

Photograph to
be affixed here,
duly signed by
the candidate at
the left hand
side on the
front face and
should be duly

DECLARATION FORM

(For issue of Duplicate Provisional Registration Certificate)

I, Sri / Ms. _____ (Applicant's name
in full) do hereby declare that I have lost my certificate of Provisional Registration of
West Bengal Medical Council which was issued for carrying on my Internship Training at
_____ Hospital w.e.f. _____ to
_____ under the following circumstances :

That after diligent search, I have not been able to recover the lost Provisional Registration
Certificate .

That I am the same person who obtained the original Provisional Registration Certificate
under Provisional Registration No. PR. _____ from the West Bengal Medical
Council.

That I shall return the duplicate Provisional Registration Certificate, for which I have
applied to the Registrar, WBMC, if I get back the original later.

Date : _____

Address :

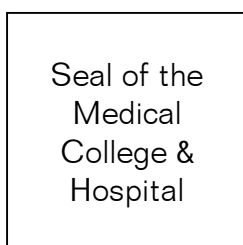
full

Signature of the applicant in

[To be made in presence of Principal / Secretary of
the Medical College & Hospital, where the candidate
is doing his / her Internship Training]

.....
I, Dr. / Sri _____ (Principal / Secretary,
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 person named Sri / Sm. _____
who had obtained the Original Provisional Registration under Registration No.
PR. _____ from the West Bengal Medical Council and whose
photograph is attested by me.

Date : _____



Signature of the Principal /

of the Medical College & Hospital, where the candidate
is doing his / her Internship Training

Procedure:

- ❖ Declaration Form to be filled in and signed by the candidate, duly counter-signed by the Principal / Secretary of the Medical College & Hospital wherein the candidate is / was attached for doing his / her Internship Training.

Documents required:

- ❖ Original along with a copy of the Degree and or Mark-sheet of the Final Examination, on whose basis the Provisional Registration was granted.
- ❖ Prescribed Fee : Rs. 400.00 (Rupees Four 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.
- ❖ 2 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 the Principal / Secretary of the Medical College & Hospital, where the candidate is doing his / her Internship Training.

FOR OFFICE USE ONLY

Received Rs. 400.00 (Rupees Four Hundred) only in Cash / Through Demand Draft

Signature of the Cashier with date

Issue of DUPLICATE PROVISIONAL REGISTRATION CERTIFICATE under Registration No. Pr. _____ as per application from Sri / Ms. _____ may kindly be seen. Copy of MBBS Degree / Mark-sheet (enclosed) has been verified with the original. The declaration submitted by him / her has been checked and found in order.

Provisional Registration Certificate may, therefore, please be issued against Provisional Registration No. PR _____ to Sri ./ Ms. _____.

For order.

*Signature of the Dealing Assistant*_____
*Registrar, W.B.M.C**Received*

1. Duplicate copy of Provisional Registration Certificate No. PR _____ of Sri / Ms. _____ by self.
2. Duplicate copy of Provisional Registration Certificate No. PR _____ of Sri / Ms. _____ on his / her behalf on production of letter of authority.
(~~Strike out whichever is not necessary~~)

Date :

Signature of the receiver in full