

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 : _____ 20_____

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) : **NOT REQUIRED**

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

Dated, the _____ 20

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 _____ 20

(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. **2360/-** (Rupees Two Thousand three hundred and sixty) only in favour of "SECRETARY, MEDICAL COUNCIL OF INDIA, NEW DELHI" (Payable at New Delhi) should be sent along with the application as fee. If, however, the Certificate is required to be sent abroad by the MCI, a Demand Draft equivalent to US \$ 100 in Indian Rupees be provided in favour of "SECRETARY, MEDICAL COUNCIL OF INDIA, NEW DELHI" (**Payable at New Delhi**).**

CHEQUES ARE NOT ACCEPTED.
3. **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 .**
4. **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 .**
5. **THE DECLARATION FORM IS TO BE SIGNED AND ENCLOSED WITH APPLICATION FORM .**
6. **Rs. **3000.00** (Rupees Three Thousand) only being the processing charge through Debit / Credit Card.**
7. **Xerox copies of Registration Certificate and Updated certificate (two copies) duly attested .**