

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 : \_\_\_\_\_

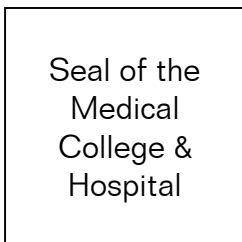
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of the applicant in full*

[ 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 / 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. **400.00** ( Rupees Four Hundred ) only payable through Demand Draft drawn in favour of "West Bengal Medical Council" and payable in Kolkata or Debit / Credit Card.
- ❖ 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. <b>400.00</b> ( Rupees Four Hundred ) only in Debit / Credit Card./ Through Demand Draft
	_____ Signature of the Cashier with date
<p>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.</p> <p>Provisional Registration Certificate may, therefore, please be issued against Provisional Registration No. PR _____ to Sri ./ Ms. _____.</p> <p>For order.</p> <p>_____ <i>Signature of the Dealing Assistant</i></p> <p style="text-align: right;">_____ <i>Registrar, W.B.M.C</i></p>	

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 :

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*Signature of the receiver in full*