

West Bengal Medical Council
8 Lyons Range (3rd Floor), Kolkata – 700 001
☎ 2230-2674 / 2213-7679 Email : wbmcb@vsnl.net



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. 900.00 (Rupees Nine 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. 900.00 (Rupees Nine Hundred) only in Cash / Through Demand Draft	
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.	
Signature of the Dealing Assistant	Registrar, WBMC

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