate / Birth Certificate in support of Date of Birth. * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
4	Detail Mark Card of 10+2 certificate / Passing Certificate * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
5	MBBS Degree (Provisional / Final) * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
6	NOC of State Medical Council * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
7	Permanent Registration Certificate * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
8	Internship Completion Certificate * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
9	ID Proof (As selected in profile from Aadhar / Passport / Pan Card) * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
10	Self declaration form * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB

→ ACCEPT THE TERMS AND CLICK ON APPLY NOW

4	Detail Mark Card of 10+2 certificate / Passing Certificate * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
5	MBBS Degree (Provisional / Final) * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
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7	Permanent Registration Certificate * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
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10	Self declaration form * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
11	Recognized PG degree/diploma and higher (combined into a single PDF if submitting multiple qualifications) * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB

☐ I have gone through all the application instructions, hereby ready to apply.

Apply Now

➤ FILL ALL DETAILS CORRECTLY


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Hi

Application For Transfer Registration / Registration Transfer (Indian Medical Graduates)

Medical Qualifications Details

Medical Qualification*

MBBS

Year of Passing*

-----, ----

State of Passing*

Select State

University Name *

Select University

College Name *

Select College

College Email*

Enter College Email

College Landline/Mobile Number

Enter Mobile (10) or STD-Landline (e.g. 011-12345678)

Internship Details

Place of Internship *

Enter Name of Internship Hospital

Address*

Haryana

Select District

Select City

Enter Pincode

Date of joining the internship *

dd-mm-yyyy

Date of completion of the internship *

dd-mm-yyyy

Previous Registration Details

Permanent Registration No of Old Council *

Permanent Registration No

Permanent Registration Date of Old Council*

dd-mm-yyyy

NOC Issued By State Medical Council *

NOC Issued By State Medical Coun

NOC Issued On *

dd-mm-yyyy

NOC Validity Date *

dd-mm-yyyy

Do you have any additional qualification(s) already registered with Previous State Medical Council?

Select 'Yes' if **it was mentioned** in your Previous State Medical Council NOC letter.

☐ Yes

☐ No

➤ PRESS SAVE TO MOVE FURTHER IN APPLICATION

Do you want to register any new additional qualification(s) (which is not mentioned in your NOC) with HMC?

Select 'Yes' if it is not mentioned in your Previous State Medical Council's NOC. Additional Fee will be applicable.

☐ Yes ☐ No

Current Working Details

Current Working Place Address

Enter Working Place Address

Remarks

Enter Remarks If any

Purpose of Registration

Purpose of Registration in HMC*

-- Select Purpose of Registration --

Remarks*

Enter Remarks if any

Save

Reset

By Clicking on "Save", you will confirm that you have filled valid information.

➤ UPLOAD ALL THE DOCUMENTS IN THE CORRECT/ASKED FORMAT

☰


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Upload Original Coloured Copy Of The Following Documents (Max Allowed Size 2MB)
Documents Marked With (*) Are Required

1	Passport-size recent colour photograph (to be affixed on the certificate) *	<div>Choose File</div> No file chosen
2	Stamp Size Signature (To be affixed on certificate) *	<div>Choose File</div> No file chosen
3	Matric Certificate / Birth Certificate in support of Date of Birth. *	<div>Choose File</div> No file chosen
4	Detail Mark Card of 10+2 certificate / Passing Certificate *	<div>Choose File</div> No file chosen
5	MBBS Degree (Provisional / Final) *	<div>Choose File</div> No file chosen
6	NOC of State Medical Council *	<div>Choose File</div> No file chosen
7	Permanent Registration Certificate *	<div>Choose File</div> No file chosen
8	Internship Completion Certificate *	<div>Choose File</div> No file chosen
9	ID Proof (As selected in profile from Aadhar / Passport / Pan Card) *	<div>Choose File</div> No file chosen
10	Self declaration form *	<div>Choose File</div> No file chosen
11	Recognized PG degree/diploma and higher (combined into a single PDF if submitting multiple qualifications) *	<div>Choose File</div> No file chosen

By Clicking on "Upload", you will confirm that you have uploaded valid document. After uploading of required enclosure, payment option will be displayed.

