

# Welcome to the Haryana Medical Council's New Online Registration and Renewal Portal

This Portal provides seamless access to all Services provided by Haryana Medical Council.

To access the portal, please visit:



<https://online.haryanamedicalcouncil.org/>



# Home Page: Haryana Medical Council

haryanamedicalcouncil.org

...

CME      HOME      ABOUT US      ACT HMC      COMPLAINT      RTI      DOWNLOAD      TENDER DOCUMENT      GALLARY      SMR      SIGN UP      LOGIN

**FMG Counseling 2025 (Round-2) online Registration starting from 10-07-2025. Visit <https://hmc.fmgcounseling.in> for apply.**



**Sh. Nayab Singh Saini**  
Chief Minister-Haryana



**Ms. Arti Singh Rao**  
Health Minister, Haryana



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



**Dr. Manish Bansal**  
President, HMC



**HARYANA MEDICAL COUNCIL**  
पंचकुला, अरोग्य समाज  
परिवर्ष विकास, आरोग्य सेवा



**Dr. Mandeep Sachdeva**  
Registrar

## **Haryana Medical Council**

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

**Email: [registrarhmc@gmail.com](mailto:registrarhmc@gmail.com), [info@haryanamedicalcouncil.org](mailto:info@haryanamedicalcouncil.org)**

**Phone- 0172-4090410, 2520165**

## Login Page

Enter Registered email ID and Password.

Use forgot Password option in case you don't remember your password.

**Note:** Practitioners who have already registered on the old portal need to regenerate their password to log in. Please click on the "Forgot Password" link to generate a new password.

### 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

Enter Email ID

Password/पासवर्ड

Enter Password

Captcha/कैचा

Enter Captcha/कैचा भरें

J775P

Enter Captcha Code

Login

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

# Forgot Password Page



**MARYANA MEDICAL COUNCIL**  
H.PANCHKULA, आरोग्य समाज

**Forget Login Password**

Email ID/ईमेल आईडी

Date of Birth/जन्म तिथि

Captcha Code/कैपचा

587MYK

Enter Captcha Value/कैपचा भरें

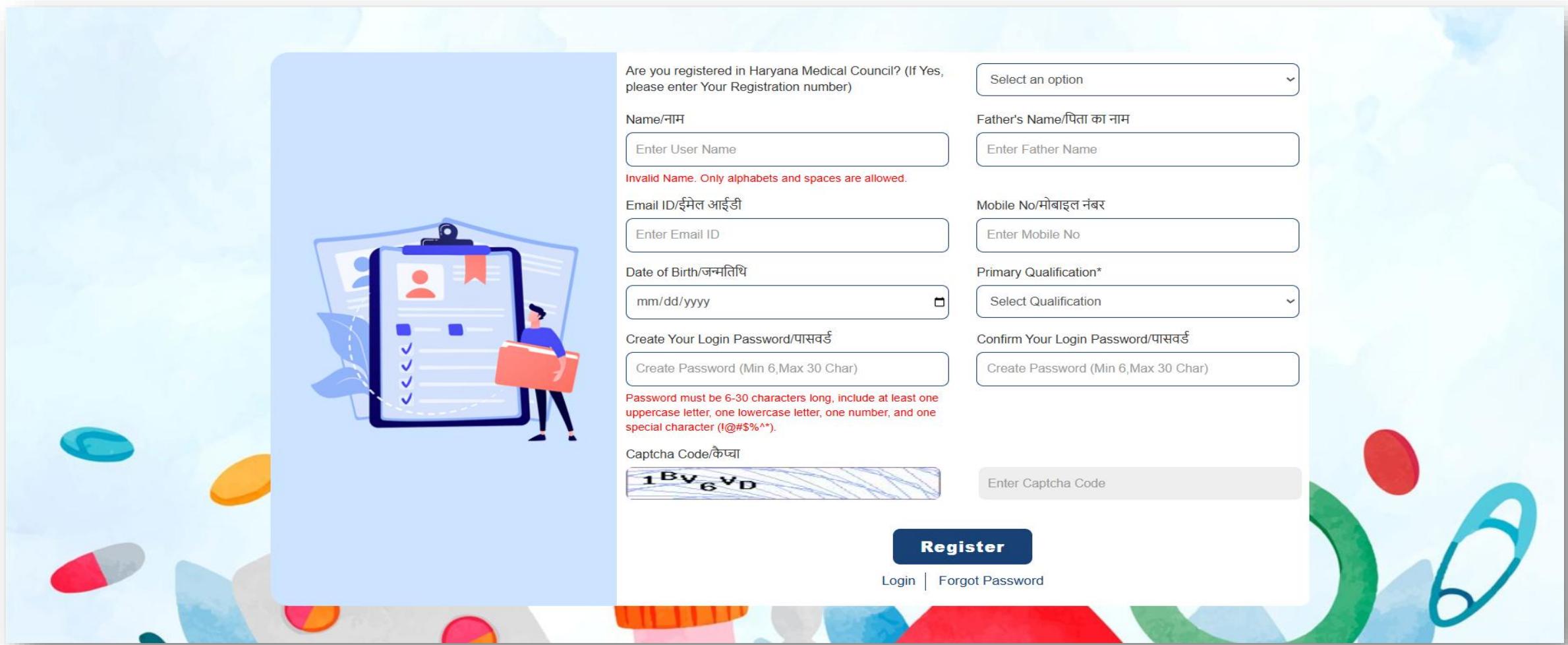
Enter Captcha Code

**Submit**

Login | Register

# Registration Page

## For New users they have to Register first



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

Name/নাম

Enter User Name

Invalid Name. Only alphabets and spaces are allowed.

