

Particulars to be filled-in by the Applicant

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

1. Original **MBBS Degree Certificate** or **Final Mark-sheet** with Xerox copy.
2. Original **Internship Completion Certificate** with Xerox copy.
3. Original **Age Proof Certificate** with Xerox copy.
4. 2 (**Two**) copies of **Passport / Computerised Photograph**, duly signed by the candidate on the front side.
5. Original **Provisional Registration Certificate** issued by **WBMC**.
6. **Recommendation** letter addressed to the Registrar, WBMC from the respective Principal of the Medical College **in original**.
7. Prescribed Fee of **Rs. 4000.00** /- only. In case of submission of application for final registration after six months of completion of the internship training, Late Fee will be charged as per rules of the Council.

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