

West Bengal Medical Council

Application for **RESTORATION OF NAME** of a Medical Practitioner  
in the register maintained by the West Bengal Medical Council  
under Section 16(2) of the Bengal Medical Act, 1914

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

From : Dr. \_\_\_\_\_

To : The Registrar,  
West Bengal Medical Council,  
Kolkata

Received Rs. **1000.00** through  
Debit / Credit Card  
Money Receipt No. \_\_\_\_\_  
Date \_\_\_\_\_

Sir,

Cashier, WBMC

I beg to state that I was registered under the Bengal Medical Act, 1914, under Registration No. \_\_\_\_\_ and that my name was erased under Section 16 (2) of the said Act owing to non-receipt by you of replies to references you made to me under the said section. The reference could not be answered for the following reasons :

PLEASE STATE THE CIRCUMSTANCES IN BRIEF HERE

2. I now request you to restore my name in the Register of Registered Medical Practitioners and beg to furnish the following in support of my application :

- a) my Diploma / Degree in original with a xerox copy thereof;
- b) my Certificate of Registration in original with a xerox copy thereof;
- c) 3 ( Three ) copies of recent photograph ( not more than one month's old ) ( size 35 mm x 25 mm ) duly signed by me at left hand side on the front face, of which one has been affixed on the application and duly attested by a Gazetted Officer or by a Medical Practitioner registered with this Council with full signature and registration Number thereof.

3. The fee of Rs. **1000.00** ( Rupees One Thousand ) only is being deposited in Cash / through Demand Draft / Pay Order drawn in favour of "West Bengal Medical Council" and payable in Kolkata.

Yours faithfully,

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

\_\_\_\_\_  
Signature of the Applicant in full

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

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

**WEST BENGAL MEDICAL COUNCIL**

For Office Use Only

Dr. \_\_\_\_\_ has applied to this Council for RESTORATION

of his / her name under Section 16 (2) of the Bengal Medical Act, 1914 in the Medical Register, under Registration No. \_\_\_\_\_ and in support of his / her application,

Dr. \_\_\_\_\_ has submitted his ORIGINAL Degree / Registration Certificate for verification.

All relevant documents have been verified and the application has been found in order.

Submitted for order whether the name of the aforesaid Medical Practitioner be restored under Registration No. \_\_\_\_\_ in the Medical Register.

Date :

\_\_\_\_\_  
Signature of the Dealing Assistant

*Please restore.*

Registrar,  
West Bengal Medical Council

*Received*

1. Restoration Certificate ( Registration No. \_\_\_\_\_ ) of Dr. \_\_\_\_\_  
\_\_\_\_\_ by self.

2. Restoration Certificate ( Registration 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*