

WEST BENGAL MEDICAL COUNCIL

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

☎ 2335-3078 / 2335-5575 Email : wbbc@wbbc.in Website : www.wbbc.wb.gov.in

FOR OFFICE USE ONLY	
Please accept Rs. 1000.00 (Rupees One Thousand only) through Debit / Credit Card or Demand Draft. Date : _____ <div style="text-align: right;">Dealing Assistant, WBMC</div>	Received Rs. 1000.00 Debit / Credit Card or Demand Draft. Money Receipt No. _____ Date : _____ <div style="text-align: right;">Cashier, WBMC</div>

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 2nd 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. 1000.00 (Rupees One Thousand) only is being deposited with the Cash Section.

Thanking you,

Yours faithfully,

Encl : Copy of General Diary

Signature in full _____

Name in block letters _____

Registration No. _____ date _____

Address : _____

☎ _____ (R) _____ (M)