

WEST BENGAL MEDICAL COUNCIL

8, LYONS RANGE (3RD FLOOR) KOLKATA – 700 001
☎ 2213-7679, 2231-5662 Email: wbmc@vsnl.net
Visit us at www.wbmc.in

N O T I C E

IN EXERCISE OF THE POWER CONFERRED BY THE BENGAL MEDICAL ACT 1914 (AS AMENDED), THE REGISTRAR, WEST BENGAL MEDICAL COUNCIL FOR THE PURPOSE OF UPDATING OF THE STATE MEDICAL REGISTER INVITES APPLICATIONS FROM THE MEDICAL PRACTITIONERS REGISTERED WITH THIS COUNCIL UPTO 31/12/2005 IN THE PRESCRIBED PROFORMA, AS WAS DONE EARLIER IN THE YEAR 2001.

PROFORMA OF APPLICATION, DULY DOWNLOADED, FROM OUR WEBSITE: WWW.WBMC.IN AND PRINTED IN **A LEGAL SIZE WHITE PAPER** OR COLLECTED FROM COUNCIL'S OFFICE FREE OF COST BE SUBMITTED, DULY FILLED IN AND SIGNED TOGETHER WITH SERVICE CHARGE THROUGH REGISTERED POST / COURIER OR IN PERSON IN OUR OFFICE ADDRESS AS MENTIONED ABOVE.

SERVICE CHARGE –

- (i) Rs.350.00 FOR THOSE WHO HAD UPDATED THEIR RECORDS IN RESPONSE TO OUR ADVERTISEMENT IN 2001 AND ALSO THOSE WHO HAD OBTAINED REGISTRATION DURING 01.01.2001 TO 31.12.2005; AND
- (ii) Rs.550.00 FOR THOSE WHO HAD NOT UPDATED TILL DATE.

SERVICE CHARGE IS TO BE PAID IN THE FORM OF BANK DRAFT DRAWN ON ANY BANK FAVOURING 'WEST BENGAL MEDICAL COUNCIL' PAYABLE AT KOLKATA. IN NO WAY CASH / CHEQUE WOULD BE ACCEPTED. THIS SERVICE CHARGE IS ONLY FOR UPDATING PURPOSE. FOR REGISTRATION OF ADDITIONAL QUALIFICATION(S), CHANGE OF SURNAME (FOR FEMALE CANDIDATES) ETC., SEPARATE APPLICATION FORM MAY BE DOWNLOADED FROM THE WEBSITE OR COLLECTED FROM THE OFFICE AND BE FILLED IN AND SIGNED WITH PRESCRIBED FEE IN ADDITION TO THE SERVICE CHARGE, AS MENTIONED ABOVE.

A NEW UPDATED REGISTRATION CERTIFICATE AFFIXING WITH HOLOGRAM, DULY LAMINATED, WILL BE ISSUED TO THE APPLICANTS.

APPLICANTS SHOULD WRITE, NAME, REGISTRATION NUMBER AND PHONE NUMBER ON THE REVERSE OF THE BANK DRAFT.

APPLICATIONS WILL BE RECEIVED BY THE COUNCIL FROM 1ST DECEMBER 2009 TO 31ST JANUARY 2010.

D K GHOSH
REGISTRAR
West Bengal Medical Council

WEST BENGAL MEDICAL COUNCIL

PROFORMA OF APPLICATION FOR UPDATING

(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 ✓ mark)

5. (A) Address : (i)

Permanent

.....Pin Code

(ii)

Present.....

..... Pin Code.....

5(B)

Applicant's
Phone Nos.

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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 :

Demand Draft No..... date for Rs. 350.00 / 550.00

drawn on Branch of

(Name of the Branch)

(Name of the Bank)

9)

Affix recent
passport size color
photograph of the
applicant
(The photograph
should not be
signed or attested)

Signature of the applicant in full against **A** and specimen against **B**

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

Visit us at www.wbmc.in