

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

I, Dr. \_\_\_\_\_  
( Name of the doctor in full )

do hereby declare that I have lost my certificate of registration of Bengal / West Bengal as a medical practitioner under the following circumstances :

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**That** after diligent search, I have not been able to recover the lost certificate.

**That** I am the same person who obtained the Original Registration Certificate under Registration Number \_\_\_\_\_ from the West Bengal Medical Council.

**That** I shall return the duplicate registration certificate for which I have applied to the Registrar, West Bengal Medical Council, if I get back the original certificate.

Date : \_\_\_\_\_

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

\_\_\_\_\_  
*Signature of the applicant in full*  
[ To be made in presence of a Medical Practitioner registered with the West Bengal Medical Council ]

I, Dr. \_\_\_\_\_ ( Registered Medical Practitioner in whose presence the statement is made ) hereby certify that the above statement has been made and signed in my presence and to the best of my knowledge and belief, the signatory is the same Dr. \_\_\_\_\_ who had obtained the Original Registration under Registration No. \_\_\_\_\_ from the West Bengal Medical Council and whose photograph is attested by me.

\_\_\_\_\_  
*Signature of the Medical Practitioner*  
registered with the West Bengal Medical Council in full

Address of the certifying medical practitioner :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Procedure:

- ❖ Declaration Form to be filled in and signed by the candidate, duly counter-signed by a practitioner registered with the West Bengal Medical Council and whose name is borne in the Register maintained by this Council.

Documents required:

- ❖ Original along with a copy of the Degree and Diploma or Mark-sheet of the Final Examination on whose basis the Registration was granted.
- ❖ Prescribed Fee : Rs. **1200.00** ( Rupees One Thousand Two Hundred ) only payable through Debit / Credit Card or through Demand Draft drawn in favour of "West Bengal Medical Council" and payable in Kolkata.
- ❖ A general diary / FIR be lodged with a Police Station, reporting the loss of certificate and copy of the same be furnished.
- ❖ 2 copies of colour photographs ( size 25 mm x 35 mm ) should be furnished along with the application, of which 1 ( one ) be **affixed** at the appropriate space in the application and should be duly **attested** by a Gazetted Officer or by any medical practitioner registered with this Council with his full signature and Registration No. for verification.

FOR OFFICE USE ONLY	
Received Rs. <b>1200.00</b> ( Rupees One Thousand Two Hundred ) only in Cash / Through Demand Draft	
_____ Signature of the Cashier with date	
Issue of DUPLICATE CERTIFICATE OF REGISTRATION under Registration No. _____ as per application from Dr. _____ may kindly be seen. Copy of MBBS / LMF Degree / Diploma ( enclosed ) has been verified with the original. The declaration submitted by him / her has been checked and the names of both the signatories thereon and their signatures are still borne and seem to be genuine. For order.	
_____ <i>Signature of the Dealing Assistant</i>	_____ <i>Registrar, W.B.M.C</i>

Received

1. Duplicate copy of Registration Certificate No. \_\_\_\_\_ of Dr. \_\_\_\_\_ by self.

1. Duplicate copy of Registration Certificate No. \_\_\_\_\_ of Dr. \_\_\_\_\_ on his / her behalf on production of letter of authority.  
( Strike out whichever is not necessary )

Date :

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*Signature of the receiver in full*