

GOVERNMENT OF WEST BENGAL

Office of the Administrative Medical Officer
Employees' State Insurance (Medical Benefit) Scheme
West Bengal
P-233, C.I.T. Scheme-VII-M, Bagmari, Kolkata-700 054

Application for Change of Doctor

I, Shri _____ son of _____
_____ Insurance No. _____ hereby apply to be taken
off the list of Doctor _____ Code No. _____
and to transfer to the list of Doctor _____
Code No. _____ The reason for change is:

(1) I have removed to _____
(Give new Address)

(2) I joined his list on _____

(3) (Give any other special reason) _____

I have no objection to accept this person on my list

Signature or thumb impression
of insured person

Signature of accepting Doctor

Code No. _____

Date _____