

The Registrar,
West Bengal Medical Council

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 reason :

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 :**

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.

Thanking you,

Yours faithfully,

Signature if full : _____

Name in block letters : _____

Registration Number : _____

Place : :

Date :