INSTRUCTIONS FOR

Candidates applying for Statement of Need (SON) certificate or Exceptional Need Certificate (ENC) for joining training programme/course in medical specialities in medical institutions out of India.

- (a) The SON and ENC Certificates shall be issued by the Ministry of Health & Family Welfare, Government of India, Nirman Bhawan, New Delhi.
- (b) For issue of SON Certificate or ENC, the applicants are required to apply in prescribed Application proforma per <u>ANNEX A,</u> along with following documents:
 - a. <u>Copy</u> of offer letter received from the concerned foreign University/Institution (self attested)
 - b. **Copy** of self attested valid INDIAN PASSPORT (excluding the blank pages)
 - c. **Copy** of self attested valid VISA in connection with applicant's present stay in the foreign country.
 - d. **Copy/Copies** of self attested Statement of Need (SON) certificate(s) earlier issued to / received by the applicant.
 - e. **SURETY BOND in original,** along with two Sureties. **FORMAT** of the Surety Bond is at **ANNEX 1.**
- (c) For issue of ENC, the applicant is required to file following documents also, in addition to the documents specified above:
 - a. Copy/Copies of self attested Statement of Need (SON) certificate(s) earlier issued to / received by the applicant.
 - b. **Copy** of ECFMG Rules regarding *'Extension Beyond the Maximum Duration of Stay"* in the USA of seven (7) years under J-1 Visa.
 - c. A "**TEMPLATE**" on the 'exceptional need' with reference to the course of study/ specialization, i.e., a paragraph having up to 10 lines, signed by the applicant.
 - d. Signed Resume / CV of the Applicant.
- (d) A separate application is required to be given for every fresh issue of SON Certificate for study in any speciality/super speciality or for further study in other specialities / super specialities or for issue of ENC for any speciality/super speciality.
- (e) **Guidelines** for issuance of Statement of Need (SON) Certificate and Exceptional Need Certificate (ENC) are given in <u>ANNEX B.</u>

Page 1 of 13

(स्तीनु खुनार) (SONU KUMAR) अवर सर्विय / Under Secretary स्वास्थ्य एवं परिकार अञ्चल मंत्रालय Ministry of Health & Flyning Welfar

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(f) In respect of the SURETY BOND to be submitted by applicants in original, the first Surety will be a close relative (who is a citizen of India and based in India) to the Obligor. The first Surety will furnish information in respect of himself/herself as in the proforma as per ANNEX - C. The second Surety will not be a relative to the applicant and is required to furnish information in respect of himself/herself in the proforma as per ANNEX - D.

(g) Procedure for execution of Surety Bond and other related details are given below:

- (i) The Surety Bond will be executed by applicants on a Non-judicial stamp paper of Rs.100/- (Rupees One Hundred only).
- (ii) The Surety Bond signed by the applicant and both the sureties shall have attestation from the Notary Public / Area Sub-Divisional Magistrate in India.
- (ii) The applicants staying abroad or applying from abroad shall sign the Surety Bond on a plain paper and get it attested from the concerned Indian Consulate / Embassy / High Commission abroad. The Surety Bond signed by the applicant and attested by the Indian Consulate / Embassy / High Commission shall be signed by the Sureties in India. The Surety Bond may then be got stamped in India by depositing the requisite amount, and got attested by either the Area Sub-Divisional Magistrate or the Notary Public in India.

(सोम् गृहगार) (SONU KUMAF) अवर सावद / Under Socretary स्वाप्ट्य एवं वरितार करवारा सवावय Ministry of Hastin & Family Welfare भारत करवार / Govt of India नहीं दिख्ली / New Delhi

For use by the Ministry of Health and Family Welfare					
Application Number & Date					
Application for	Statement of Need (SON) Certificate OR Exceptional Need Certificate (ENC) (Specify)				

APPLICATION	[USMLE/ECFMG ID No.
/ II / EIO/ IIIOII	CONTELL CONTROL

[To be filled-up by candidates applying for Statement of Need (SON) Certificate OR Exceptional Need Certificate (ENC) for training programme/course under various medical courses / specialities in medical institutions out of India]

[Note: Application, along with all requisite information / documents (Original or Copy – as applicable) to be sent to: The Under Secretary (IC), International Cooperation Section, Ministry of Health & Family Welfare (Department of Health & Family Welfare), Room No.504, 'D' Wing, Nirman Bhawan, New Delhi – 110011.]