Email ID/ইমেল আইডী

Enter Email ID

Date of Birth/জন্মতিথি

mm/dd/yyyy

Create Your Login Password/পাসওর্ড

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/কেপ্চা

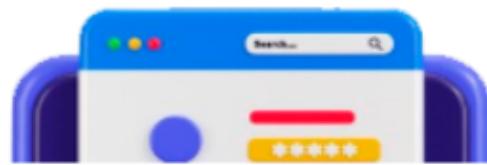
1BV6VD

Enter Captcha Code

**Register**

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

YOU WILL RECEIVE OTP ON YOUR REGISTERED MOBILE NO.  
Enter OTP and Press Verify OTP button



Enter OTP Received On  
Registered E-Mail/Mobile No

Enter OTP

ReSend OTP 

Verify OTP

Click Here To Go Back

## User Profile Page

Enter all required details.

### Update Profile

<b>Name *</b>	Mr. <input type="button" value="▼"/>	<input type="text" value="ENTER FULL NAME"/>	<b>Blood Group *</b>	A RhD positive (A+) <input type="button" value="▼"/>	<b>Gender *</b>	Male <input type="button" value="▼"/>
<b>Father's Name *</b>	<input type="text" value="ENTER FATHER'S NAME"/>			<b>Mother's name *</b>	<input type="text" value="ENTER MOTHER'S NAME"/>	
<b>Date of Birth *</b>	<input type="text" value="MM/DD/YYYY"/>			<b>Place of Birth *</b>	<input type="text" value="ENTER PLACE OF BIRTH"/>	
<b>Primary Qualification*</b>	<input type="button" value="Select Qualification"/>			<b>Country of Passing*</b>	<input type="text"/>	
<b>Aadhaar No *</b>	<input type="text" value="AADHAR NO"/>			<b>Passport No</b>	<input type="text" value="ENTER PASSPORT NO"/>	
<b>Nationality</b>	<input type="button" value="Select Nationality"/>			<b>Email Id *</b>	<input type="text" value="ENTER EMAIL ID"/>	
<b>Physical Identification Mark*</b>	<input type="text" value="ENTER PHYSICAL IDENTIFICATION"/>			<b>Mobile No.*</b>	<input type="text" value="ENTER MOBILE NUMBER"/>	
<b>Permanent Address*</b>	<input type="text" value="ENTER ADDRESS LINE 1"/>			<b>Correspondence address in India*</b> <input type="checkbox"/> Same as permanent address	<input type="text" value="ENTER ADDRESS LINE 1"/>	
	<input type="text" value="ENTER ADDRESS LINE 2"/>				<input type="text" value="ENTER ADDRESS LINE 2"/>	
	<input type="button" value="Select Country"/>	<input type="button" value="SELECT STATE"/>			<input type="text" value="INDIA"/>	<input type="button" value="Select State"/>
	<input type="text" value="SELECT CITY"/>	<input type="text" value="SELECT DISTRICT"/>			<input type="text" value="SELECT CITY"/>	<input type="text" value="SELECT DISTRICT"/>
	<input type="text" value="ENTER PINCODE"/>				<input type="text" value="ENTER PINCODE"/>	
<b>Upload Profile Picture</b>	<input type="button" value="Choose file"/> NO FILE CHOSEN			<b>Upload Signature</b>	<input type="button" value="Choose file"/> NO FILE CHOSEN	



(Note : Upload only .jpeg or .png file of Max 100 KB)



(Note : Upload only .jpeg or .png file of Max 100 KB)

➤ Update Profile (Optional but Recommended)

1. Click My Profile to check/edit personal details.
2. Use Edit Profile option to make any changes in the profile.

Medical Practitioner

My Profile

Apply Online

Payment History

Application Status

Hi test user

Edit Profile

**Haryana Medical Council**

Home / Medical Practitioner / My Profile

**Mr Test User**

**Address**

Mr. Test User  
123 Main Street  
Sector 10, Chandigarh  
Pin - 160013 (India)  
Chandigarh  
India  
1234567890  
1234567890 (India)

**Registered Qualifications**

Course	Year of Passing	University	College
MBBS			

➤ User Dashboard Page: You are now taken to the User Homepage, which includes:

- My Profile
- Apply Online
- Payment History
- Application Status

Hi test user ▾

Medical Practitioner

My Profile

Apply Online

Payment History

Application Status

 Haryana Medical Council

Home / Medical Practitioner / Apply Online

Apply Online

1	Application Form For Provisional Registration	Apply Now
2	Application Form For Transfer Registration	Apply Now
3	Application Form For Permanent Registration	Apply Now

➤ Start Application

1. Click Apply Online.
2. Select the relevant application form for your council/qualification.

Medical Practitioner

My Profile

Apply Online

Payment History

Application Status

 **Haryana Medical Council**

Home / Medical Practitioner / Apply Online

Hi test user ▾

[Apply Online](#)

1	Application Form For Provisional Registration	<a href="#">Apply Now</a>
2	Application Form For Transfer Registration	<a href="#">Apply Now</a>
3	Application Form For Permanent Registration	<a href="#">Apply Now</a>

## ➤ APPLICATION FOR PROVISIONAL REGISTRATION

Hi test user ▾

Medical Practitioner

My Profile

Apply Online

Payment History

Application Status

 **Haryana Medical Council**

Home / Medical Practitioner / Apply Online

Apply Online

1	Application Form For Provisional Registration	<a href="#">Apply Now</a>
2	Application Form For Transfer Registration	<a href="#">Apply Now</a>
3	Application Form For Permanent Registration	<a href="#">Apply Now</a>

1. IF YOU ARE GRADUATE FROM HARYANA THEN CHOOSE Application For Provisional Registration (MBBS FROM HARYANA)
2. IF YOU ARE GRADUATE FROM OTHER COUNTRY THEN CHOOSE Application For Provisional Registration (FOREIGN MEDICAL GRADUATE).

