WEST BENGAL MEDICAL COUNCIL

IB, 196, SECTOR − III, SALT LAKE, KOLKATA − 700 106
2335-3078 / 5575 / 5663
Email: wbmc@wbmc.in

Website: www.wbmc.wb.gov.in

PROFORMA FOR UPDATING OF REGISTRATION 2022

(To be filled in **block letters**)

1. Name						
(Surname) (Middle Nan			(First Name)			
2. Father's Name: Mi	r. / Dr. / Late					
3. Date of Birth:		4. Sex:	M		F (Please put $\sqrt{\text{mark}}$)	
5. Blood Group:						
6. (A) Address: (i) Pe	ermanent					
P.O	District .		Pin Co	ode		
State	Country					
(ii) Pr	resent					
P.O	District .	••••••	Pin (Code		
State	Country					
(iii) Address where the	e applicant desires t lease put√mark)[Pe	-	_		icate by Speed Post	
7. (B) Applicant's Phone Nos.	Chamber / Hospital	Residence		Мо	bile	
8. Email :						
9. Registration (a)	No	(b) Date			
10.Details of Medical						
Qualification and	Name of	the	Name of	of the Un	iversity / Institution	
qualifying year * Medical College / School conf				ferred De	gree / Diploma	
* Please refer to the O	riginal Registratior	n Certificate issue	ed by this (Council.		
11. Details of payment	_					
• ,	No······ da or Rs. 1050.00	ated ······	. on		(Name of	
12		Signature of the ap	oplicant in fu	ıll against A	and specimen against B	
Affix recent passpor	rt A.					
size color photograp of the applicant	oh					
(The photograph						
should not be sign or attested)	ed L	Do not sign outside the boxes and in block letters				
13. Certification by and Certified that the abo	other Medical Practit ove particulars, photo	_		-	edical Council.	

Visit us at www.wbmc.wb.gov.in

See Reverse

Signature with date and Registration Number

HOW TO SUBMIT APPLICATION FOR UPDATING

- The medical practitioners can obtain Proforma Application for Updating (2022) from the office of the West Bengal Medical Council free of cost download the same from our website [www.wbmc.wb.gov.in] and print the same in a Legal size paper.
- The proforma duly filled in (without leaving any column blank), signed and countersigned to be submitted affixing a recent passport size colored photograph together with Service Charge of Rs. 1050/- (Rupees One Thousand Fifty) along with Bank Draft in the Office of the Council through post only on and from 1st January 2022.

HOW TO DEPOSITE SERVICE CHARGE \rightarrow Only by Demand Draft drawn in favour of "West Bengal Medical Council" payable at Kolkata.

FOR RECORDING ADDITIONAL QUALIFICATION AND / OR CHANGE OF SURNAME (IN CASE OF FEMALE DOCTORS ONLY) WITH THIS APPLICATION FOR UPDATING

- The medical practitioners who have already registered their additional qualification(s) / Change of Surname (in case of female doctors only) with the Council need not to apply again but they would only apply for updating mentioning their additional qualification(s) / changed surname already registered with the Council.
- The medical practitioners who have already registered their additional qualification(s) / Change of Surname (in case of female doctors only) with the Council, the incumbent is first required to make separate application for registration of additional qualification(s) / Change of Surname (in case of female doctors only) which can be had from the office of the Council free of cost or downloaded from our website along with prescribed fees* and supporting documents. The details of prescribed fees and supporting documents can be had from the Application form for Additional Qualification / Change of Surname. Payment of fees for recording Additional Qualification / Change of Surname cannot be made through online as stated above. The deposit of application fees are to be made in Debit or Credit Card through Demand Draft in the office of the Council (Time Monday to Friday up to 2:30 PM) excepting holidays. Then he / she will make Application for updating through Bank Draft as stated avobe.
 - * Prescribed Fees [existing] may vary from time to time.
 - Rs. 2000.00 for each Post Graduate Diploma Qualification.
 - Rs. 3000.00 for each Post Graduate Degree Qualification.
 - Rs. 4000.00 for each Post Doctoral Qualification.
 - Rs. 1000.00 for Change of Surname.