Sl. No.	Items of Information			Inforr candi	nation dates	to to	be	furnished	by
1.	Name of the app Address in India						Q.	5	
2.	Date of Birth (DD	/MM/YYYY)							
3.	Place of Birth								
4.	Nationality:								
5.	Father's name								
6.	Mother's Name						0		
7.	Indian Passport N								
8.	Date of Issue (DD	Date of Issue (DD/MM/YYYY)							
9.	Place of Issue								
10.	Valid up to (DD/N	ЛМ/YYYY)							
11.	Validity of Visa up								
	[If applying for a course in USA, please								
	enclose copy of v	alid USA Stan	np Visa/						
	Visa papers]								
12.	Details of Acaden	nic Qualification	ons from N	MBBS o	nward	S			
Sl. No.	Name of Course	Year of		of	the			obtained S	F01/571 F13/2
	/ Study	Passing	Instituti		and			e for the co	
		Univers						f yes, enc	
								sted copy	
						prev			ued
/:\						SON,	/ENC	furnish det	ails
(i)									
(ii)			-						
(iii) 13.	MCI Registration No.								
14.									
14.	Date of MCI R	egistration						Dogo 2	

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(स्रोचु कुमार Page 3 of 13

(SONU KUMAR) अवर सन्ति / Under Pacifatry स्वास्थ्य एवं प्रतिकार करवाणा संज्ञानय Ministry of Health & Family Welfare भारत इरकार / Govt. of India नई दिल्ली / New Delti

15.	Details about the Training Programme/Cours	se to be undertaken out of India
	[Enclose copy of Offer letter received from t	the University/Institution]
	(a) Name of the Speciality Training /	
	Course of Study	
	(b) Starting from (DD/MM/YYYY)	
	(c) Duration of the Course	
	(d) Name & complete address of the	
	Institution/ University	
16.	WRITTEN ASSURANCE and SUBMISSION	OF BOND:
	l, Dr	, son/daughter/wife of
	, a r	
	India), and at present residing at	
	undertake to return to India upon compl	DI CON ESCURIO SERVICIO PER CARCA SERVICIO PER CARCA SERVICIO SE SERVICIO SE SE CONTRA
	country) and enter the practice of medicine	in india in the specialty of training.
	I have executed a Surety Bond of Rs. 10 lakh	
	Non-judicial Stamp Paper of Rs.100/- (Rupe	es One Hundred) only and the same
	is enclosed in original.	
	Full Signature	
	Name :	
	E-Mail:	
	Tel. No.:	
	Date: Place:	

Enclose the following documents:

(i) Copy of self attested offer letter received from the concerned foreign University/Institution (ii) Copy of self attested valid INDIAN PASSPORT (excluding the blank pages)

(iii) If applying for a course in USA, <u>Copy</u> of self attested valid US Stamp VISA / US VISA papers [DS-2019, I-20, I-94, I-797, Employment Authorization Card (I-766) in connection with applicant's present stay in the USA.

(iv) **SURETY BOND in original,** along with two Sureties, in the **FORMAT** at **ANNEX – 1**.

If applying for issue of ENC, please also enclose the following documents, in addition to the above:

- (i) Self attested copy/copies of SON Certificate(s) issued earlier
- (ii) A "TEMPLATE" on the 'exceptional need' with reference to the course of study/ specialization, i.e., a paragraph having up to 10 lines, signed by the applicant.

