

Form – vi

( Vide Rule 26 )

Certificate in support of application

I, \_\_\_\_\_

of \_\_\_\_\_

certify as follows :

(i) I am <sup>(a)</sup> \_\_\_\_\_

(ii) I have read paragraphs (iv) and (v) of application of Dr. \_\_\_\_\_ and say that I have been and am well acquainted with the said Dr. \_\_\_\_\_

both before and since his name was removed from the Medical Register, that I believe him to be now a person of good character, and that the statements in the said paragraphs are to the best of my knowledge, information and belief true.

Signed \_\_\_\_\_

Name \_\_\_\_\_

Address and \_\_\_\_\_  
qualification \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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<sup>(a)</sup> state under what act you have been registered as a qualified practitioner.

Form – vii  
( Vide Rule 26 )

STATUTORY DECLARATION BY APPLICANT FOR RESTORATION OF NAME TO THE MEDICAL REGISTER

To the West Bengal Medical Council

i) I, the undersigned, Dr. \_\_\_\_\_  
now holding the qualification of + \_\_\_\_\_, do solemnly and sincerely declare that the following  
are the facts of my case, and in reason of which I seek restoration of my name to the Medical Register.

ii) In the year ( a ) \_\_\_\_\_ my name was duly registered in the Medical Register in  
respect of the following qualifications, namely ( b ) \_\_\_\_\_ and on the date of removal  
of my name herein-after mentioned I was registered in respect of the same qualifications ( c ), and also  
in respect of the following additional qualifications, namely  
\_\_\_\_\_.

iii) At an enquiry held on the ( d ) \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ the  
West Bengal Medical Council directed my name to be removed from the Medical Register on a  
complaint made to the said Medical Council by ( e ) \_\_\_\_\_ of  
\_\_\_\_\_ and the offence, for which the Medical Council directed the removal  
of my name, was ( f ) \_\_\_\_\_  
\_\_\_\_\_.

iv) Since the removal of my name from the Medical Register, I have been residing at ( g )  
\_\_\_\_\_.

v) It is my intension, if my name is restored to the Medical Register, to ( h )  
\_\_\_\_\_.

vi) The ground of application are ( i ) \_\_\_\_\_  
\_\_\_\_\_.

*Signed*

\_\_\_\_\_

Declared at \_\_\_\_\_ on \_\_\_\_\_ before me.

A Commissioner for Oath or Justice of the Peace.

- \* Insert Full Name.
- + Insert qualification, if any.
- (a) Insert Date.
- (b) Insert original qualification.
- (c) To be added to, if necessary.
- (d) Insert date of enquiry.
- (e) Insert Name and Address of the complainant.
- (f) Insert charge on which name was removed.
- (g) The blanks in this paragraph must be filled in according to circumstances.
- (h) Insert particulars as to proposed future professional occupation.
- (i) All facts and grounds on which the application is made, should be clearly and concisely stated.

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