

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

☎ Email : wbmc@wbmc.in

FOR OFFICE USE ONLY

Received **Rs. 200.00** in Debit or Credit Card / DD vide Money
Receipt No. _____ dated _____.

Cashier, WBMC

Please accept **Rs. 200.00**
(Rupees Two Hundred only)
in Debit or Credit Card/ DD.

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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____ Pin Code : _____	_____ Pin Code : _____

The requisite Fee of **Rs. 200.00 (Rupees Two Hundred)** only is being deposited in Debit Card or
Credit Card / DD. NON-SMR 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 _____