

West Bengal Medical Council

D E C L A R A T I O N

FOR ISSUE OF GOOD STANDING CERTIFICATE

DECLARE that I hold Current Registration with the West Bengal Medical Council under No. _____ dated _____.

I further declare that no disciplinary proceedings had ever been taken against me nor in progress till the date for violation of medical ethics in Professional respect.

The particulars furnished in the prescribed form of application for issue of Good Standing Certificate are true to the best of my knowledge and belief.

Date : _____ 200

Signature of the declarant in full

Address:

Telephone No. / Mobile No. :

APPLICATION FORM

(FOR OBTAINING A CERTIFICATE OF GOOD STANDING)

1. Name of the Doctor (as given
in the State Medical Register)

□

2. Present Address with
PIN Code

□

3. Qualification (Name of the
University with year)

□

4. Name of the Medical College
in which the applicant studied
and qualified from

□

5. State Medical Council (s)
with which registered with
Registration No. (s) and date (s)

□

6. Place at which he had worked
during the last five years
with full details (Please use
separate sheet, if the space is
not sufficient)

□

7. Two Testimonials of character
and conduct from persons of standing
(IN ORIGINAL)

□

8. Name and full address of two
doctors who personally know the
applicant to whom a reference
can be made.

□

Dated, the _____ 200

Signature of the candidate in full

Recommendation of the State Medical Council

Certified that the particulars given above are correct to the best of my knowledge and according to the record available with me. Certified that doctor holds current Registration with this Council and no disciplinary proceedings has been taken or were in progress against him/her on this date by this Council.

Dated, the _____ 200

Registrar
West Bengal Medical Council

INSTRUCTION TO CANDIDATES FOR
FILLING THE APPLICATION FORM FOR OBTAINING A CERTIFICATE OF
“ GOOD STANDING “

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1. The application form, in Duplicate, should be properly and neatly filled in.
2. A computerized BANK DRAFT of Rs. **2000/-** (Rupees Two Thousand) only in favour of “SECRETARY, MEDICAL COUNCIL OF INDIA, NEW DELHI” should be sent along with the application as fee.

CHEQUES ARE NOT ACCEPTED.
3. If the Good Standing Certificate is required to be send abroad, a fee of **US \$ 100** or equivalent Indian rupees to be paid in favour of “SECRETARY, MEDICAL COUNCIL OF INDIA, NEW DELHI” in the form of a computerized BANK DRAFT .
4. The testimonials of character and conduct as stated in Column 7 of the application form should be from persons of standing i.e., GAZETTED OFFICERS, MEMBERS OF PARLIAMENT/MEMBERS OF LEGISLATIVE ASSEMBLY/MAGISTRATE 1ST CLASS, and the PRINCIPALS and PROFESSORS OF MEDICAL COLLEGE or from other persons of SIMILAR STATUS.

Xerox copies of each of such certificates should also be furnished along with the application form.
5. The names of the referees may be mentioned with complete and correct address to whom a reference could be made. They should not be the same persons who have issued certificates as asked in “Column 7” of the Application Form.
6. The Application is to be forwarded to the Secretary, Medical Council of India, Pocket – 14, Sector – 8, Phase – I, Dwarka, New Delhi – 110 075 through the Registrar of the State Council with whom the person concerned is registered. In case, he / she is registered with more than one State Medical Councils, he / she should give all the Registration Numbers with dates and the names of the State Medical Councils BUT FORWARD his/her application through the Registrar, to whom he / she will submit his / her Application.
7. THE DECLARATION FORM IS TO BE SIGNED AND ENCLOSED WITH APPLICATION FORM.
8. Rs. 900/- (Rupees Nine Hundred) only being the processing charge in CASH.
9. Xerox copies of Registration Certificate and Updated certificate (two copies) duly attested.

N.B. VALIDITY OF THE CERTIFICATE → THREE MONTHS FROM THE DATE OF ISSUE.