



**Particulars to be filled-in by the Applicant**

<b>I.</b>	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 : .....

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
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For applicants from Non – West Bengal based Universities
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| <ol style="list-style-type: none"><li>1. Original <b>MBBS Degree Certificate</b> with Xerox copy.</li><li>2. Original <b>Internship Completion Certificate</b> with Xerox copy.</li><li>3. Original <b>Age Proof Certificate</b> with Xerox copy.</li><li>4. 3 ( Three ) copies of <b>Passport / Computerised Photograph.</b><br/>[ 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. ]</li><li>5. Original <b>Final Registration Certificate</b> issued by respective State Medical Council with Xerox copy.</li><li>6. Prescribed fee of Rs. <b>4000.00</b> [ in case of non-reciprocal cases ] or Rs. <b>2000.00</b> [ in case of reciprocal cases ] payment through Bank Draft / Debit or Credit Card.</li><li>7. No Objection Certificate from the concerned Medical Council where the candidate has registered his / her name at the time of application.</li></ol> |
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**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*



**Name** : \_\_\_\_\_

**Signature** : \_\_\_\_\_

**Photograph and signature of Dr. \_\_\_\_\_ are attested.**

**Signature** :

**Seal** :