

Application for
Updating of State Medical Register

Affix postage
stamp size
color
photograph
: 35 mm x 25

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.

