

Form for Application for Final Registration
(For Office use only)

Registration No. : _____
Date : _____
Please register.
Registrar, WBMC

Money Receipt No. : _____
Date : _____
Amount : _____
Signature of Cashier : _____

Space for affixing photograph

DO NOT WRITE ABOVE THIS LINE

To
The Registrar,
West Bengal Medical Council,
IB 196, Sector – III, Salt Lake,
Kolkata – 700 106

Sir,

I request that my name may be entered in the Register of Registered Practitioners maintained by the West Bengal Medical Council under section 16 of the Bengal Medical Act, 1914.

The fee of Rs. **4000.00** in Cash / Bank Draft drawn in favour of West Bengal Medical Council and payable at Kolkata is being deposited.

Dated, the20.....

Yours faithfully,

(Signature of the applicant in full)

Training Institution	⊙
Surname (in block letters)	⊙
Name (in block letters)	⊙
Nationality	⊙
Date of Birth (To furnish proof of age)	⊙
Permanent address with Pin Code (in block letters)	⊙
Present address with Pin Code (in block letters)	⊙
Occupation	⊙
Father's Name	⊙
Phone No (R) (M) E-mail		

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.	⊙

II.	If the applicant is not registered under item I above -
	Titles or qualifications which entitled him / her to claim registration under the Bengal Medical Act, 1914, with dates of such titles or qualifications -
	Passed the Final M B B S Examination from the _____ University held in the month of _____ (Examination of _____)

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 West Bengal based Universities	For applicants from Non – West Bengal based Universities
<ol style="list-style-type: none"> Original MBBS Degree Certificate or Final Mark-sheet with Xerox copy. Original Internship Completion Certificate with Xerox copy. Original Age Proof Certificate with Xerox copy. 2 (Two) copies of Passport / Computerised Photograph, duly signed by the candidate on the front side. Original Provisional Registration Certificate issued by WBMC. Prescribed Fee of Rs. 4000.00 /- only. 	<ol style="list-style-type: none"> Original MBBS Degree Certificate with Xerox copy. Original Internship Completion Certificate with Xerox copy. Original Age Proof Certificate with Xerox copy. 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.] Original Final Registration Certificate issued by respective State Medical Council with Xerox copy. Prescribed fee of Rs. 4000.00 [in case of non-reciprocal cases] or Rs. 2000.00 [in case of reciprocal cases]

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 _____, 200__

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