Willing for next round- Yes/No

|  |  |
| --- | --- |
| logo.png | College of Medicine & Sagore Dutta Hospital, Kamarhati |

 Application for admission to Post Graduate Medical Degree/Diploma 2021 Course

APPLICATION SHOULD BE FILLED IN BY THE CANDIDATE.

1 AIQ Rank……………… State Rank………………..

2. Date of counseling…………….. Mobile No…………... Space for Photo

 Colour

3. Course…………………………. Percentile Score …………………..

4. Email- Date of Admission………………….

5. Exam. Name -……………… with Roll. No……………….

1. Name in full (in Block letters):-

2. Father’s/Husband’s Name:-

3. Name, Occupation & address of guardian (if other than father)

4. Permanent address with contact No:-

5. Nationality :- (6) Sex: - (7) Date of Birth: - (8) Blood Group:-

 9. Marital Status: - 10. Whether you are belonging to SC/ST/PH/OBC: - a) Yes (b) No

 (Mark with a tick (√) in the boxes which is applicable)

11. (a) Are you in W.B.H.S:- (i) Yes (ii) No

 (b) Are you in W.B.M.E.S.:- (i) Yes (ii) No

If so, state (mark with a tick (√ ) in the boxes where applicable:- (i) Regular (ii) AD-HOC

12. If in other service, give details :-

13. Name of the University where from obtained M.B.B.S degree.:-

14. University Registration No…………… of……………………University……………………..

15. Permanent/Temporary Medical Registration No. ………………..Year………………………..

 With the name & Medical Council……………………………………………………………..

Admission Fees: - Rs- 2000/-

Tuition Fees : - Rs- 6000/-

Caution Money :- Rs- 10000/-

Total Rs: - 18000/-

Contd.Page:-2

Page:-2

16.Academic Qualification(S) :- Details of Total marks in the MBBS Examination.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MBBSProf.Wise | DurationOf Course | Name of the University | Month & yearOf Admission | Marks Obtained | PercentageOf Marks | Total No.Of time AppearingIncludingOne in WhichPassed | No. Of failure(s) | Prize/Medal &Distinction | Name ofCollege. |
| 1StProf. |  |  |  |  |  |  |  |  |  |
| 2ndProf |  |  |  |  |  |  |  |  |  |
| 3rdProf.Part-I |  |  |  |  |  |  |  |  |  |
| 3rd Prof.Part-II |  |  |  |  |  |  |  |  |  |
| MBBSOr anyOtherCourse. |  |  |  |  |  |  |  |  |  |

17. Summary of academic Record:- Statement of total marks obtained in the MBBS Exam.

(All the Prof. Exam. taken together)

|  |  |  |  |
| --- | --- | --- | --- |
| Total marks for which the applicant was examined | Total marks obtained by applicant | Percentage of marks obtained bythe applicant  | Any other relevantinformation |
|  |  |  |  |

18. Have you passed 1st.2nd & 3rd. prof. MBBS Exam in first attempt ? Yes/No

 If not, state in the specific column, how many attempt(s) you have made to clear the examination(s).

i) 1st Prof. MBBS. ……………….. attempt(s) (ii) 2nd Prof. ………………….attempt(s)

(iii) 3rd Prof.(Part-I) ……………… attempt(s) (iv) 3rd Prof.(Part-II) ………… attempt(s)

(to be supported by a certificate from the Head of the Institution)

19.Completion date of Internship/PRCA training with name of the Institution ……………………………

20.Are you at present registered for any Post Graduate Diploma/Degree course including Ph.D. of any University? If so, give Particulars:-

Contd. Page:-3

Page:-3

21. Have you applied for admission or been admitted to any other course in any institution during this session?

I do hereby declare that all the statements made by me in this application (including additional particulars) are true, complete and correct to the best of my knowledge and below

I do hereby submit attested of all documents as mentioned in my application.

In case it is detected at any point of time that any of the statements made by me in this applications involves suppression of distortion of truth or that the application is not supported by any of the relevant documents as mentioned in this instruction for admission shall be cancelled without further reference to me.

I shall be bound to accept the stipulation laid down by the University for the purpose of admission to the Degree/Diploma course for the session.

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Dated:- Signature in full of the Applicant

Address:- -------------------------------

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DECLARATION IN RESPECT TO ADMISSION ON POST GRADUATE MEDICAL DEGREE/DIPLOMA OF THEBUNIVERSITY OF CALCUTTA BY CANDIDATES WHO ARE NOT IN ANY SERVICE IN ANY CAPACITY IN ANY ORGANISATION.

I do hereby declare that I am not in West Bengal Health Services/ West Bengal Medical Education Service, not in service including House manship. In case of suppression of distortion of facts as declared by me my admission to the course, if detected, will be liable to the cancelled outright.

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Dated: - Signature in full of the applicant.

N. B.- Following details must be mentioned for refund of fees (in case of up-gradation).

 (**Bank details must be the same from which the fee has been deposited**.)

1. Name of the Beneficiary
2. Beneficiary Bank & Branch
3. Beneficiary Bank Account No.
4. IFSC Code
5. E-mail id.

Page-4

The following documents are required for online reporting for verification by the College authorities.

1. Photo Pasted on admission form.
2. Allotment Letter
3. Rank Card
4. Score Card
5. NEET PG Admit card
6. Age Proof
7. All MBBS Mark Sheets
8. Internship Completion Certificate
9. MBBS Degree Certificate
10. Permanent Registration
11. SC/ST/OBC/PH Certificate, if necessary
12. Aadhar Card/Driving License/Voter ID/Pan Card
13. Fees deposit receipt
14. Original Bond with Notary OR Undertaking letter addressed to The Principal, B.S.Medical College,Bankura, those who are unable to submit the original Bond at the present situation
15. Release Order, if applicable
16. HS Marksheet

Institution Bank Details

**Name of Bank:- SBI,Kamarhati**

**Name of Account:- Principal, College of Medicine & Sagore Dutta Hospital**

**IFSC Code:-**

**Account No:-**

After form fillup Please acknowledge us in the following email address:- principl.sdmch@gmail.com