

DECLARATION OF APPLICANT

FOR ISSUE OF GOOD STANDING CERTIFICATE TO G.M.C.

DECLARE that I hold Current Registration with the West Bengal Medical Council under
No. _____ dated _____.

I further declare that no disciplinary proceedings had ever been taken against me nor
in progress till date for violation of medical ethics in Professional respect.

The particulars furnished in the prescribed form of application for issue of Good
Standing Certificate are true to the best of my knowledge and belief.

Date : _____

Signature of the declarant in full

Address:

Telephone No. / Mobile No.:

Email I.D.:

[For Office use only]

- [a] Whether the Applicant is the subject of any pending or open complaint or charge?
- Y / N
- [b] Whether the Applicant has been found guilty of any current or open unprofessional
conduct or discipline ? - Y / N
- [c] Whether the Applicant has been found guilty of any criminal Act which may be
relevant to a Licensing Decision? - Y / N
- [d] Registration number and other particulars verified and found in order.
- [e] Whether Applicant has updated his Registration - Y / N

Signature of concerned staff

APPLICATION FORM

(FOR OBTAINING A CERTIFICATE OF GOOD STANDING FROM GMC)

Name

Middle Name

Surname

Father's Name:

Present Address with
PIN Code

Basic Qualification

Name of the University

Year of Passing as mentioned in
the Registration Certificate

Addl. Qualification(s)

Name of the University

Year of Passing as mentioned in
the Registration Certificate

[1]

[2]

[3]

Date of Birth :

Date _____

Month

Year

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Registration No.

Date :

GMC Reference Number :

Place at which he had worked during the last five years with full details (Please use separate sheet, if the space is not sufficient)

Name and full address of two doctors who personally know the applicant to whom a reference can be made.

Dated, the 20

Signature of the candidate in full

Dated, the 20

(Registrar)

INSTRUCTION TO CANDIDATES FOR
FILLING THE APPLICATION FORM FOR OBTAINING A CERTIFICATE OF
“GOOD STANDING “ IN RESPECT OF G.M.C.

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1. The application form, in Duplicate, should be properly and neatly filled in.
2. Prescribed Fee of Rs.3000/- (Rupees three thousand only) to be paid either in cash or through Bank Draft in favour of “West Bengal Medical Council” payable on any Bank at Kolkata along with the Application

CHEQUES ARE NOT ACCEPTED.

3. The names of the referees may be mentioned with complete and correct address to whom a reference could be made.
4. THE DECLARATION FORM IS TO BE SIGNED AND ENCLOSED WITH APPLICATION FORM.
5. Xerox copies of Registration Certificate and Updated certificate (two copies) duly attested.

N.B. VALIDITY OF THE CERTIFICATE → THREE MONTHS FROM THE DATE OF ISSUE.