

West Bengal Medical Council
P R O F O R M A
(To be filled in **block letters**)

1. N a m e
(Surname) (Middle Name) (Name)
2. Father's Name : Mr. / Dr. / Late
3. Date of Birth : 4. Sex : **M** ☐ **F** ☐ (Please put \surd mark)
5. (A) Address : (i) Permanent.....
..... Pin Code
- (ii) Present.....
..... Pin Code.....
5. (B) Applicant's Phone Nos.
6. Registration (a) No. (**b**) Date
7. Details of Medical Qualification (s) :

Qualification and qualifying year *	Name of the Medical College / School	Name of the University / Institution conferred Degree / Diploma

* Please refer to the Original Registration Certificate issued by this Council.

8. Details of payment : Cash /
Demand Draft No..... date for Rs. 350.00 / 550.00
drawn onBranch of.....
(Name of the Branch) (Name of the Bank)

9. Signature of the applicant in full against **A** and specimen against **B**
- Affix recent
passport size color
photograph of the
applicant
(The photograph
should not be
signed or attested)

A.

B.

Do not sign outside the boxes and in block letters

10. *Certification* by another Medical Practitioner registered with the West Bengal Medical Council.
Certified that the above particulars, photograph and signatures are true.

Signature with date and Registration Number

Please see overleaf for instructions

WEST BENGAL MEDICAL COUNCIL

8, LYONS RANGE (3RD FLOOR) KOLKATA – 700 001

☎ 2213 – 7679, 2231 – 5662 Email: wbmcc@vsnl.net

Visit us at www.wbmcc.in

N O T I C E

Updating procedure for the doctors registered with this Council during the period 01.01.2006 to 31.12.2008 will NOW be started from 1st February 2011.

Proforma of Application either may be downloaded from our Website : www.wbmcc.in and printed in a legal size white paper or collected from Council's office free of cost and to be submitted, duly filled in and signed together with service charge through post or in person in our Office Address as mentioned above.

Service Charge

(i) Rs. 350.00 for the doctors registered between the period 01-01-2006 and 31-12-2008,

(ii) Rs. 550.00 for those who had responded to our earlier updating 2001 – 2002 but not responded till date to our Updating 2009–10 (Registered upto 31-12-2005), provided their names are still borne in the Register of Registered Medical Practitioners maintained by the Council. In case name of the Medical Practitioner is not still borne in our Register, the name is to be restored first following the procedure and thereafter the same will be updated.

(iii) Rs. 750.00 for those who had not responded to any of our earlier Updating i.e. 2001–2002 and 2009–2010 (Registered upto 31-12-2005), provided their names are still borne in the Register of Registered Medical Practitioners maintained by the Council. In case name of the Medical Practitioner is not still borne in our Register, the name is to be restored first following the restoration procedure and thereafter the same will be updated.

Service Charge may be paid in the form of Bank Draft favouring 'West Bengal Medical Council' payable at Kolkata or in cash within the cash hours upto 2.30 PM. In no way Cheque would be accepted. This Service Charge is only for updating purpose. For recording of Additional Qualification (s), Change of Surname (for female candidates) etc., separate application is to be filled in and signed with prescribed fee in addition to the Service Charge, as mentioned above.

▲ new Registration Certificate affixing with Hologram, would be given. Registration number will remain unchanged.

▲ All such Applications will be received by the Council upto 31-03-2011.

Sd/-

D K Ghosh

Registrar

West Bengal Medical Council