(SONU KUMAIX)
अवर पाणिव / Undor Samesally
स्वास्थ्य एवं परिवाद ब्याव्यात गाँउपिय Ministry of Health के "om a Welliage भारत सम्बद्ध / C of the facility राह दिल्ली / re a Bolly

(iii) A signed Resume / CV of the Applicant.

Page 4 of 13

Guidelines for issue of Statement of Need(SON) Certificate/ Exceptional Need Certificate(ENC)/ No Obligation to Return to India (NORI) Certificate.

A. Statement of Need

- i) For issuance of SON certificate, applicants shall be required to execute a Surety bond of Rs. 10 Lakhs (Rupees Ten Lakh only) on a non-judicial stamp paper of Rs.100/- (Rupees One Hundred only).
- ii) There will be two sureties, out of which one will be a close relative (who is a citizen of India and based in India) and other one should not be a relative to the applicant, both with sufficient financial standing.
- iii) The sureties must be filing ITR for three consecutive years on previous occasion including the current accounting year.
- iv) The first surety will be responsible for payment of the bond amount including interest, if any, in case the candidate defaults on any of the conditions mentioned in the bond. In case the first surety also fails to make payment, the second surety will be liable to make payment.
- v) Separate surety bond shall have to be executed for each SON Certificate issued. The Surety format is at Annexure-I.
- vi) SON shall be issued in cases on first occasion or for extension thereof or subsequent occasions, subject to combined period of maximum 7 years on J-1 visa in the USA or a maximum of 7 years as per any other country laws.
- vii) SON will be issued to Foreign Medical Graduates (who do not have MCI Registration) by taking an affidavit from applicants that within 2 years of the completion of the course/ training, foreign medical graduates will acquire MCI registration (after successfully qualifying FMGE conducted by NBE).

B. Exceptional Need Certificate

(i) Exceptional Need Certificate (ENC) will be issued to applicants for all specialty and super specialty where combined duration of fellowship program exceeds 7 years or where the ensuing fellowship program is an extension of earlier program that exceeds 7 years considering all previous training programs clubbing together.

(ii) For issuance of ENC, applicants shall be required to execute a Surety bond of Rs. 10 Lakhs (Rupees Ten Lakh only) on a non-judicial stamp paper of Rs.100/- (Rupees One Hundred only).

Page 5 of 13

(SONU KUMAR)
अवर सविवा / Under Secretary
स्वास्थ्य एवं परिवार कव्याण संत्रालय
Ministry of Heeth & Family Welfary
भारत सरकार / Govt. of India
नई दिल्ली / New Delhi

- (iii) There will be two sureties, out of which one will be a close relative (who is a citizen of India and based in India) and other one is not related to the applicant, both with sufficient financial standing (*).
- (iv) The first surety will be responsible for payment of the bond amount including interest, if any, in case the candidate defaults on any of the conditions mentioned in the bond. In case the first surety also fails to make payment, the second surety will be liable to make payment.

C. No Obligation to Return to India (NORI)

- (i) NORI (No Obligation to Return to India) certificate shall **not** be issued in general.
- (ii) NORI may be issued to a person attaining 65 years of age.
- (iii) NORI may be issued to the person satisfying the following three (3) conditions:
 - (a) If SON has not been issued previously;
 - (b) If the applicant is a Foreign Medical graduate and has not qualified eligibility test as per IMC/ NMC Act.
 - (c) If the applicant does not have MCI/ NMC/ State Medical Council registration.

D. General Conditions:

- (i) The candidate will inform the SON Certificate/ENC issuing authority of his arrival in India within a period of three months from the date of completion of the course mentioned in the SON Certificate/ENC. In case the candidate fails to report within the stipulated time period or takes longer to report because of some unforeseen situation leading to non-compliance of the bond conditions to the SON Certificate/ENC issuing authority and the authority shall have the option to further extend the reporting period for a maximum of 3 months beyond, after considering the explanation offered and taking into account the evidences adduced.
- (ii) If the candidate fails to return or fails to inform the authorities beyond the extended period, he/ she shall be liable for enforcement of penal actions, including payment to the Government or as may be directed by the Government, on demand the said sum of Rs. 10 Lakhs (Rupees Ten Lakhs only) together with interest thereon @ 12% per annum from the date of demand.

