



THE JAMMU & KASHMIR MEDICAL COUNCIL

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PUBLIC NOTICE

Whereas, the Jammu and Kashmir Medical Council has taken cognizance of misuse of privately owned de-addiction clinics/centers within the Union Territory of Jammu and Kashmir; and whereas, it has become imperative to regulate the practice relating to de-addiction treatment and the prescription/dispensation of Buprenorphine-Naloxone and other narcotic/psychotropic substances in the interest of public health and safety;

Now, therefore, it is hereby notified for the information of all concerned that henceforth, any medical practitioner desirous of applying for Permanent Registration with the Jammu and Kashmir Medical Council, for the purpose of providing de-addiction treatment or engaging in the prescription/dispensation of the aforesaid substances within the Union Territory of Jammu and Kashmir, shall be mandatorily required to furnish an Affidavit duly sworn before a Judicial Magistrate of the First Class, strictly in accordance with the format prescribed and annexed hereto as *Annexure-A*.

This issues with the approval of the Competent Authority.

Dr. Sandeep Dogra
Registrar & Secretary
J&K Medical Council

No: MRC/J/Notice/2025/ 9766

Dated: 08/09/25

Encls: Annexure A

Copy to:

1. Secretary to Govt., Health & Medical Education, J&K for info
2. Divisional Commissioner, Jammu/Kashmir for info
3. MD, National Health Mission, J&K for info
4. Director, Directorate of Health Services, Jammu/Kashmir for info and with a request to share with Chief Medical Officers of all districts in J&K
5. State Drug Controller, J&K for info
6. President, J&K Medical Council for info
7. Members, J&K Medical Council for info
8. Webmaster, JKMC for uploading on council website
9. Office file

Affidavit (From First Class Judicial Magistrate)

(For In-Charge Psychiatrist of Clinical Establishment in J&K)

I, Dr. _____ S/o,D/o _____ R/o _____, District _____, State/UT _____, Aadhaar No. _____ presently applying as In Charge Psychiatrist of the clinical establishment namely _____ at _____ do hereby solemnly affirm and declare as under:

1. That I possess requisite qualification (MD Psychiatry/DNB Psychiatry/DPM (University/Year: _____) which is registered with the _____ Medical Council under Registration No. _____ (if already registered in case of reciprocal permanent registration applicants).
2. That I will be the full-time In-Charge Psychiatrist of the above mentioned clinical establishment, and I shall not engage simultaneously in any other clinical establishment or hospital (Government or Private) within or outside J&K.
3. That I shall be physically available at my clinical establishment during the declared OPD hours, and the treatment/dispensation of Buprenorphine-Naloxone or any other narcotic/psychotropic medicine shall be strictly under my personal supervision.
4. That no other person shall be authorized to prescribe, dispense, or manage narcotic/psychotropic medicine on my behalf (in my absence). I shall remain solely and personally responsible for all such medicines ordered, received, and dispensed under my name. Any attempt to delegate or outsource such responsibility shall be deemed as violation of The NDPS Act, 1985; The Clinical Establishments (Registration & Regulation) Act, 2010; The Jammu and Kashmir Clinical Establishments (Registration & Regulation) Rules, 2020; J&K Medical Council Code of Medical Ethics.
5. That if I am found working full-time or part-time at any place other than the above mentioned clinical establishment, my affidavit and application for In Charge Psychiatrist shall be deemed false and void, and my recognition as In Charge Psychiatrist by the J&K Medical Council shall stand liable for immediate cancellation.

6. That I fully understand that any breach of this affidavit shall invite action under The NDPS Act, 1985; The Clinical Establishments (Registration & Regulation) Act, 2010; The Jammu and Kashmir Clinical Establishments (Registration & Regulation) Rules, 2020; J&K Medical Council Code of Medical Ethics and also under relevant legal laws for filing a false affidavit.
7. That in the event I leave the clinic or discontinue working, I shall duly inform the J&K Medical Council of the same. The clinic shall remain closed during my leave/absence for any reason, and I shall also intimate the concerned authorities regarding such closure. In case of failure to do so, I shall be fully responsible for the consequences.
8. That I shall comply with all applicable laws, rules, and directions issued by competent authorities of Jammu & Kashmir. This shall specifically include CID verification, or any other statutory verification as may be prescribed or required by the concerned authorities from time to time. I further undertake that I shall neither commence nor continue practice as In Charge Psychiatrist unless all such verifications are duly completed and cleared.

Deponent

Verification:

Verified at _____ on this ____ day of _____, _____ that the above contents are true to the best of my knowledge and belief.

Deponent