

WEST BENGAL MEDICAL COUNCIL	Application for change of Surname
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Received Rs. _____ only in Cash vide
Money Receipt No. _____ of _____ 200____

Cashier

Photograph to be affixed here, duly signed by the candidate at the left hand side on the front face and should be _____ duly

To
The Registrar
West Bengal Medical Council
8, Lyons Range [3rd Floor]
Kolkata – 700 001

Dear Sir,

Change of Surname

I am registered with the West Bengal Medical Council against No. _____ dated _____ and I had updated my records in the State Medical Register. I would like to change my surname from _____ (Maiden Surname) to _____ (Changed Surname) for reasons as stated in the enclosed declaration. The prescribed fee and necessary documents are furnished herewith, together with original Updated Registration Certificate.

Yours faithfully,

1. _____
2. _____

Signature of the applicant in full at
1. with the Maiden Surname and at
2. with the Changed Surname.

Date : _____
Address : _____

Phone / Mobile No. _____

- Procedure
1. Declaration Form to be filled in by the candidate, duly counter-signed by a practitioner registered with this Council.

- Documents required
2. For Female Applicant :
- a) Original Marriage Registration Certificate or an affidavit duly sworn in before a 1st Class Magistrate, together with a copy – for verification and return of the original.
- b) Original Updated Registration Certificate of this Council – to be surrendered,
3. For Male Applicant :
- a) Degree / Diploma in original with changed surname incorporated thereon by the University and a copy thereof.
- b) Insertion in a Daily Newspaper stating the fact and the reason for the proposed change (Full page of the Newspaper, with the advertisement published therein, is to be submitted).
- c) An affidavit, duly sworn in, before a 1st Class Magistrate and a copy thereof.
- d) Original Updated Registration Certificate of this Council – to be surrendered.
4. Prescribed fee of Rs. 300.00 (Rupee three hundred) only.

5. 2 copies of recent photograph [size 35 mm x 25mm] be furnished along with the application , of which 1 be affixed on the application and should be duly attested by any Gazetted Officer or by any practitioner registered with this council with full signature and Registration Number, for verification. Balance one copy of photograph be submitted without any attestation.
- Continued on reverse

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I, Dr. _____ (Name with changed surname) do hereby declare that I am the same person by name Dr. _____ who passed the LMF/MBBS Examination of the University of _____ State Medical Faculty of West Bengal in the year_____ and obtained the LMF / MBBS / Diploma / Degree from that body, and the Registration Certificate No. _____ from the West Bengal Medical Council and that I desire to change by Surname to _____ for the following reasons:

I also declare that my :

- A) Father’s Name is : _____
- B) Husband’s Name is : _____

1. _____
2. _____

Signature of the applicant in full at
1. with the Maiden Surname and at
2. with the Changed Surname.
Registration No._____

Date : _____

Address : _____

‘Phone/Mobile No. _____

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This is to certify that the above declaration has been made by the Declarant Dr. _____ in my presence. To the best of my knowledge, he / she is the same person who passed the _____ Examination of the University of _____ / State Medical Faculty of West Bengal in _____ and was registered with the West Bengal Medical Council under No._____.

Signature of the practitioner (in full)
registered with the WBMC
Registration Number _____.

Date : _____

Address : _____

‘Phone / Mobile No. _____

For Office use only

1.This is an application from (1) Dr. _____, MBBS / _____ (_____ U) _____ & Regn No. _____ of _____ for change of her surname from “_____” to “Mrs._____” in the office records due to _____ (state the reason for change), which had duly been certified by (2) Dr. _____, MBBS / _____ (_____ U) _____ & Registration No. _____ of _____ .

2. The applicant had submitted copy of Affidavit / Marriage Registration Certificate (enclosed) in support of his / her application, which has duly been verified with the Original / Certified copy of the same dated _____.

1. Report against Registration No. _____ of _____

Name of Dr. _____ having MBBS (_____ U) _____ of _____

_____ is still borne in our Register.

2. Report against Registration No. _____ of _____

Name of Dr. _____ having MBBS (_____ U) _____ of _____

_____ is still borne in our Register.

3. Declaration submitted by the applicant has been checked. Names of both the signatories thereon are still borne and their signatures seem to be genuine.

4. The said changes may be incorporated in our records and a fresh Updated Registration Certificate may be issued with the said change.

For order.

Signature of the Dealing Assistant

May be changed

Registrar, West Bengal Medical Council

Received

1. Original Updated Registration Certificate (Registration No. _____) of Dr. _____ with changed surname incorporated therein, by self.

2. Original Updated Registration Certificate (Registration No. _____) of Dr. _____ with changed surname incorporated therein, on his / her behalf on production of letter of authority.

(Strike out whichever is not necessary)

Date :

Signature of the receiver in full