(सीनु बुड्यार) (BONU KUMAR) अवर सर्वित्र / Under Scoretary स्वास्थ्य एवं अनिवार कामका मंत्रात्य Ministry of Health & Family Welfare भारत एकका / Yout, of Ingla नई दिल्ली / New Dollar

Page 6 of 13

BOND TO BE EXECUTED

BY CANDIDATES APPLYING FOR NEED CERTIFICATE IN CONNECTION WITH JOINING TRAINING PROGRAMME/COURSE IN MEDICAL SPECIALITIES IN MEDICAL INSTITUTIONS OUT OF INDIA

KNO	WC	ALL	conc	erned	В	BY	THE	SE	PRE	SENTS	T	HAT	I
											Reside	nt	of
.			_(Addres	s),	havi	ing	N	1CI	Re	gistrati	on	Nun	nber
<u> </u>			_ and ha	aving	gradu	ated	from				(1	Name	and
address (of	Medical	College/	Institu [.]	tion),	(he	reinaf	ter	called	"the	Oblig	or")	and
Shri/Shrim	ati/I	Kumari	U						sor	n/daugl	nter		of
		(100)		Reside	nt of_					(,	Address	s in Ir	ıdia)
And Shri/	Shr	imati/Kun	nari			_ so	n/dau	ghte	of				,
Resident o	f						(Addr	ess ir	n India)	(herei	nafter d	alled	"the
Sureties")	do	hereby jo	intly and	sever	ally bi	nd o	urselv	es ar	nd our	respec	tive he	irs an	d/or
executors	to p	ay to the	President	of Ind	ia (her	eina	fter ca	lled '	the Go	vernm	ent") o	n den	nand
the sum of	Rs.	10 lakhs (Rupees Te	n Lakh	ns only) or,	if payr	nent	is mad	e in a co	ountry	other	than
India, the	equi	valent of	the said a	mount	t in the	curi	rent cı	ırren	cy of th	nat cou	ntry co	nverte	ed at
the official	rat	e of excha	ange betw	een th	nat cou	untry	and I	ndia,	togeth	er with	intere	st the	reon
@ 12% per	anr	num from	the date o	of dem	nand, A	ND T	OGAT	HER	with al	costs k	oetwee	n atto	rney
and client	an	d all char	rges and	expen	ises th	nat s	hall o	r ma	y have	been	incurr	ed by	the
Governme	nt.												
\ \ /L	IEDE	:AS the Ol	oligor is gr	hatne	a Nee	d Cai	rtificat	e hv	the Mi	nistry o	f Healt	h & Fa	mily
Welfare,		vernment		ndia	to						mme/c		in
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AN	D W	HEREAS fo	or the bet	ter pro	otectio	n of t	the Go	vern	ment, t	he Obli	gor has	agree	ed to
execute th	is Bo	ond with s	such cond	ition a	s here	unde	r is wr	itten	:				
AN	D W	HEREAS tl	he said Su	reties	have a	gree	d to ex	ecut	e this B	ond as	Suretie	s on be	ehalf
of the abo								0		and the second s			

Page 7 of 13

(SONU KUMAR)
अवर सविव / Under Secretary
स्वास्थ्य एवं परिवाद कल्याण मंत्रालय
Ministry of Health & Family Welfare
भारत सरकार / Govi. of India
नई दिल्ली / New Delhi

