

*West Bengal Medical Council*

**Application for Registration of Additional Qualification**

|  |
|--|
| Received Rs. _____ only in Cash vide<br>Money Receipt No. _____ of _____ 20____<br><br>Cashier |
|--|

Photograph to be affixed here, duly signed by the candidate at the left hand side on the front face and should be duly attested.

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

Sir,

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

| Name of the Examination / s | Year of admission | Year of Passing | Name of the University | Name of the Training Institute |
|-----------------------------|-------------------|-----------------|------------------------|--------------------------------|
| 1. _____                    | _____             | _____           | _____                  | _____                          |
| 2. _____                    | _____             | _____           | _____                  | _____                          |
| 3. _____                    | _____             | _____           | _____                  | _____                          |
| 4. _____                    | _____             | _____           | _____                  | _____                          |

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,

Dated, the \_\_\_\_\_, 20 \_\_\_\_

*Signature of the applicant in full*

Address : \_\_\_\_\_  
\_\_\_\_\_

'Phone / \_\_\_\_\_  
Mobile No. \_\_\_\_\_

**Procedure**

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

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

- ❖ Only those qualifications 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 Use Only |
|---------------------|

|   |                        |       |
|---|------------------------|-------|
|   | <u>Registration of</u> |       |
| X | 1.                     | _____ |
|   | 2.                     | _____ |
|   | 3.                     | _____ |
|   | 4.                     | _____ |

as Additional Qualification/s against Registration No. \_\_\_\_\_ dated \_\_\_\_\_ of  
 Dr. \_\_\_\_\_, M. B. B. S. [ \_\_\_\_\_ U ] \_\_\_\_\_  
 with last recorded 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. \_\_\_\_\_ is still borne.  
 Signature overleaf has been verified and found in order.

*Signature of the Dealing Assistant with date*

|           |
|-----------|
| FOR ORDER |
|-----------|

|   |
|---|
| Please register the qualification/s at "X" above against Registration No. _____ dated _____<br>of Dr. _____ as additional qualification/s.<br><div style="text-align: right;">Registrar, WBMC</div> |
|---|

*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*