➤ AFTER UPLOADING ALL DOCS, YOU NEED TO CLICK ON PAY APPLICATION FEE


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 Council


Upload Original Coloured Copy Of The Following Documents (Max Allowed Size 2MB)

Documents Marked With (*) Are Required

1	Passport-size recent colour photograph (to be affixed on the certificate)		Uploaded ✓	Delete
2	Stamp Size Signature (To be affixed on certificate)		Uploaded ✓	Delete
3	Matric Certificate / Birth Certificate in support of Date of Birth.		Uploaded ✓	Delete
4	Detail Mark Card of 10+2 certificate / Passing Certificate		Uploaded ✓	Delete
5	MBBS Degree (Provisional / Final)		Uploaded ✓	Delete
6	NOC of State Medical Council		Uploaded ✓	Delete
7	Permanent Registration Certificate		Uploaded ✓	Delete
8	Internship Completion Certificate		Uploaded ✓	Delete
9	ID Proof (As selected in profile from Aadhar / Passport / Pan Card)		Uploaded ✓	Delete
10	Self declaration form		Uploaded ✓	Delete
11	Recognized PG degree/diploma and higher (combined into a single PDF if submitting multiple qualifications)		Uploaded ✓	Delete

Pay Application Fee/Check Payment Status

➤ YOU WILL GET A DRAFT REPORT FORM WHICH WILL INCLUDE ALL EDUCATIONAL AND OTHER DETAILS FILLED BY YOU AND FEES STRUCTURE FOR APPLICATION .

<div>5. लिंग (Gender)</div> <div>6. ईमेल (Email Address)</div> <div>7. Mobile No:</div> <div>8. Permanent Address:</div> <div>9. Correspondence Address:</div> <div>10. Permanent Registration Number:</div> <div>11. Permanent Registration Date:</div>		<div></div>															
<div>Qualifications Detail:-</div> <table><tr><th>Course</th><th>University/Board</th><th>College Name</th><th>Passing Year</th></tr><tr><td>MBBS</td><td></td><td>Arora's School Of Medical Sciences and Research, Panchkula</td><td>Sep-2025</td></tr></table>				Course	University/Board	College Name	Passing Year	MBBS		Arora's School Of Medical Sciences and Research, Panchkula	Sep-2025						
Course	University/Board	College Name	Passing Year														
MBBS		Arora's School Of Medical Sciences and Research, Panchkula	Sep-2025														
<div>Internship Details:</div> <table><tr><th>Name of Hospital</th><th>State</th><th>District</th><th>City</th><th>Pin Code</th><th>Date of Joining</th><th>Internship Completed Year</th></tr><tr><td>HOSPITAL NAME</td><td></td><td>PANCHKULA</td><td>PANCHKULA</td><td></td><td></td><td></td></tr></table>				Name of Hospital	State	District	City	Pin Code	Date of Joining	Internship Completed Year	HOSPITAL NAME		PANCHKULA	PANCHKULA			
Name of Hospital	State	District	City	Pin Code	Date of Joining	Internship Completed Year											
HOSPITAL NAME		PANCHKULA	PANCHKULA														
<div>Current Working Details:</div> <table><tr><th>Working Place</th><th>Working Purpose in HMC</th><th>Remarks</th></tr><tr><td>20 c essential medicines distributor</td><td>Private Practice</td><td></td></tr></table>				Working Place	Working Purpose in HMC	Remarks	20 c essential medicines distributor	Private Practice									
Working Place	Working Purpose in HMC	Remarks															
20 c essential medicines distributor	Private Practice																
<div>Pay Application Fee For Transfer Registration</div> <table><tr><td>Application Fee</td><td>Rs. 3,100.00</td></tr><tr><td>GST</td><td>Rs. 558.00</td></tr><tr><td>Hartron Portal & Bank Charges</td><td>Rs. 394.00</td></tr><tr><td>Total Fee</td><td>Rs. 4,052.00</td></tr></table> <div>PayNow</div> <div>Note: After successful transaction, payment confirmation will be displayed and in case if payment got deducted from bank side and confirmation not displayed then go to payment history link available in your login and click on Verify button to check the status for the same.</div>				Application Fee	Rs. 3,100.00	GST	Rs. 558.00	Hartron Portal & Bank Charges	Rs. 394.00	Total Fee	Rs. 4,052.00						
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GST	Rs. 558.00																
Hartron Portal & Bank Charges	Rs. 394.00																
Total Fee	Rs. 4,052.00																

Note: Please apply carefully, No refund will be made for wrong application.

