

NOC PROFORMA

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

Sir,

I am registered with your Council against Registration Number _____ and I wish to obtain a No Objection Certificate from the Council for the following reasons :

I shall be thankful if the No objection Certificate issued in my favour is sent to the following address :

1. Recorded Permanent Address : _____
2. Recorded Present Address : _____
3. The Following Address : [In Block Letters]

A self – attested copy of Permanent Registration Certificate / Updated Registration Certificate is enclosed. A Demand Draft of Rs. 1000.00 drawn in favour of West Bengal Medical Council and payable in Kolkata is also enclosed or through Debit / Credit Card.

Thanking You,

Yours faithfully,

Signature in full : _____
Name in Block Letter : _____
Registration Number : _____
Contact Number : _____

Place :
Date :