Medical Practitioner

My Profile

Apply Online

Payment History

Application Status

 **Haryana Medical Council**

Home / Medical Practitioner / Apply Online

Hi [User Name] ▾

Apply Online

1	Application Form For Provisional Registration (MBBS from Haryana)	<a href="#">Apply Now</a>
2	Application Form For Provisional Registration (Foreign Medical Graduates)	<a href="#">Apply Now</a>

# AFTER CHOOSING YOUR APPLICATION YOU WILL SEE 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

Medical Practitioner

My Profile

Apply Online

Payment History

Application Status

 Haryana Medical Council

Home / Medical Practitioner / Apply Online

Hi PANKAJ YADAV ▾

Application For Provisional Registration / Provisional 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 College Landline/Mobile Number

University Email\* Enter University Email

Internship Details

Place of Internship \* Select Hospital/College Haryana Select District Select City Enter Pincode

Is Internship Already Started \* Select Is Internship Already Started Date of joining Internship \* mm/dd/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

My Profile

Apply Online

Payment History

Application Status

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

Hi [User Name] - [User ID]

Medical Practitioner

My Profile

Apply Online

Payment History

Application Status

**Haryana Medical Council**

Home / Medical Practitioner / Apply Online

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

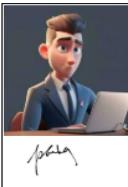
Pay Application Fee/Check Payment Status

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



**Haryana Medical Council**  
**Sco 410, 2nd floor, Sector 20, Panchkula, Haryana 134117**  
[www.haryana.medicalcouncil.in](http://www.haryana.medicalcouncil.in) Phone : 0172 252 0165 Mobile : 0172 252 0165 Fax : 0360-2246708  
Email: [info@haryanamedicalcouncil.org](mailto:info@haryanamedicalcouncil.org)  
**Application For Provisional Registration**  
Application No : 2025000095 Date : 17/09/2025

**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:	 
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**Qualifications Detail:-**

Course	University/Board	College Name	Passing Year
MBBS	University of Haryana	Haryana Institute of Medical Sciences	Mar-2432

**Internship Details:**

State	District	City	Pin Code	Date of Joining	Place of Internship	Already Started Internship
Haryana				Jan/2020	AIIMS	Yes

[Pay Application Fee For Provisional Registration](#)

Application Fee	Rs. 2,100.00
GST	Rs. 378.00
Hartron Portal & Bank Charges	Rs. 229.22
Total Fee	Rs. 2,707.22

**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 Date  CVV   
Cardholder's Name

**PAY NOW**

Powered by 

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

YTo0OntzOjM6InBpZCI7aTowO3M6MzoiY2IkjtpOjA7czo0OjsaW5rljtzOjI0OjJtX2Fwc... 1 / 2 | - 100% + | ☰



1


2



**HARYANA MEDICAL COUNCIL**  
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	Mr. PANKAJ KUMAR
Father's Name	SHRI PANKAJ KUMAR
Mother's Name	SHRI MULDEV KUMAR
Date of Birth	15/09/1990
Gender	Male
Email Address	pankajkumar90@gmail.com
Mobile No	9815234567
Permanent Address	Plot No. 10, Sector 20, Panchkula, Haryana 134117
Correspondence Address	Plot No. 10, Sector 20, Panchkula, Haryana 134117

**Qualifications Detail:-**

Course	University/Board	College Name	Passing Year
MBBS	PGIMER, Chandigarh	PGIMER, Chandigarh	

**Internship Details:**

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

# ➤ APPLICATION FOR TRANSFER REGISTRATION

Hi, Dr. [Redacted] - [Redacted]

Medical Practitioner

My Profile

Apply Online

Payment History

Application Status

 Haryana Medical Council

Home / Medical Practitioner / Apply Online

Apply Online

1	Application Form For Provisional Registration	<a href="#">Apply Now</a>
2	Application Form For Transfer Registration	<a href="#">Apply Now</a>
3	Application Form For Permanent Registration	<a href="#">Apply Now</a>

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).

