

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

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 : _____

Secretary of _____
the candidate _____

Signature of the applicant in full

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

[For instructions, please see overleaf](#)

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. 200.00 (Rupees Two 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. 200.00 (Rupees Two Hundred) only in Cash / Through Demand Draft	
<div>Signature of the Cashier with date</div>	

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, WBMC

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