

GOVERNMENT OF WEST BENGAL
OFFICE OF THE DEAN OF STUDENTS' AFFAIRS
CALCUTTA NATIONAL MEDICAL COLLEGE
32, Gorachand Road, Kolkata-700 014

Memo No.: CNMC/Std./ /D

Dated:

To
The Registrar
West Bengal Medical Council
1B-196, Sector -III, Salt Lake
Kolkata - 700 106

Subject: Issuance of Provisional Registration Certificate

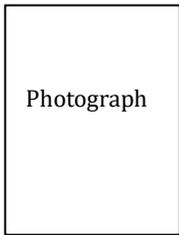
Sir/Madam,

This is to inform you that _____ passed the **MBBS 3rd Professional Part-II March - April, 2023 Examination** of The West Bengal University of Health Sciences, Kolkata from Calcutta National Medical College, Kolkata.

He/She will attend the Internship Training for 1(one) year in the departments of this Institution as per NMC guideline regarding Compulsory Rotating Medical Internship from **2nd May, 2023 to 1st May, 2024.**

As per office records the above mentioned candidate is citizen of India.

Provisional Registration Certificate may kindly be issued in his/her favour for allotment of studies for the above training for this period.



Yours faithfully,

Dean of Students' Affairs
Calcutta National Medical College

Specimen Signature of the candidate

Signature of the candidate is attested.

Dean of Students' Affairs
Calcutta National Medical College

West Bengal Medical Council
Application Form for Provisional Registration

For Office Use Only

Received Rs. **1000.00** in cash / DD / by cheque *

Cash Receipt No. _____

Date _____

*Kolkata clearing /
subject to realization *Cashier, W.B.M.C*

REQUIREMENTS

- ⊙ Certificate from the Principal of the concerned Medical College, certifying passing of the MBBS Exam and period of Internship with photograph and signature of the candidate, duly attested.
- ⊙ Three copies of photograph, duly signed by the candidate on the front, of which one copy to be affixed on the application.

To
The Registrar,
West Bengal Medical Council,
IB 196, Sector III, Salt Lake,
Kolkata – 700 106

Affix Passport
size
photograph,
preferably
computerized,
duly signed by
the candidate

Sir,

Please register my name provisionally under Section 25 (2) of the Indian Medical Council Act, 1956 for the purpose of employment in a resident medical capacity (Rotating Housemanship) for a period of 12 (Twelve) months in an approved Institution as per recommendation of the Principal, _____
(Name of Medical College) enclosed.

The prescribed fee of Rs. **1000.00** (Rupees One Thousand) only is being paid herewith.

1. Name of the Institution : _____
2. Date of commencement of Internship Training : _____
3. Name of the applicant (In block letters) :
 - a) Forename : _____
 - b) Middle Name : _____
 - c) Surname : _____
4. Date of birth : _____
5. Father's Name : _____
6. Present Address (In block letters) : _____
_____ Pin Code _____
7. Permanent Address (In block letters) : _____
_____ Pin Code _____
8. Telephone No. / Mobile No. : _____
9. Email Id : _____
10. Blood Group : _____

I solemnly declare that I will not carry on Private Practice on the basis of this Provisional Certificate.
Yours faithfully,

Kolkata,

Signature of the Applicant in full

The _____ 20____.

For Office Use Only

Provisional Registration No. _____	Pr. _____
Date : _____	_____ .200

This is a case of Provisional Registration. The candidate named _____, whose particulars have been given overleaf, passed Final MBBS (West Bengal University of Health Sciences) Examination in ____/20____. Verified from the Principal's original certificate dated _____, recommending grant of Provisional Registration by attesting photograph and signature of the candidate.

Internship Training started on _____

Provisional Registration Certificate valid up to _____

For order.

Signature of the Dealing Assistant _____

Date _____

Order

Please register provisionally for the period mentioned above.	
Registrar, WBMC _____	Date _____

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To be filled up by the candidate at the time of taking delivery of the certificate

Received

1. Provisional Certificate (Registration No. _____) of _____
_____ by self.

2. Provisional Certificate (Registration No. _____) of _____
_____ on his / her behalf on production of letter of authority.

(Strike out whichever is not necessary)

Date :

Signature of the receiver in full