Hi 

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

[Apply Online](#)

<a href="#">1</a>	Application Form For Registration Transfer (Indian Medical Graduates)	<a href="#">Apply Now</a>
<a href="#">2</a>	Application Form For Registration Transfer (Foreign Medical Graduates)	<a href="#">Apply Now</a>

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

Medical Practitioner

My Profile

Apply Online

Payment History

Application Status

**Important Instructions**

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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	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	<b>Detail Mark Card of 10+2 certificate / Passing Certificate *</b> (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
5	<b>MBBS Degree (Provisional / Final) *</b> (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
6	<b>NOC of State Medical Council *</b> (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
7	<b>Permanent Registration Certificate *</b> (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
8	<b>Internship Completion Certificate *</b> (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
9	<b>ID Proof (As selected in profile from Aadhar / Passport / Pan Card) *</b> (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
10	<b>Self declaration form *</b> (Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
11	<b>Recognized PG degree/diploma and higher (combined into a single PDF if submitting multiple qualifications) *</b> (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

Medical Practitioner

My Profile

Apply Online

Payment History

Application Status

Hi

**Haryana Medical Council**

Home / Medical Practitioner / Apply Online

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 Council 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

<u>Current Working Details</u>		
<b>Current Working Place Address</b>	Enter Working Place Address	<b>Remarks</b>
		Enter Remarks if any
<u>Purpose of Registration</u>		
<b>Purpose of Registration in HMC*</b>	-- Select Purpose of Registration --	<b>Remarks*</b>
		Enter Remarks if any

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

## ➤ UPLOAD ALL THE DOCUMENTS IN THE CORRECT/ASKED FORMAT

Home / Medical Practitioner / Apply Online

Hi

Medical Practitioner

My Profile

Apply Online

Payment History

Application Status

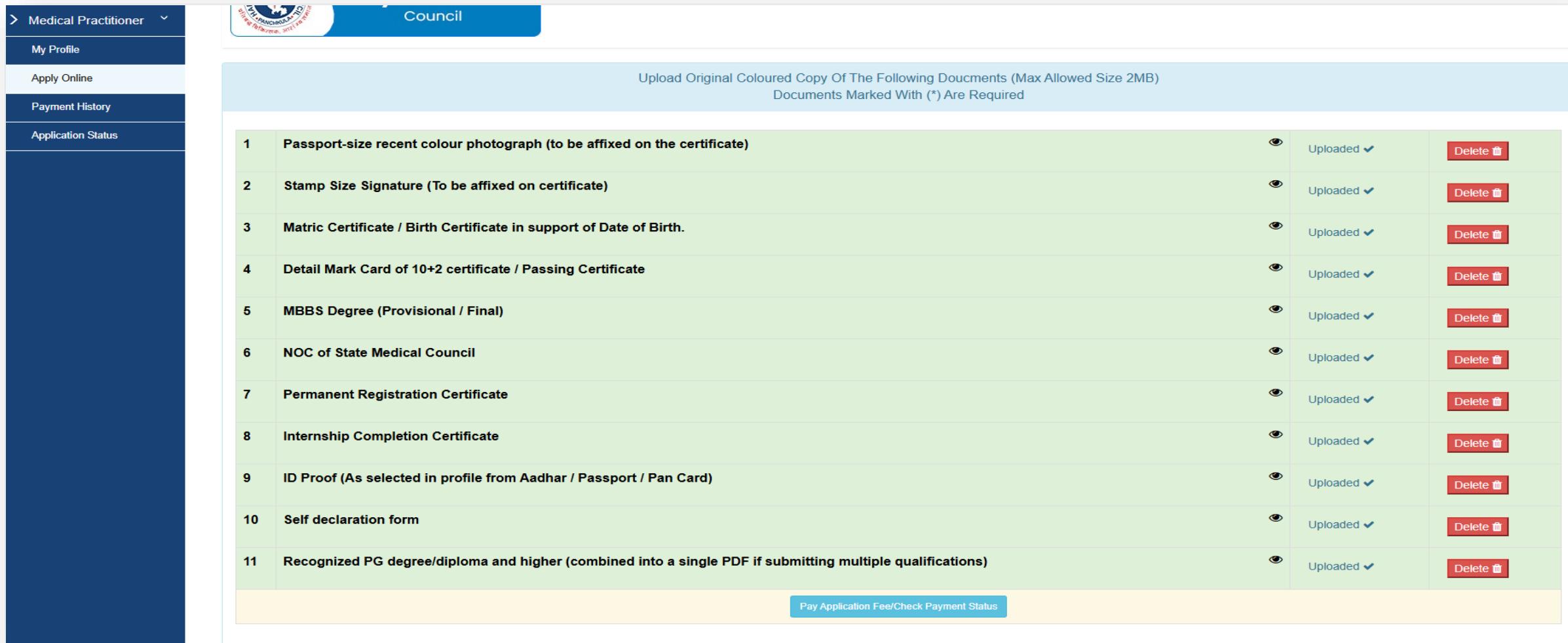
**Haryana Medical Council**

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

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



Medical Practitioner Council

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

1	<b>Passport-size recent colour photograph (to be affixed on the certificate)</b>	<span>Uploaded ✓</span>	<span>Delete </span>
2	<b>Stamp Size Signature (To be affixed on certificate)</b>	<span>Uploaded ✓</span>	<span>Delete </span>
3	<b>Matric Certificate / Birth Certificate in support of Date of Birth.</b>	<span>Uploaded ✓</span>	<span>Delete </span>
4	<b>Detail Mark Card of 10+2 certificate / Passing Certificate</b>	<span>Uploaded ✓</span>	<span>Delete </span>
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10	<b>Self declaration form</b>	<span>Uploaded ✓</span>	<span>Delete </span>
11	<b>Recognized PG degree/diploma and higher (combined into a single PDF if submitting multiple qualifications)</b>	<span>Uploaded ✓</span>	<span>Delete </span>

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 .

