

Form – vi

(Vide Rule 26)

Certificate in support of application

I, _____
of _____
certify as follows :

- (i) I am ^(a) _____

- (ii) I have read paragraphs (iv) and (v) of application of
Dr. _____ and
say that I have been and am well acquainted with the said
Dr. _____
both before and since his name was removed from the Medical Register,
that I believe him to be now a person of good character, and that the
statements in the said paragraphs are to the best of my knowledge,
information and belief true.

Signed _____

Name _____

Address and _____
qualification _____

(a) state under what act you have been registered as a qualified practitioner.

Form – vii
(Vide Rule 26)

STATUTORY DECLARATION BY APPLICANT FOR RESTORATION OF NAME TO THE MEDICAL REGISTER
To the West Bengal Medical Council

- i) I, the undersigned, Dr. _____
now holding the qualification of ⁺ _____, do solemnly and sincerely declare that the following
are the facts of my case, and in reason of which I seek restoration of my name to the Medical Register.
- ii) In the year ^(a) _____ my name was duly registered in the Medical Register in
respect of the following qualifications, namely ^(b) _____ and on the date of removal
of my name herein-after mentioned I was registered in respect of the same qualifications ^(c), and also
in respect of the following additional qualifications, namely
_____.
- iii) At an enquiry held on the ^(d) _____ day of _____, _____ the
West Bengal Medical Council directed my name to be removed from the Medical Register on a
complaint made to the said Medical Council by ^(e) _____ of
_____ and the offence, for which the Medical Council directed the removal
of my name, was ^(f) _____
_____.
- iv) Since the removal of my name from the Medical Register, I have been residing at ^(g) _____.
- v) It is my intension, if my name is restored to the Medical Register, to ^(h) _____.
- vi) The ground of application are ^(i) _____
_____.

Signed

Declared at _____ on _____ before me.

A Commissioner for Oath or Justice of the Peace.

- * Insert Full Name.
+ Insert qualification, if any.
(a) Insert Date.
(b) Insert original qualification.
(c) To be added to, if necessary.
(d) Insert date of enquiry.
(e) Insert Name and Address of the complainant.
(f) Insert charge on which name was removed.
(g) The blanks in this paragraph must be filled in according to circumstances.
(h) Insert particulars as to proposed future professional occupation.
(i) All facts and grounds on which the application is made, should be clearly and concisely stated.

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