➤ YOU NEED TO FILL ALL PAYMENT DETAILS IN THIS PAYMENT GATEWAY TO SUCCESSFULLY SUBMIT YOUR APPLICATION

Haryana Medical Council


Payment For Transfer Registration Application


Contact Details


Contact


Email

Select a payment method

**Credit/Debit Card**
Visa, Mastercard, Maestro, Rupay

**Netbanking**
Pay with Internet Banking Account

**Wallet**
Pay using a Wallet

**UPI**
Pay using BHIM, GPay and other UPI apps

Amount payable is
₹4,052 + Convenience Charges

Pay with Credit/Debit Card


Card Number

Expiry Date

CVV

Cardholder's Name

PAY NOW

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➤ APPLICATION FOR PERMANENT REGISTRATION

☰

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Note: Please choose your application carefully based on your eligibility and requirements. The fee paid for any application is non-refundable.

1	Application Form For Provisional Registration	Apply Now
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4	Application Form For Renewal of Registration	Apply Now
5	Application Form For Additional Qualification / Specialization Registration	Apply Now
6	Application Form For No Objection Certificate	Apply Now
7	Application Form For Good Conduct Certificate	Apply Now
8	Application Form For Duplication Registration Certificate	Apply Now
9	Application Form For Smart Card	Apply Now
10	Application Form For Change/Correction on Certificate	Apply Now

- 1. IF YOU ARE GRADUATE FROM HARYANA THEN CHOOSE FOR APPLICATION NUMBER 1 (MBBS FROM HARYANA).
2. IF YOU ARE GRADUATE FROM OTHER COUNTRY THEN CHOOSE FOR APPLICATION NUMBER 2 (FOREIGN MEDICAL GRADUATES).


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Council

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Hi

Apply Online

1	Application Form For Permanent Registration (MBBS from Haryana)	Apply Now
2	Application Form For Permanent Registration (Foreign Medical Graduates)	Apply Now

➤ AFTER CHOOSING YOUR APPLICATION YOU WILL SEE LIST OF DOCUMENTS REQUIRED AND IMPORTANT INSTRUCTIONS


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Hi

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2	Stamp Size Signature (To be affixed on certificate) * (Allowed file types: .jpg / .jpeg / .png) Allowed Size: 2 MB
3	Matric Certificate / Birth Certificate in support of Date of Birth. * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
4	Detail Mark Card of 10+2 certificate / Passing Certificate * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
5	Graduation Ist Prof. Certificate (MBBS) * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
6	Graduation IInd Prof. Certificate (MBBS) * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
7	Graduation Final Year Prof Part-I Certificate (MBBS) * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
8	Graduation Final Year Prof Part-II Certificate (MBBS) / Attested Result by Dean / Principal * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
9	MBBS Degree (Provisional / Final) * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
10	Internship Completion Certificate * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB

➔ ACCEPT THE TERMS AND CLICK ON APPLY NOW

9	MBBS Degree (Provisional / Final) * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
10	Internship Completion Certificate * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
11	Provisional Registration Certificate * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
12	Attempt & Character Certificate * (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
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☐ I have gone through all the application instructions, hereby ready to apply.

Apply Now

➤ FILL ALL DETAILS CORRECTLY & PRESS SAVE TO MOVE FURTHER IN APPLICATION .

