

West Bengal Medical Council

Application for Registration of Additional Qualification

Received Rs. _____ only in Cash vide

Money Receipt No. _____ of _____ 200__

Cashier

To
The Registrar
West Bengal Medical Council
8, Lyons Range [3rd Floor]
Kolkata – 700 001

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

Sir,

Sub: Registration of Additional Qualification/s

I am registered with the West Bengal Medical Council under Registration No. _____
dated _____ and I had updated my records in the State Medical Register. Subsequently I
have passed the following Examination/s :

Please write			
Name of the Examination/s	Year of Passing	Name of the University	Name of the Training Institute
1. _____	_____	_____	_____
2.. _____	_____	_____	_____
3. _____	_____	_____	_____
4. . _____	_____	_____	_____

I like to include the said qualification/s ☐ against my name as additional qualification/s.

The prescribed fee and necessary documents are furnished herewith, together with original Updated Registration Certificate.

Yours faithfully,

Dated, the _____, 200 ____

Signature of the applicant in full

Address : _____

Phone / _____
Mobile No. _____

Procedure

1.
- ORIGINAL DEGREE / DIPLOMA OF THE ADDITIONAL QUALIFICATION/S TOGETHER WITH COPY / COPIES OF THE SAME, (**B**) ORIGINAL UPDATED REGISTRATION CERTIFICATE AND (**C**) CERTIFICATE FROM THE TRAINING INSTITUTE SHOULD BE SUBMITTED ALONG WITH THE APPLICATION.

Note :Original Degree / Diploma Certificate/s will be returned after verification.

- ❖ Only those qualifications of the University / Training Institute, which are included in the
- Schedule to the IMC Act, 1956 and BM Act, 1914 (as amended up to date) will be taken into consideration at the time of Registration of Additional Qualification/s.

Prescribed Fees

- * Rs. **500.00** for each Post Graduate Diploma Qualification.
- * Rs. **1000.00** for each Post Graduate Degree Qualification.
- * Rs. **1500.00** for each Post Doctoral Qualification.
- ❖ **2** (two) copies of recent photograph [size 35 mm x 25 mm], duly signed by the candidate at the left hand side on the front face, should be furnished along with application, of which **1** (one) be affixed on the application and should be duly attested by any Gazetted Officer or by any Medical Practitioner registered with this Council with full signature and Registration Number for verification.

X

Registration of

1.

2.

3.

4.

For Office Use Only

as Additional Qualification/s against Registration No. _____ dated _____ of Dr. _____, M. B. B. S. [_____ U] _____ with last recorded address at _____

In support of the above, copy of the said additional qualification/s duly verified with the original may kindly be seen.

(a) The said qualification/s of the University / Training Institute/s (a) is / are included in the Schedules . **(b)** The said qualification/s of the University / Training Institute/s is /are included in the Schedules with slight variation of nomenclature and the case has been processed as per decision of the Council dated 11 – 09 – 2007 taken on the basis of MCI’s General Body’s Meeting Resolution dated 26 – 03 – 2005.
The name of Dr. _____ is still borne. Signature overleaf has been verified and found in order.

Signature of the Dealing Assistant with date

FOR ORDER

Please register the qualification/s at “X” above against Registration No. _____ dated _____ of Dr. _____ as additional qualification/s.

Registrar, WBMC

Received

1. Additional Qualification Certificate (Registration No. _____) of Dr. _____ by self.

2. Additional Qualification Certificate (Registration No. _____) of Dr. _____ on his / her behalf on production of letter of authority. (Strike out whichever is not necessary)

Date :

Signature of the receiver in full