

## **Requirements**

- ① Certificate from the Principal of the concerned Medical College, certifying passing of the MBBS Exam and period of Internship with photograph and signature of the candidate, duly attested.
- ② Three copies of photograph, duly signed by

Affix Passport size photograph, preferably computerized, duly signed

Please register my name provisionally under Section 25 (2) of the Indian Medical Council Act, 1956 for the purpose of employment in a resident medical capacity ( Rotating Housemanship ) for a period of 12 ( Twelve ) months in an approved Institution as per recommendation of the Principal,

The prescribed fee of Rs. 500.00 ( Rupees Five Hundred ) only is being paid herewith.

- I solemnly declare that I will not carry on Private Practice on the basis of this Provisional Certificate.

Kolkata,  
The 200 .

Signature of the Applicant in full

Provisional Registration No.	Pr. _____
Date :	_____,200

This is a case of Provisional Registration. The candidate named \_\_\_\_\_, whose particulars have been given overleaf, passed Final MBBS ( West Bengal University of Health Sciences ) Examination in \_\_\_\_/200\_\_\_\_.Verified from the Principal’s original certificate dated \_\_\_\_\_, recommending grant of Provisional Registration by attesting photograph and signature of the candidate.

Internship Training started on \_\_\_\_\_

Provisional Registration Certificate valid up to \_\_\_\_\_

**For order.**

Signature of the Dealing Assistant \_\_\_\_\_

Date \_\_\_\_\_

Order

Please register provisionally for the period mentioned above.	
Registrar, WBMC _____	Date _____

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To be filled up by the candidate at the time of taking delivery of the certificate

**Received**

- 1. Provisional Certificate ( Registration No. \_\_\_\_\_ ) of \_\_\_\_\_ by self.
- 2. Provisional Certificate ( Registration No. \_\_\_\_\_ ) of \_\_\_\_\_ on his / her behalf on production of letter of authority.  
( Strike out whichever is not necessary )

Date :	----- <i>Signature of the receiver in full</i>
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