

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 Registration Certificate

I, Dr. \_\_\_\_\_  
( Name of the doctor in full )

do hereby declare that I have lost my certificate of registration of Bengal / West Bengal as a medical practitioner under the following circumstances :

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That after diligent search, I have not been able to recover the lost certificate.

That I am the same person who obtained the Original Registration Certificate under Registration Number \_\_\_\_\_ from the West Bengal Medical Council.

That I shall return the duplicate registration certificate for which I have applied to the Registrar, West Bengal Medical Council, if I get back the original certificate.

Date : \_\_\_\_\_

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

\_\_\_\_\_  
*Signature of the applicant in full*  
[ To be made in presence of a Medical Practitioner registered with the West Bengal Medical Council ]

I, Dr. \_\_\_\_\_ ( Registered Medical Practitioner 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 Dr. \_\_\_\_\_ who had obtained the Original Registration under Registration No. \_\_\_\_\_ from the West Bengal Medical Council and whose photograph is attested by me.

\_\_\_\_\_  
*Signature of the Medical Practitioner*  
registered with the West Bengal Medical Council in full

Address of the certifying medical practitioner :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Procedure:

- ❖ Declaration Form to be filled in and signed by the candidate, duly counter-signed by a practitioner registered with the West Bengal Medical Council and whose name is borne in the Register maintained by this Council.

Documents required:

- ❖ Original along with a copy of the Degree and Diploma or Mark-sheet of the Final Examination on whose basis the Registration was granted.
- ❖ Prescribed Fee : Rs. **1200.00** ( Rupees One Thousand 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 a Gazetted Officer or by any medical practitioner registered with this Council with his full signature and Registration No. for verification.

FOR OFFICE USE ONLY
Received Rs. <b>1200.00</b> ( Rupees One Thousand Two Hundred ) only in Cash / Through Demand Draft
_____ Signature of the Cashier with date
Issue of DUPLICATE CERTIFICATE OF REGISTRATION under Registration No. _____ as per application from Dr. _____ may kindly be seen. Copy of MBBS / LMF Degree / Diploma ( enclosed ) has been verified with the original. The declaration submitted by him / her has been checked and the names of both the signatories thereon and their signatures are still borne and seem to be genuine. For order.
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;">_____ <i>Signature of the Dealing Assistant</i></div> <div style="width: 45%; text-align: center;">_____ <i>Registrar, W.B.M.C</i></div> </div>

Received

1. Duplicate copy of Registration Certificate No. \_\_\_\_\_ of Dr. \_\_\_\_\_ by self.

1. Duplicate copy of Registration Certificate No. \_\_\_\_\_ of Dr. \_\_\_\_\_

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*