	<p>5. लिंग (Gender)  6. ईमेल (Email Address)  7. Mobile No:  8. Permanent Address:  9. Correspondence Address:  10. Permanent Registration Number:  11. Permanent Registration Date:</p>																																					
<p><b>Qualifications Detail:-</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Course</th> <th>University/Board</th> <th>College Name</th> <th>Passing Year</th> </tr> </thead> <tbody> <tr> <td>MBBS</td> <td>PGIMER</td> <td>School Of Medical Sciences and Research</td> <td>Sep-2025</td> </tr> </tbody> </table> <p><b>Internship Details:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <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> </thead> <tbody> <tr> <td>HOSPITAL NAME</td> <td></td> <td></td> <td>PANCHKULA</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><b>Current Working Details:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Working Place</th> <th>Working Purpose in HMC</th> <th>Remarks</th> </tr> </thead> <tbody> <tr> <td>20 c, Sector 10, Panchkula</td> <td>Full Time</td> <td></td> </tr> </tbody> </table> <p style="text-align: center;"><a href="#" style="color: blue; text-decoration: underline;">Pay Application Fee For Transfer Registration</a></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 70%;">Application Fee</td> <td style="width: 30%;">Rs. 3,100.00</td> </tr> <tr> <td>GST</td> <td>Rs. 558.00</td> </tr> <tr> <td>Hartron Portal &amp; Bank Charges</td> <td>Rs. 394.00</td> </tr> <tr> <td>Total Fee</td> <td>Rs. 4,052.00</td> </tr> </tbody> </table> <p style="text-align: center;"><a href="#" style="background-color: #0070C0; color: white; padding: 5px 10px; border-radius: 5px;">PayNow</a></p> <p style="text-align: center; color: red; margin-top: 10px;"><b>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.</b></p>			Course	University/Board	College Name	Passing Year	MBBS	PGIMER	School Of Medical Sciences and Research	Sep-2025	Name of Hospital	State	District	City	Pin Code	Date of Joining	Internship Completed Year	HOSPITAL NAME			PANCHKULA				Working Place	Working Purpose in HMC	Remarks	20 c, Sector 10, Panchkula	Full Time		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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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**

Powered by 

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

YTo0OntzOjM6InBpZCI7aTowO3M6MzoiY2IkjtpOjA7czo0OijsaW5rljtzOjI0...

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1

2

3



**Haryana Medical Council**  
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 Transfer Registration**  
Application No : 2025000104 Date : 19/09/2025

**Personal Details**

Applicant's Name  
Father's Name  
Mother's Name  
Date of Birth  
Gender  
Email Address  
Mobile No  
Permanent Address  
Correspondence Address  
10. Permanent Registration Number:  
11. Permanent Registration Date:

**Qualifications Detail:-**

Course	University/Board	College Name	Passing Year
--------	------------------	--------------	--------------

# ➤ APPLICATION FOR PERMANENT REGISTRATION

Hi, [Pratik D](#) [Logout](#)

Medical Practitioner

My Profile

Apply Online

Payment History

Application Status

 **Haryana Medical Council**

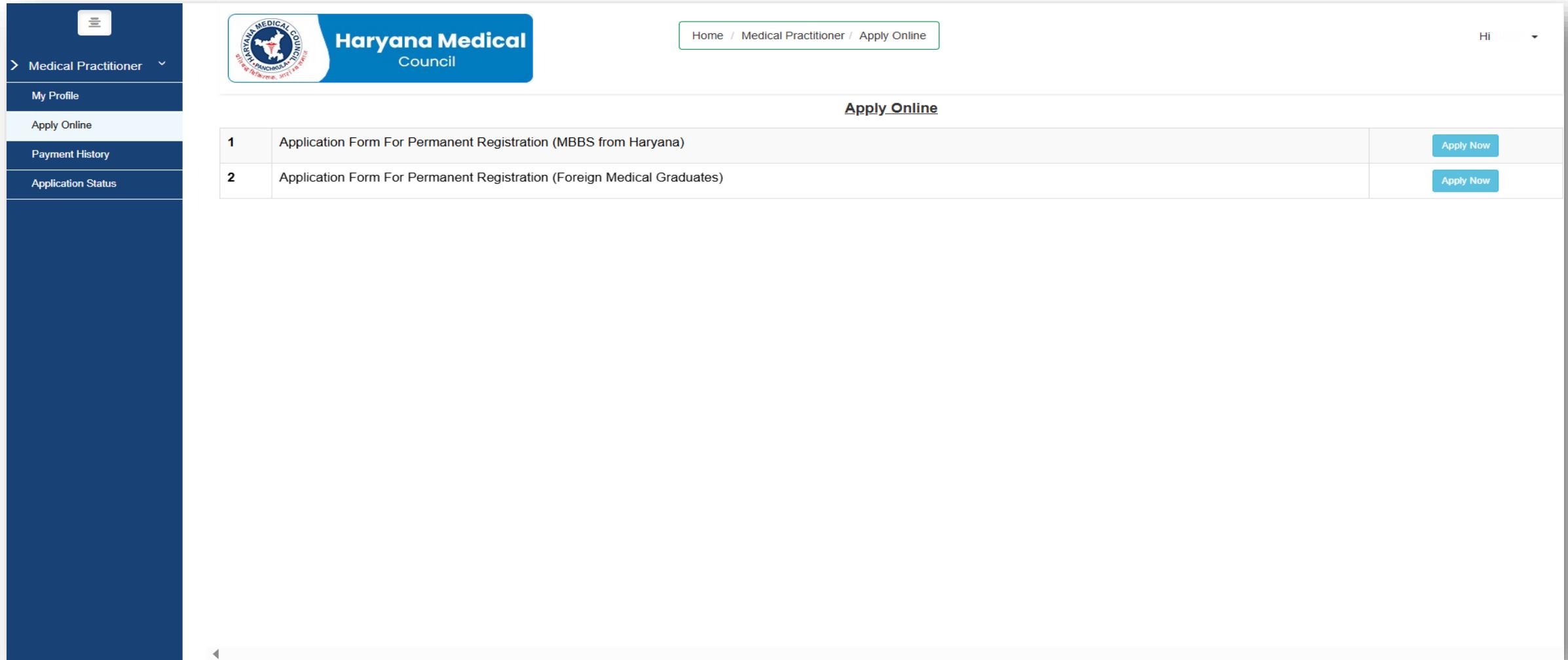
Home / Medical Practitioner / Apply Online

