

Declaration Form for Issue of *Duplicate Registration Certificate for the 2nd time*

I, Dr. _____
(Name of the doctor in full)

do hereby declare that I have lost my certificate of registration of Bengal /
West Bengal as a medical practitioner under the following circumstances :

That after diligent search, I have not been able to recover the lost certificate.

That I am the same person who obtained the Original Registration Certificate under
Registration Number _____ from the West Bengal Medical Council.

That I shall return the duplicate registration certificate for which I have applied to the
Registrar, West Bengal Medical Council, if I get back the original certificate.

Date : _____

Address : _____

.....

Signature of the applicant in full

[To be made in presence of a Medical Practitioner
registered with the West Bengal Medical Council]

I, Dr. _____ (Registered Medical practitioner
in whose presence the statement is made) hereby certify that the above statement has been
made and signed in my presence and to the best of my knowledge and belief, the
signatory is the same Dr. _____ who had
obtained the Original Registration under Registration No. _____
from the West Bengal Medical Council and whose photograph is attested by me.

Signature of the Medical Practitioner

Registered with the West Bengal Medical Council in full

Address of the certifying medical practitioner :

Procedure:

- ❖ Declaration Form to be filled in and signed by the candidate, duly counter-signed by a practitioner registered with the West Bengal Medical Council and whose name is borne in the Register maintained by this Council.

Documents required:

- ❖ Original along with a copy of the Degree and Diploma or Mark-sheet of the Final Examination on whose basis the Registration was granted.
- ❖ Prescribed Fee: Rs. 1800.00 (Rupees One Thousand Eight Hundred) only payable in Cash or through Demand Draft drawn in favour of "West Bengal Medical Council" and payable in Kolkata.
- ❖ A general diary / FIR be lodged with a Police Station, reporting the loss of certificate and copy of the same be furnished.
- ❖ 4 copies of colour photographs (size 25 mm x 35 mm) should be furnished along with the application, of which 1 (one) be affixed at the appropriate space in the application and should be duly attested by a Gazetted Officer or by any medical practitioner registered with this Council with his full signature and Registration No. for verification.

FOR OFFICE USE ONLY	
Received Rs. 1800.00 (Rupees One Thousand Eight Hundred) only in Cash / Through Demand Draft	
<div style="border-bottom: 1px solid black; width: 150px; margin: 0 auto;"></div> Signature of the Cashier with date	
Issue of DUPLICATE CERTIFICATE OF REGISTRATION under Registration No. _____ as per application from Dr. _____ may kindly be seen. Copy of MBBS / LMF Degree / Diploma (enclosed) has been verified with the original. The declaration submitted by him / her has been checked and the names of both the signatories thereon and their signatures are still borne and seem to be genuine. For order.	
<div style="border-bottom: 1px solid black; width: 150px; margin: 0 auto;"></div> <i>Signature of the Dealing Assistant</i>	<div style="border-bottom: 1px solid black; width: 150px; margin: 0 auto;"></div> <i>Registrar, W.B.M.C</i>

Received

1. Duplicate copy of Registration Certificate No. _____ of Dr. _____ by self.

1. Duplicate copy of Registration Certificate No. _____ of Dr. _____ on his / her behalf on production of letter of authority.

(Strike out whichever is not necessary)

Date :

Signature of the receiver in full