	NOW THE CONDITION OF THE ABOVE WRITTEN (OBLIGATIONS IS THAT in	the event of
	the Obligor Shri/Shrimati/Kumari	failing to re	eturn to India
	after completion of the training programme/course, v	vithin a period of three	e (3) months
	thereof, and report to the Ministry of Health & Family W	6 (8)	
	Sureties shall forthwith pay to the Government or as ma	30	
	demand the said sum of Rs. 10 Lakhs (Rupees Ten Lakhs	only) together with inte	erest thereon
	@ 12% per annum from the date of demand.		
	AND upon the Obligor Shri/Shrimati/Kumari		and / or
10000	Shri/Shrimati/Kumari		and/or
	Shri/Shrimati/Kumari	, the Suretie	es aforesaid
212200000	making such payment, the above written obligation s	shall be void and / or o	of no effect,
1000	otherwise it shall be and remain in full force and virtue:		
	PROVIDED ALWAYS that the liability of the Suretic	es hereunder shall not be	e impaired or
	discharged by reason of time being granted or by any		
	Government or any person authorized by them (whet		
	knowledge of the Sureties) nor shall it be necessary, for		
	before suing the Sureties Shri/Shrimati/Kumari		
100000000000000000000000000000000000000	Shri/Shrimati/Kumari	or any of them	for amounts
1000000	due hereunder.		
	THE BOND shall in all respects be governed by the	ne laws of India for the t	time being in
200	force and the rights and liabilities hereunder shall where	necessary be accordingly	y determined
	by the appropriate Courts of law in India.		
	Signed and dated this (Day) of	(1	Month) Two
	Signed and dated this(Day) of _		
	Thousand andat	<u>Guin milalinanna hann ann an ann an ann an an ann an</u>	(Place) in
Company of the Company	the(Country).		
	Signed and delivered by the Obligor abovementioned		
	Shri/Shrimati/Kumari	4	mmy in/assen
	In the presence of:		(सोनु कुमार)_
			(SONU KUMAR) बावर संशिव / Under Secretary
	Witnesses: 1(Name and Complete Postal Address)		स्थार्थ्य एवं परिचार अकारण संत्राज्य Ministry of Heatin & Fathery Welfare भारत समागह / Covi. of India
	(Name and Complete Postal Address)		नई दिल्ली / New Delhi

(Name and Complete Postal Address)

Signed and delivered by the First Surety(#) abovementioned	
Shri/Shrimati/Kumari	
In the presence of:	
Witnesses: 1	
(Name and Complete Postal Address)	
2	
(Name and Complete Postal Address)	
(#)First Surety will be a close relative to the Obligor and will information in respect of himself/herself as in Annex - C	Turnisn
Signed and delivered by the Second Surety(%) abovementioned	
Shri/Shrimati/Kumari	
In the presence of:	
Witnesses: 1	
(Name and Complete Postal Address)	œ

(%) **Second Surety** will not be a relative to applicant and will furnish information in respect of himself/herself as in $\underline{Annex-D}$

(Name and Complete Postal Address)

(सोनु बुगार)
(SOMU FUMAR)
अवर समिव / Unior Beaming
स्वास्थ्य एवं परित्रा कार्यावा
Ministry of Hearth के निकास (Parish भारत स्वराह) / Employed

ACCEPTED	_
For and on behalf of the President of India	
Name	
Name:	
Designation	
Ministry of Health & Family Welfare	
Nirman Bhawan, Maulana Azad Road	
New Delhi - 110011	

ANNEX-C

BIO-DATA FORM for Surety - 1 (Relative)

1.	Name	:		Affix	passport	
2.	Father's /Husband's Name	:		size photograph		
3.	Occupation	:				
4.	Age & date of birth	:				
5.	Educational qualification	:				
6.	Permanent address	•				
7.	Present address					
8.	Other particulars					
	(i) Passport Number	:				
	(ii) PAN	•				
	(iii) Voter's ID Card No.		:			
9	Personal Assets & Liahilities	(As on	1st April of the F.Y.)			

