West Bengal Medical Council **Application Form for Provisional Registration**

For Office Use Only	Requirements
Received Rs. 500.00 in cash / DD / by cheque *	⊙ Certificate from the Principal of the
Cash Receipt No Date	concerned Medical College, certifying passing of the MBBS Exam and period of
	Internship with photograph and signature
*Kolkata clearing /	of the candidate, duly attested.
subject to realization Cashier, WBMC	⊙ Three copies of photograph, duly signed by
T-	
To The Registrar,	Affix Passport
West Bengal Medical Council,	size photograph,
8, Lyons Range (Third Floor), Kolkata – 700 001	priotograph, preferably
<u> </u>	computerized,
Sir,	duly signed
Act, 1956 for the purpose of employment in	y under Section 25 (2) of the Indian Medical Counc a resident medical capacity (Rotating Housemansh approved Institution as per recommendation of the
(Name of Medical College) Kolkata / Burdw	wan / Bankura / Darjeeling, enclosed.
The prescribed fee of Rs. 500 00 (Run	pees Five Hundred) only is being paid herewith.
The prescribed fee of Rs. 500.00 (Rup	pees rive indicated jointy is being paid herewith.
 Name of the Institution Date of commencement of 	8
Internship Training	
3. Name of the applicant (In block letters	·
a) Forename	
b) Middle Name	
c) Surname	<u> </u>
4. Date of birth	
5. Father's Name	
6. Present Address (In block letters))
	Pin Code
7. Permanent Address (In block letters)	
7. Termanent Address (In block letters)	
	Pin Code
8. Telephone No. / Mobile No.	
	carry on Private Practice on the basis of th
Provisional Certificate.	Yours faithfully,
Kolkata,	Signature of the Applicant in full
The 200	

For Office Use Only

Provisional Registration No.	Pr
Date:	200
This is a case of Provisional Registration. The cand	idate named
Final MBBS (West Bengal University of	ginal certificate dated,
Internship Training started on	
Provisional Registration Certificate valid up to	
For orde	<u>er.</u>
Signature of the Dealing Assistant	
Date	
Orde Please register provisionally for the	
Registrar, WBMC	Date
To be filled up by the candidate at the time of taking	ng delivery of the certificate
Recei	<u>ved</u>
1. Provisional Certificate (Registration No by self.) of
2. Provisional Certificate (Registration No on his / her behalf of Strike out whicher	on production of letter of authority. ever is not necessary)
Date :	Signature of the receiver in full

© Regn 2 : Debasis : Proforma : Provisional Form.doc