

Particulars to be filled-in by the Applicant

I.	If the applicant is already registered under the Indian Medical Council Act, 1956 or under any other State Medical Council Act :
a)	Date of registration and Registration No. :
b)	The name of the Medical Council in which registered. :
c)	Titles or qualifications in respect of which he / she is so registered and the dates on which he / she obtained them. :

Internship Training completed on _____

N.B. : This application will not be entertained unless it is accompanied by the Degree / Diploma / Mark-sheet of qualification in original in respect of which registration is claimed.

INSTRUCTIONS TO CANDIDATE

Requirement for obtaining Final registration with West Bengal Medical Council
For applicants from Non – West Bengal based Universities

1.	Original MBBS Degree Certificate with Xerox copy.
2.	Original Internship Completion Certificate with Xerox copy.
3.	Original Age Proof Certificate with Xerox copy.
4.	3 (Three) copies of Passport / Computerised Photograph . [One copy of photograph be pasted on a white paper and signed by the applicant. The said photograph and the signature should be attested by any Gazetted Officer. Other 2 copies of photograph be signed by the candidate on the front side.]
5.	Original Final Registration Certificate issued by respective State Medical Council with Xerox copy.
6.	Prescribed fee of Rs. 4000.00 [in case of non-reciprocal cases] or Rs. 2000.00 [in case of reciprocal cases].
7.	No Objection Certificate from the concerned Medical Council where the candidate has registered his / her name – either at the time of application or after submission of application.



Name : _____

Signature : _____

Photograph and signature of Dr. _____ are attested.

Signature :

Seal :

West Bengal Medical Council

Declaration by the applicant for Final Registration

(Adopted by the Medical Council of India and all the State Medical Councils
with prior approval of the Government of India)

I solemnly pledge myself to consecrate my life to the service of humanity.

Even under threat, I will not use my medical knowledge contrary to the laws of Humanity.

I will maintain the utmost respect for human life from the time of conception.

I will not permit considerations of religion, nationality, race party politics or social standing to intervene between my duty and my patient.

I will practise my profession with conscience and dignity.

The health of my patient will be my first consideration.

I will respect the secrets which are confided in me.

I will give to my teachers the respect and gratitude which is their due.

I will maintain by all means in my power the honour and noble traditions of medical profession.

My colleagues will be my brothers / sisters.

I shall abide by the Code of Medical Ethics framed by the West Bengal Medical Council at its meetings dated 02-04-2003 and 17-04-2003.

Signature of the declarant in full

Dated, the _____, 20____

Received

1. Certificate of Medical Registration No. _____ and
2. Code of Medical Ethics.
 - a) by self.
 - b) on behalf of Dr. _____
on production of letter of authority.

(~~strike out whichever of (a) or (b) is not applicable~~)

Dated, the _____, 20 _____

Signature of the receiver in full