Apply Online

1	Application Form For Provisional Registration	<a href="#">Apply Now</a>
2	Application Form For Transfer Registration	<a href="#">Apply Now</a>
3	Application Form For Permanent Registration	<a href="#">Apply Now</a>

➤ 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).



The screenshot shows the Haryana Medical Council website interface. On the left, a sidebar for 'Medical Practitioner' includes 'My Profile', 'Apply Online' (which is highlighted in blue), 'Payment History', and 'Application Status'. The main content area features the Haryana Medical Council logo and the text 'Haryana Medical Council'. A navigation bar at the top right includes 'Home', 'Medical Practitioner', 'Apply Online', and a 'Hi' dropdown. Below this, a section titled 'Apply Online' lists two options: '1 Application Form For Permanent Registration (MBBS from Haryana)' and '2 Application Form For Permanent Registration (Foreign Medical Graduates)'. Each option has a blue 'Apply Now' button to its right.

Medical Practitioner

My Profile

Apply Online

Payment History

Application Status

Haryana Medical Council

Home / Medical Practitioner / Apply Online

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

Medical Practitioner

My Profile

Apply Online

Payment History

Application Status

**Haryana Medical Council**

Home / Medical Practitioner / Apply Online

Hi

**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 1st Prof. Certificate (MBBS) *
	(Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
6	Graduation 2nd 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
13	ID Proof (As selected in profile from Aadhar / Passport / Pan Card) *
	(Allowed file types: .jpg / .jpeg / .pdf) Allowed Size: 2 MB
14	Self declaration form *
	(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 .

Medical Practitioner

My Profile

Apply Online

Payment History

Application Status

 **Haryana Medical Council**

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 \*

College Email\* Enter College Email College Landline/Mobile Number

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

**Internship Details**

**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

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

1	<b>Passport-size recent colour photograph (to be affixed on the certificate)</b> *	<input type="button" value="Choose File"/> No file chosen
2	<b>Stamp Size Signature (To be affixed on certificate)</b> *	<input type="button" value="Choose File"/> No file chosen
3	<b>Matric Certificate / Birth Certificate in support of Date of Birth.</b> *	<input type="button" value="Choose File"/> No file chosen
4	<b>Detail Mark Card of 10+2 certificate / Passing Certificate</b> *	<input type="button" value="Choose File"/> No file chosen
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7	<b>Graduation Final Year Prof Part-I Certificate (MBBS)</b> *	<input type="button" value="Choose File"/> No file chosen
8	<b>Graduation Final Year Prof Part-II Certificate (MBBS) / Attested Result by Dean / Principal</b> *	<input type="button" value="Choose File"/> No file chosen
9	<b>MBBS Degree (Provisional / Final)</b> *	<input type="button" value="Choose File"/> No file chosen
10	<b>Internship Completion Certificate</b> *	<input type="button" value="Choose File"/> No file chosen
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14	<b>Self declaration form</b> *	<input type="button" value="Choose File"/> 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

Medical Practitioner

My Profile

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)		Uploaded ✓	
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3	Matric Certificate / Birth Certificate in support of Date of Birth.		Uploaded ✓	
4	Detail Mark Card of 10+2 certificate / Passing Certificate		Uploaded ✓	
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13	ID Proof (As selected in profile from Aadhar / Passport / Pan Card)		Uploaded ✓	
14	Self declaration form		Uploaded ✓	

[Pay Application Fee/Check Payment Status](#)

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**Haryana Medical Council**  
 Sco 410, 2nd floor, Sector 20, Panchkula, Haryana 134117  
[www.haryana.medicalcouncil.in](http://www.haryana.medicalcouncil.in) Phone : 0172 252 0165 Mobile : 0172 252 0165 Fax : 0360-2246708  
 Email: [info@haryanamedicalcouncil.org](mailto:info@haryanamedicalcouncil.org)  
**Application For Permanent Registration**  
 Application No : 2025000105 Date : 19/09/2025