Medical Practitioner

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Application Status

Home / Medical Practitioner / Apply Online

Hi

Application For Permanent Registration / Permanent Registration (MBBS From Haryana)

Medical Qualifications Details

Medical Qualification*

MBBS

Year of Passing*

State of Passing*

Haryana

University Name *

Select University

College Name *

Select College

College Email*

Enter College Email

College Landline/Mobile Number

Enter Mobile (10) or STD-Landline (e.g. 011-12345678)

Internship Details

Place of Internship *

Select Hospital/College

Haryana

Select District

Select City

Pincode

Date of joining the internship *

dd-mm-yyyy

Date of completion of the internship *

dd-mm-yyyy

Provisional Registration Details

Provisional Registration No *

Provisional Registration No

Provisional Registration Date *

dd-mm-yyyy

Save

Reset

By Clicking on "Save", you will confirm that you have filled valid information.

➤ UPLOAD ALL THE DOCUMENTS IN THE CORRECT/ASKED FORMAT

> Medical Practitioner

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Apply Online

Payment History

Application Status

Upload Original Coloured Copy Of The Following Documents (Max Allowed Size 2MB)
Documents Marked With (*) Are Required

1	Passport-size recent colour photograph (to be affixed on the certificate) *	<div>Choose File</div> No file chosen
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3	Matric Certificate / Birth Certificate in support of Date of Birth. *	<div>Choose File</div> No file chosen
4	Detail Mark Card of 10+2 certificate / Passing Certificate *	<div>Choose File</div> No file chosen
5	Graduation Ist Prof. Certificate (MBBS) *	<div>Choose File</div> No file chosen
6	Graduation IInd Prof. Certificate (MBBS) *	<div>Choose File</div> No file chosen
7	Graduation Final Year Prof Part-I Certificate (MBBS) *	<div>Choose File</div> No file chosen
8	Graduation Final Year Prof Part-II Certificate (MBBS) / Attested Result by Dean / Principal *	<div>Choose File</div> No file chosen
9	MBBS Degree (Provisional / Final) *	<div>Choose File</div> No file chosen
10	Internship Completion Certificate *	<div>Choose File</div> No file chosen
11	Provisional Registration Certificate *	<div>Choose File</div> No file chosen
12	Attempt & Character Certificate *	<div>Choose File</div> No file chosen
13	ID Proof (As selected in profile from Aadhar / Passport / Pan Card) *	<div>Choose File</div> No file chosen
14	Self declaration form *	<div>Choose File</div> No file chosen

By Clicking on "Upload", you will confirm that you have uploaded valid document. After uploading of requird enclosure, payment option will be displayed.

➤ AFTER UPLOADING ALL DOCS, YOU NEED TO CLICK ON PAY APPLICATION FEE

Medical Practitioner

My Profile

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Payment History

Application Status

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2	Stamp Size Signature (To be affixed on certificate)		Uploaded ✓	Delete
3	Matric Certificate / Birth Certificate in support of Date of Birth.		Uploaded ✓	Delete
4	Detail Mark Card of 10+2 certificate / Passing Certificate		Uploaded ✓	Delete
5	Graduation Ist Prof. Certificate (MBBS)		Uploaded ✓	Delete
6	Graduation IInd Prof. Certificate (MBBS)		Uploaded ✓	Delete
7	Graduation Final Year Prof Part-I Certificate (MBBS)		Uploaded ✓	Delete
8	Graduation Final Year Prof Part-II Certificate (MBBS) / Attested Result by Dean / Principal		Uploaded ✓	Delete
9	MBBS Degree (Provisional / Final)		Uploaded ✓	Delete
10	Internship Completion Certificate		Uploaded ✓	Delete
11	Provisional Registration Certificate		Uploaded ✓	Delete
12	Attempt & Character Certificate		Uploaded ✓	Delete
13	ID Proof (As selected in profile from Aadhar / Passport / Pan Card)		Uploaded ✓	Delete
14	Self declaration form		Uploaded ✓	Delete

Pay Application Fee/Check Payment Status

➤ Apply Online.

In the same way, you can apply for any application and submit it to the council.

☰

> Medical Practitioner ▾


My Profile

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 Hi Mitul ▾

Apply Online

Note: Please choose your application carefully based on your eligibility and requirements. The fee paid for any application is non-refundable.

