

West Bengal Medical Council
8, Lyons Range (Third Floor) Kolkata – 700 001
☎ 2230–2674 / 2213–7679 Email : wbmc@vsnl.net

FOR OFFICE USE ONLY

Received Rs. 200.00 in cash vide Money Receipt No. _____
dated _____.

Cashier, WBMC

Please accept Rs. 200.00
(Rupees Two Hundred only)
in cash.

Certified that the (a) Name is still borne and (b) Signature
seems to be genuine. Approval may be accorded for Change
of Address in the records and issue of fresh Updated
Registration Certificate.

Dealing Assistant,
WBMC

Date :

Date : _____ Dealing Assistant, WBMC

Approved

Registrar, WBMC

Application Form for change of address

The Registrar,
West Bengal Medical Council,
8 Lyons Range (Third Floor),
Kolkata – 700 001

Dear Sir,

I am a Medical Practitioner and registered with your Council against Registration
No. _____ dated _____.

I have changed my present / permanent address and now wish to record the following
changed address as my permanent / present address in the records being maintained by
WBMC.

Please fill in with block letters	
Permanent Address	Present Address
_____	_____
_____	_____
_____	_____
_____ Pin Code : _____	_____ Pin Code : _____

The requisite Fee of Rs. 200.00 (Rupees Two Hundred) only is being deposited in cash. Original
Updated Registration Certificate is being surrendered herewith for issue of a fresh one
incorporating the above changed address.

Thanking you,

Yours faithfully,

Phone Nos.

Signature in full
Name in block letters
Registration No.

_____ date _____

Encl^o : Original Updated Registration Certificate.