F O R M – V I

(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.

F O R M – V I I

(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.	Space for recent color photograph
(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.	