West Bengal Medical Council
IB-196, Sector-III, Salt Lake, Kolkata – 700 106
☎ Email : wbmc@wbmc.in

FOR OFFICE USE ONLY

Received Rs. **1000.00** in cash vide Money Receipt No._____ dated _____.

Cashier, WBMC

Please accept Rs. **1000.00** (Rupees One Thousand only) in cash.

Dealing Assistant, WBMC

Date :

Certified that the (a) Name is still borne and (b) Signature seems to be genuine. Approval may be accorded for Change of Address in the records and issue of fresh Updated Registration Certificate.

Date : Dealing Assistant, WBMC

Approved

_____
Registrar, WBMC

Application Form for change of address

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

Dear Sir,

I am a Medical Practitioner and registered with your Council against Registration No. _____ dated _____.

I have changed my present / permanent address and now wish to record the following changed address as my permanent / present address in the records being maintained by WBMC.

Please fill in with block letters	
Permanent Address	Present Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____Pin Code : _____	_____Pin Code : _____

The requisite Fee of Rs. 1000.00 (Rupees One Thousand) only is being deposited in cash. Original Updated Registration Certificate is being surrendered herewith for issue of a fresh one incorporating the above changed address.

Thanking you,

Yours faithfully,

Phone Nos.
_____
_____

Signature in full _____
Name in block letters _____
Registration No. _____ date _____

Enclo : Original Updated Registration Certificate.