West Bengal Medical Council

Application for Registration of Additional Qualification

Received Rs. ______ only Debit / Credit Card / Demand Draft vide Money Receipt No._____of ____20___ Cashier Photograph to be affixed here, The Registrar duly signed by West Bengal Medical Council the candidate IB 196, Sector III, Salt Lake, at the left hand <u>Kolkata – 700 106</u> side on the front

Sir,

Τo

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

Year of	Year of	Name of the	Name of the
admission	Passing	University	Training Institute

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,

face and should be duly attested.

Dated, the _____, 20 ____

Address :

'Phone / Mobile No. Signature of the applicant in full

Original Degree / Diploma of the Additional Qualification's together with copy / 1. copies of the same, (B) Original Updated Registration Certificate along with ID Card and (\mathbf{C}) Original Certificate / s from the Training Institute / s together with copy / copies of the same should be submitted along with the application.

Procedure

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

* Only those qualification's 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. **2000.00** for each Post Graduate Diploma Qualification.
- * Rs. **3000.00** for each Post Graduate Degree Qualification.
- * Rs. **4000.00** 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.

			For Office	e Use Only		
Re	egistration of					
	1.					
	2.					
	3.					
	4.					
s Addit	ional Qualifi	cation's aga	inst Registratio	on No.	dated	of

as	Additional	Qualification's	against	Registration	No	dated		ot
Dr.					_, M. B. B. S. [U]	
wit	h last record	led 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.

Signature overleaf has been verified and found in order.

Fignature of the Dealing Assistant with date

is still borne.

FOR ORDER				
Please register the qualification's at "X" above against Registration No dated				
of Dras additional qualification's.				
Registrar, WBM0				
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				
Proforma amended in terms of the decision taken in the Council at its meeting held on 11–09–2007				

NOTE : 9 / 2007 : Further modified in 12 / 2008 in terms of order of the President, WBMC in File No. 20 – C/ 2008