

FOR OFFICE USE ONLY	
Please accept Rs. <b>200.00</b> (Rupees Two Hundred only ) in cash.	Received Rs. 200.00 in cash vide Money Receipt No. _____ dated _____.  <div style="text-align: right;">Cashier, WBMC</div> <hr/> 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
<i>Approved</i> _____ 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,

■ am a Medical Practitioner and registered with your Council against Registration No. \_\_\_\_\_ dated \_\_\_\_\_.

■ 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 cash. 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.

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Signature in full \_\_\_\_\_  
 Name in block letters \_\_\_\_\_  
 Registration No. \_\_\_\_\_ date \_\_\_\_\_