

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

Received Rs. 400.00 in cash vide Money Receipt  
No. \_\_\_\_\_ dated \_\_\_\_\_.

Cashier, WBMC

Please accept Rs. **400.00**  
( Rupees Four 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.

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

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

*Approved*

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Registrar, WBMC

*Application Form for change of address*

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

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. 400.00 ( Rupees Four 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,

<b>Phone Nos.</b>
_____
_____

Signature in full  
Name in block letters  
Registration No. \_\_\_\_\_

Yours faithfully,  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ date \_\_\_\_\_

Enclo : Original Updated Registration Certificate.