

Application for  
Updating of State Medical Register

Affix postage  
stamp size color  
photograph  
: 35 mm x 25 mm

1. Name : \_\_\_\_\_  
(Surname) (Name)
2. Father's Name : \_\_\_\_\_
3. Date of birth : \_\_\_\_\_ 4. Sex : M / F
5. Address ( a ) Permanent : \_\_\_\_\_  
\_\_\_\_\_  
( b ) Present : \_\_\_\_\_  
\_\_\_\_\_
6. Registration No. : (a) \_\_\_\_\_ (b) Date \_\_\_\_\_
7. Details of medical qualification : (a) Basic (b) Additional

Qualification	Name of the Medical College / School	Name of the University / Institution conferring recognised degree / diploma	Qualifying Year

8. Details of payment :  
Cheque / Demand Draft No. \_\_\_\_\_ dated \_\_\_\_\_ Amount Rs. \_\_\_\_\_  
drawn on \_\_\_\_\_ Branch of \_\_\_\_\_ Bank
9. Signature of the applicant (a) Full : \_\_\_\_\_  
(b) Specimen : \_\_\_\_\_ ( Do not sign outside the boxes)
10. Certification by another medical practitioner  
registered with the West Bengal Medical Council  
(a) Photograph, (b) Full signature and (c) Specimen signature above are duly attested by  
me.

Applicant's Phone Nos. \_\_\_\_\_ Signature with date and Registration Number \_\_\_\_\_

**Note** : Service Charge of Rs. 100.00 / Rs. 500.00 may be paid either in Cash or through Demand Draft / Pay Order drawn in favour of "West Bengal Medical Council" and payable at Kolkata, mentioning Name & Registration No. on the reverse of the same.

Please also note that registration of additional qualification ( in case of all the candidates ) & Change of surname ( in case of female candidates ) **will not be done** on the basis of declaration made in the application form for Updating. Separate application is required to be submitted with prescribed fees and relevant documents for the purpose.