- - a) Details of immovable property:

Present Value

		V.8.2	
i)	Particulars (House/Flat/Land/other	s):	
ii)	Address	(*) (*)	
iii)	Extent of land	:	
iv)	In whose name registered	:	
v)	Whether unencumbered	:	Yes/No
vi)	If encumbered,		
	to what extent	• •	
vii)	Book No./Registration Number	:	
viii)	Address of Registrar/Sub-Registrar	:	

b) Liquid assets:

ix)

SI.	Particulars	Amount (Rs.)	Whether encumbered (Yes/No/)	If encumbered, to what extent	Remarks
1.	Cash-in-hand				
2.	Cash at Bank				Give Bank account no. With branch address and MICR Code
3.	Govt. Securities				Please give details
4.	Shares				
5.	Life Insurance Policies (Surrender Value)				
6.	Jewellery				
7.	Others				Please give details

(सोनु ब्रुमार) (SONU KUMAR) अवर सचिव / Under Secretary स्वास्थ्य एवं परिवार कल्टान मंत्रालय Ministry of Health & Family Welfare भारत सर्वार / Govt. of India पहुँ दिल्ली / New Delhi

Page 10 of 13

c) Liabilities:

- i) Borrowings from Bank (give details of security furnished)
- ii) Borrowings from Friends & relatives
- iii) Borrowings from other sources (give details)

10) Net worth = 9(a)+9(b)-9(c)

I hereby declare that the above information is correct to the best of my knowledge and belief.

Place:

Signature:

अवर सविव / Under Decretary स्वायस्य एवं परिवार अध्यक्ष सम्बद्धाः Ministry of Health & Faculty Welfare भारत सम्बद्धाः / Gov. of India नई दिल्ली / New Dethi

Date:

Name:

Relationship with applicant:

Bio data for Surety - 2 (Should not be a relative to applicant)

1.	Name		•					
2.	Father's /Husband's Name:							
3.	Occupa	ation						
4.	Age & o	date of birth	:					
5.	Educat	onal qualification	:					
6.	Permar	nent address	:					
7.	Presen	t address		•				
8.	Other p	articulars						
	(i) I	Passport Number		:				
	(ii) PAI	V	:					
	(iii) Vot	er's ID Card No.		:				
9.	Person	al Assets & Liabilit	ies (As	on 1st	April of	the F.Y	' .)	
	a) <u>Deta</u>	<u>ails of immovable p</u>	roperty	Υ :				
i)	Part	iculars (House/Fla	t/Land/	others)	:			
	ii)	Address			9. 4 0 6. 5 0			
	iii)	Extent of land			:			
	iv)	In whose name re	gistere	d		:		
	V)	Whether unencun	nbered		:		Yes/No	
	vi)	If encumbered,						
		to what extent			:			
	vii)	Book No./Registra	ation Nu	umber				
	viii)	Address of Regist	rar/Sub	o-Regis	trar	•		
	ix)	Present Value			:			
		W						

b) Liquid assets:

SI.	Particulars	Amount (Rs.)	Whether encumbered (Yes/No/)	If encumbered, to what extent	Remarks
1.	Cash-in-hand				
2.	Cash at Bank				Give Bank account no. With branch address and MICR Code
3.	Govt. Securities				Please give details
4.	Shares				
5.	Life Insurance Policies (Surrender Value)				٥
6.	Jewellery				
7.	Others				Please give details

House (प्रोंचु सुमाए)
(SONU KUMAR)
अवर शरिय / Under Secretary
स्वास्थ्य एवं परियार कान्यण मंत्रात्य
Ministry of Health & Frinkly Welfare
भारत रायकार / Govt. of India
नहीं सिकती / New Delhi

Page 12 of 13

c) Liabilities:

- iv) Borrowings from Bank (give details of security furnished)
- v) Borrowings from Friends & relatives
- vi) Borrowings from other sources (give details)

10) Net worth = 9(a)+9(b)-9(c)

I hereby declare that the above information is correct to the best of my knowledge and belief.

Place:

Signature:

Date:

Name:

Relationship with applicant:

(सोनु कुमार) (SONU KUMAR) अवर सचिव / United Secre

अवर सचिव / Under Secretary स्वास्थ्य एवं परिवार करवाण मंत्रालय Ministry of Health क Family Welfare भारत जारवार / Look, of India नई विक्ती / New Dothi