

# WEST BENGAL MEDICAL COUNCIL

IB 196, Sector III , Salt Lake, Kolkata – 700 106

☎ 2335-5575, 5663, 3078 Email : [wbmc@vsnl.net](mailto:wbmc@vsnl.net)

## FOR OFFICE USE ONLY

Please accept Rs. **400.00** ( Rupees Four Hundred only ) in cash.

Received Rs. **400.00** in cash.

Date : Dealing Assistant,  
WBMC

Money Receipt No. \_\_\_\_\_

Date \_\_\_\_\_

Cashier,  
WBMC

### Application Form for issue of Second Copy of Updated Registration Certificate

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

Certified that the (a) Name is still borne and (b)  
Signature seems to be genuine. Approval may be accorded for  
issue of 2<sup>nd</sup> Copy of Updated Registration Certificate.

*Date :* \_\_\_\_\_ *Dealing Assistant, WBMC*

*Approved*

*Registrar, WBMC*

Dear Sir,

I am a medical practitioner registered with the West Bengal Medical Council against registration No. \_\_\_\_\_. I had applied for Updating of State Medical Register and received a certificate issued in this respect.

Unfortunately, I have lost the above Updated Certificate on \_\_\_\_\_  
due to \_\_\_\_\_

and lodged a General Diary with the \_\_\_\_\_ PS in this connection.

A copy of the GD is enclosed.

I shall be thankful if you kindly issue me a Second Copy of Updated Registration Certificate. The prescribed fee of Rs. **400.00** ( Rupees Four Hundred ) only is being deposited with the Cash Section.

Thanking you,

Yours faithfully,

Enclo : Copy of General Diary

Signature in full \_\_\_\_\_

Name in block letters \_\_\_\_\_

Registration No. \_\_\_\_\_ date \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_



\_\_\_\_\_ (R) \_\_\_\_\_ (M)