<b>Personal Details</b>															
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:	   														
<b>Qualifications Detail:-</b>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Course</th> <th style="width: 40%;">University/Board</th> <th style="width: 40%;">College Name</th> <th style="width: 10%;">Passing Year</th> </tr> </thead> <tbody> <tr> <td>MBBS</td> <td>PT. B.D. Sharma University Of Health Sciences, Rohtak</td> <td>Government Medical College, Kurukshetra, Hary</td> <td>Sep-2025</td> </tr> </tbody> </table>		Course	University/Board	College Name	Passing Year	MBBS	PT. B.D. Sharma University Of Health Sciences, Rohtak	Government Medical College, Kurukshetra, Hary	Sep-2025						
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MBBS	PT. B.D. Sharma University Of Health Sciences, Rohtak	Government Medical College, Kurukshetra, Hary	Sep-2025												
<b>Internship &amp; Registration Details:</b>															
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State	District	Pin Code	Date of Joining	Place of Internship	Registration No	Registration Date									
Haryana	PANCHKULA	140603	Feb/2002	Government Medical College, Panchkula											
<b>Pay Application Fee For Permanent Registration</b>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%;">Application Fee</td> <td style="width: 25%;">Rs. 3,100.00</td> </tr> <tr> <td>GST</td> <td>Rs. 558.00</td> </tr> <tr> <td>Hartron Portal &amp; Bank Charges</td> <td>Rs. 394.00</td> </tr> <tr> <td>Total Fee</td> <td>Rs. 4,052.00</td> </tr> </table>		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														
<input type="button" value="PayNow"/>															
<b>Note:</b> 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 Permanent 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**

Powered by 

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



1



2



**Haryana Medical Council**  
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



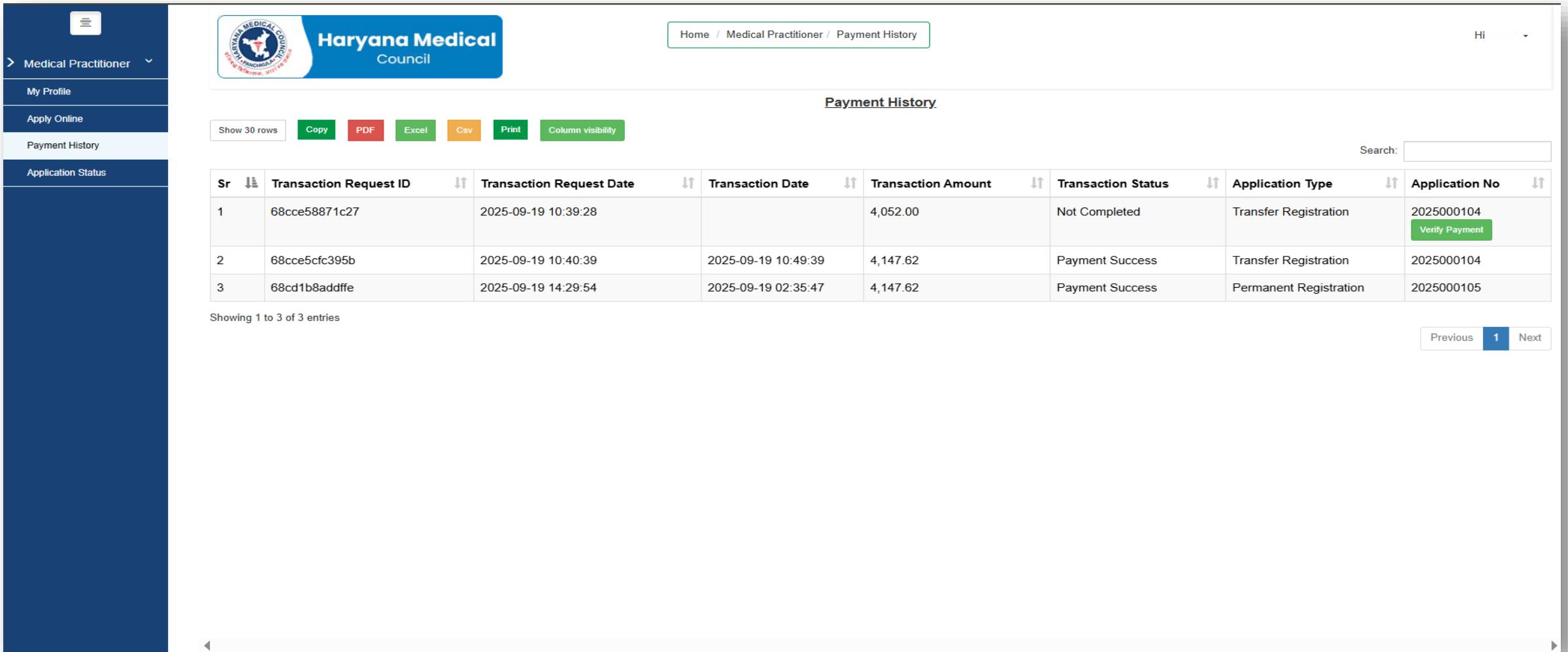
**Application For Permanent Registration**  
Application No : 2025000105 Date : 19/09/2025

<b>Personal Details</b>	
Applicant's Name	Mr. [REDACTED]
Father's Name	Dr. [REDACTED]
Mother's Name	Dr. [REDACTED]
Date of Birth	05/05/1985
Gender	Male
Email Address	mitu123@gmail.com
Mobile No	9876543210
Permanent Address	204, Sonamukhi, Sector 20, Panchkula, Haryana, India
Correspondence Address	204, Sonamukhi, Sector 20, Panchkula, Haryana, India

**Qualifications Detail:-**

Course	University/Board	College Name	Passing Year
MBBS	Government Medical College, Panchkula	Government Medical College, Panchkula	2010

