

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

☎ Email : wbmc@wbmc.in

FOR OFFICE USE ONLY

Received **Rs. 1000.00** in Debit or Credit Card / Demand Draft
vide Money Receipt No. _____ dated _____.

Cashier, WBMC

Please accept **Rs. 1000.00**
(Rupees One Thousand only)
in Debit or Credit Card /
Demand Draft.

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

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
_____	_____
_____	_____
_____	_____
PO : _____ Dist : _____	PO : _____ Dist : _____
State : _____	State : _____
_____ Pin Code : _____	_____ Pin Code : _____

The requisite Fee of **Rs. 1000.00 (Rupees One Thousand)** only is being deposited in Debit Card or
Credit Card / DD. 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 _____