PROFORMA

1. Name, Address and Phone number of the WBDC office: Name: WEST BENGAL DENTAL COUNCIL Address: Purta Bhavan, 3rd Floor, Room No.303, DF-Block, Salt Lake, Sector-I, Kolkata-700091. Phone Number (Office): 2337-5267. email:- info@wbdc.org.in, website:- www.wbdc.org.in ****************** (Please cut and retain the above) ******************* (Please cut and return to the Returning Officer, West Bengal Dental Council on or before 05-06-2023 at 3.00 p.m.) Registration Number: Name: Dr. ____ Father's Name Qualification/s: Present Address: Permanent Address: _______ Telephone No.: Residence: Hospital: _____ Chamber: _____ Any other: _____

Mobile: _____ email id____