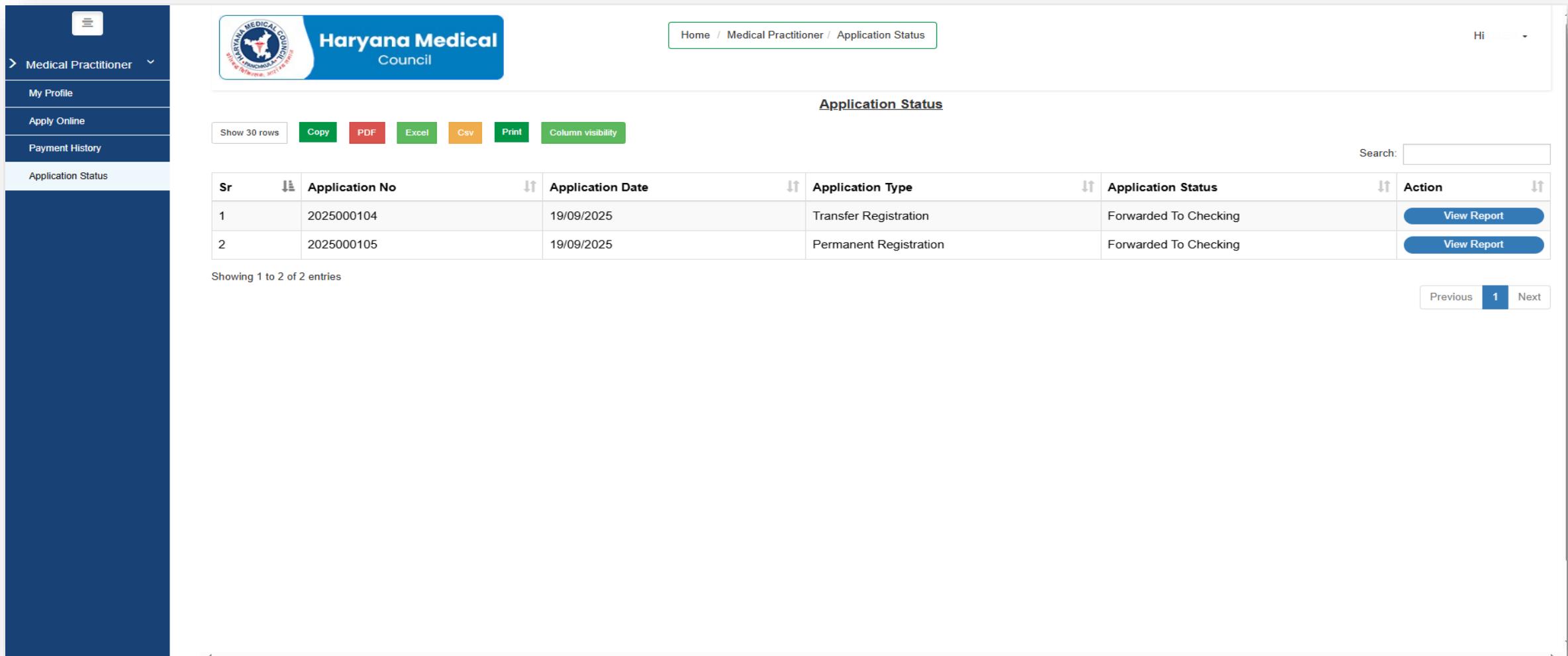
➤ TO CHECK YOUR PAYMENT HISTORY, YOU CAN OPEN PAYMENT HISTORY TAB FROM HOMPEAGE



The screenshot shows the Haryana Medical Council website's payment history page. The top navigation bar includes a logo for the Haryana Medical Council, a search bar, and a user profile section. The main content area is titled "Payment History" and displays a table of transaction records. The table has columns for Transaction Request ID, Transaction Request Date, Transaction Date, Transaction Amount, Transaction Status, Application Type, and Application No. The first row shows a transaction with a status of "Not Completed" and a "Verify Payment" button. The second and third rows show successful payments. Navigation buttons for "Previous" and "Next" are at the bottom of the table.

Sr	Transaction Request ID	Transaction Request Date	Transaction Date	Transaction Amount	Transaction Status	Application Type	Application No
1	68cce58871c27	2025-09-19 10:39:28		4,052.00	Not Completed	Transfer Registration	2025000104 <a href="#">Verify Payment</a>
2	68cce5fcf395b	2025-09-19 10:40:39	2025-09-19 10:49:39	4,147.62	Payment Success	Transfer Registration	2025000104
3	68cd1b8addffe	2025-09-19 14:29:54	2025-09-19 02:35:47	4,147.62	Payment Success	Permanent Registration	2025000105

➤ YOU CAN CHECK THE STATUS OF YOUR APPLICATIONS BY OPENING THE APPLICATION STATUS TAB FROM HOMEPAGE.



The screenshot shows the 'Application Status' page of the Haryana Medical Council website. The page is titled 'Application Status' and includes a table with two entries. The table columns are: Sr, Application No, Application Date, Application Type, Application Status, and Action. The first entry (Sr 1) has Application No 2025000104, Application Date 19/09/2025, Application Type Transfer Registration, and Application Status Forwarded To Checking. The second entry (Sr 2) has Application No 2025000105, Application Date 19/09/2025, Application Type Permanent Registration, and Application Status Forwarded To Checking. Each entry has a 'View Report' button in the Action column. The left sidebar shows navigation options: Medical Practitioner (selected), My Profile, Apply Online, Payment History, and Application Status (selected).

Sr	Application No	Application Date	Application Type	Application Status	Action
1	2025000104	19/09/2025	Transfer Registration	Forwarded To Checking	<a href="#">View Report</a>
2	2025000105	19/09/2025	Permanent Registration	Forwarded To Checking	<a href="#">View Report</a>