

West Bengal Medical Council

D E C L A R A T I O N

FOR ISSUE OF GOOD STANDING CERTIFICATE

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 the 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 : _____ 2012

Signature of the declarant in full

Address :

Telephone No. / Mobile No. :

APPLICATION FORM

(FOR OBTAINING A CERTIFICATE OF GOOD STANDING)

1.	Name of the Doctor (as given in the State Medical Register)	⋮	
2.	Present Address with PIN Code	⋮	
3.	Qualification (Name of the University with year)	⋮	
4.	Name of the Medical College in which the applicant studied and qualified from	⋮	
5.	State Medical Council (s) with which registered with Registration No. (s) and date (s)	⋮	
6.	Place at which he had worked during the last five years with full details (Please use separate sheet, if the space is not sufficient)	⋮	
7.	Two Testimonials of character and conduct from persons of standing (IN ORIGINAL)	⋮	NOT REQUIRED
8.	Name and full address of two doctors who personally know the the applicant to whom a reference can be made.	⋮	

Dated, the _____ 20

Signature of the candidate in full

Recommendation of the State Medical Council

Certified that the particulars given above are correct to the best of my knowledge and according to the record available with me. Certified that doctor holds current Registration with this Council and no disciplinary proceedings has been taken or were in progress against him/her on this date by this Council.

Dated, the _____ 20

(*Registrar*)
West Bengal Medical Council

INSTRUCTION TO CANDIDATES FOR
FILLING THE APPLICATION FORM FOR OBTAINING A CERTIFICATE OF
“ GOOD STANDING ”

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1. **The application form, in Duplicate, should be properly and neatly filled in.**

2. **A computerized BANK DRAFT of Rs. 2000/- (Rupees Two Thousand) only in favour of “SECRETARY, MEDICAL COUNCIL OF INDIA, NEW DELHI” (Payable at New Delhi) should be sent along with the application as fee. If, however, the Certificate is required to be sent abroad by the MCI, a Demand Draft equivalent to US \$ 100 in Indian Rupees be provided in favour of “SECRETARY, MEDICAL COUNCIL OF INDIA, NEW DELHI” (Payable at New Delhi).**

 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. They should not be the same persons who have issued certificates as asked in “Column 7” of the Application Form.**

4. **The Application is to be forwarded to the Secretary, Medical Council of India, Pocket – 14, Sector – 8, Phase – I, Dwarka, New Delhi – 110 075 through the Registrar of the State Council with whom the person concerned is registered. In case, he / she is registered with more than one State Medical Councils, he / she should give all the Registration Numbers with dates and the names of the State Medical Councils BUT FORWARD his/her application through the Registrar, to whom he / she will submit his / her Application.**

5. **THE DECLARATION FORM IS TO BE SIGNED AND ENCLOSED WITH APPLICATION FORM.**

6. **Rs. 1800/- (Rupees One Thousand Eight Hundred) only being the processing charge in CASH.**

7. **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.

DR: 22 – 01 – 2013