1	Application Form For Provisional Registration	Apply Now
2	Application Form For Permanent Registration	Apply Now
3	Application Form For Transfer Registration	Apply Now
4	Application Form For Renewal of Registration	Apply Now
5	Application Form For Additional Qualification / Specialization Registration	Apply Now
6	Application Form For No Objection Certificate	Apply Now
7	Application Form For Good Conduct Certificate	Apply Now
8	Application Form For Duplication Registration Certificate	Apply Now
9	Application Form For Smart Card	Apply Now
10	Application Form For Change/Correction on Certificate	Apply Now

➤ **Payment History Menu:**
Check All YOUR Transaction Records. Click on the PAYMENT HISTORY menu.

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Payment History

Search:

Show 30 rows

Copy

PDF

Excel

Csv

Print

Column visibility

Sr	Transaction Request ID	Transaction Request Date	Transaction Date	Transaction Amount	Transaction Status	Application Type	Application No
1	690c26c117607	2025-11-06 10:10:33		2,707.22	Not Completed	Provisional Registration	2025028404 Verify Payment
2	690c516d713c5	2025-11-06 13:12:37		2,707.22	Not Completed	Provisional Registration	2025028404 Verify Payment
3	690c517798b57	2025-11-06 13:12:47		2,707.22	Not Completed	Provisional Registration	2025028404 Verify Payment
4	690f25fa49118	2025-11-08 16:44:02		2,707.22	Not Completed	Provisional Registration	2025028404 Verify Payment
5	690e345007fd5	2025-11-07 23:32:56		2,707.22	Not Completed	Provisional Registration	2025028404 Verify Payment
6	690c636c038ae	2025-11-06 14:29:24		2,707.22	Not Completed	Provisional Registration	2025028404 Verify Payment

➤ **Application Status Menu:**

Check the current Status of all your applications. Click on the Application Status Menu.

You can download the Acknowledgement receipt from this menu.

Option to download E-Certificate is also there for specific applications (Where Applicable)

You can also Resume Your incomplete application at any time; all previously entered details will remain saved.

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Application Status

Show 30 rows

Copy

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Excel

Csv

Print

Column visibility

Search:

Sr	Application No	Application Date	Application Type/Category	Application Status	Action
1	2025028404	06/11/2025	Provisional Registration / Provisional Registration (MBBS from Haryana)	Approved	<div>Print Report</div> <div>Registration Certificate</div> <div>View Acknowledgement</div>
2	2025028405	06/11/2025	Transfer Registration / Transfer Registration (Indian Medical Graduates)	Submitted to Council	
3	2025028406	06/11/2025	Permanent Registration / Permanent Registration (MBBS from Haryana)	Rejected On:09/01/2026 With Remarks: Rejected due to test application.	<div>Print Report</div>
4	2025028407	06/11/2025	Provisional Registration / Provisional Registration (Foreign Medical Graduates)	Initiated	<div>Resume Application</div>
5	2025028408	06/11/2025	Transfer Registration / Transfer Registration (Foreign Medical Graduates)	Initiated	<div>Resume Application</div>
6	2025028409	06/11/2025	Permanent Registration / Permanent Registration (Foreign Medical Graduates)	Initiated	<div>Resume Application</div>

➤ **Notification Menu:**

All important communications and notifications will be shown under this menu.

> Medical Practitioner


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Haryana Medical Council

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 Hi Mitul

Notifications

Search notifications...

Filter

Mark all read

Showing 6 notifications · 5 unread

Sort: Most recent 5 rows

OF

OTP For Login on Haryana Medical Council

2025-11-06 09:57:52 ✓ ↻

RO

Regarding objection in your Provisional Registration (MBBS from Haryana) application

2025-11-07 22:00:02 ✕ ↻

RS

Regarding status of your Provisional Registration (MBBS from Haryana) application

2025-11-09 12:16:24 ✕ ↻

RS

Regarding status of your Permanent Registration (MBBS from Haryana) application

2025-11-09 12:21:14 ✕ ↻

RS

Regarding status of your Permanent Registration (MBBS from Haryana) application

2025-11-09 12:22:54 ✕ ↻

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Next

THANK YOU

THANK YOU