

NOC PROFORMA

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

Sir,

I am registered with your Council against Registration Number _____ and I wish to obtain a No Objection Certificate from the Council for the following reasons :

I shall be thankful if the No objection Certificate issued in my favour is sent to the following address :

1. Record Permanent Address : _____

2. Recorded Present Address : _____

3. The Following Address :

A self – attested copy of Permanent Registration Certificate / Update Registration Certificate **enclosed** :

Thanking You,

Yours faithfully,

Signature in full : _____

Name in Block Letter : _____

Registration Number : _____

Contact Number : _____

Place :

Date :