

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** in cash.
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:

Signature of the receiver in full