

HIMALAYA MEDICAL COLLEGE & HOSPITAL

[Chiksi, Paliganj, Patna-801110]

Date: 07/01/2026

NOTICE

Subject: Submission of application form and undertaking for FMGs allotted to Himalaya Medical College

With reference to Departmental Resolution No. 472(1) dated 05.07.2023 of Health Department of Bihar and in compliance with the directions of the National Medical Commission (NMC), vide Letter No. U-15024/9/2023-UGMEB, dated 07.12.2023, the Government of Bihar has allotted institutions to doctors who have obtained their medical degree from Foreign Medical Graduate (FMG) institutions for completion of Compulsory Rotating Medical Internship (CRMI) for a period of one year. Students who have been allotted **Himalaya Medical College & Hospital (HMCH)** for the **Compulsory Rotating Medical Internship (CRMI)** are required to report before 16th January 2026.

All such candidates are directed to report with **duly fill and submit the prescribed Application Form (color copy) and Undertaking/Affidavit** without any further delay at the HMCH Office (Academic Block) during the office hours **10:00 am to 5:00 pm**. The submission of these documents is **mandatory** for the commencement of your internship at this institution.

Kindly ensure the following:

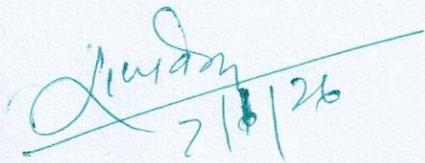
1. **The Application Form and Undertaking format** must be filled in completely and correctly.
2. All required **supporting documents** (e.g. Allotment Letter, FMGE Pass Certificate, Eligibility Certificate, etc.) must be attached.
3. The documents must be **submitted in person** at the Academic Section of the college within the stipulated time.
4. No intern will be allowed to join or continue without submission of the required documents.

The Application Form and Affidavit format can be obtained from the college office or downloaded from QR Code as given below:



CK
07/01/2026

For any clarification, please contact the CRMI Coordinator, Himalaya Medical College & Hospital.

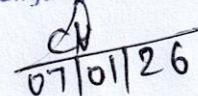

7/1/26

Principal

Himalaya Medical College & Hospital
Chiksi, Patna - 801110

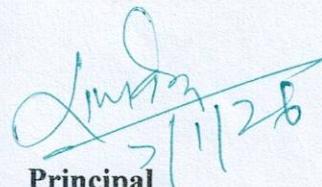
Principal

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Copy to:

1. Director, HMCH
2. Chairman, HMCH
3. Medical Superintendent, HMCH

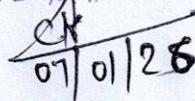

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