

**Requisite Documents for the admission in UG (MBBS)**  
**at College of Medicine and Sagore Dutta Hospital, Kamarhati, Kolkata – 700 058**

1. Duly filled in Application Form for admission.
2. **Proof of identity** of the candidate/any of the parents (Original and one attested copy)
3. **Admit Card and Rank Card** of the **NEET 2025** (Original)
4. **Admit Card / Certificate of Madhyamik or Equivalent Examination** for verification of AGE (Original and one self-attested photocopy)
5. **Certificate and Mark Sheet of 10+2 Examination.** (Original)
6. **Allotment Letter** from Appropriate authority (Original)
7. **Medical Certificate** as per attached format (Original)
8. Execution of Indemnity **BOND** by the candidate for UG Medical Degree seat at College of Medicine and Sagore Dutta Hospital, Kamarhati, Kolkata – 700 058 (**Stamp Paper of or more than Rs. 100/-**)
9. The candidates who have already taken admission in any Undergraduate Course in any other Institution previously must submit **Transfer-Certificate / Migration Certificate** in Original and one self-attested photocopy.
10. Passport size Photographs with signature of the student at the back (five copies)
11. **Caste Certificate** (Original and one attested copy), if applicable.
12. **P.H. Certificate** (Original and one self-attested photocopy), if applicable.
13. Two copies of written declaration stating reasons for year loss, if any (one copy addressed to the Principal & another copy addressed to the Registrar, WBUHS)
14. **Migration Certificate** (Original and one self-attested photocopy), if applicable.
15. Admission and other related fees are to be deposited **through online of Rs.6600/- (via debit & credit card / UPI)**

**GOVERNMENT OF WEST BENGAL  
OFFICE OF THE PRINCIPAL  
COLLEGE OF MEDICINE & SAGORE DUTTA HOSPITAL  
578 B.T. ROAD, KAMARHATI, KOLKATA - 700 058  
APPLICATION FORM FOR ADMISSION TO M.B.B.S COURSE**

1. Name in Full (Capital Letter) : .....

2. Contact No. : .....

3. Email ID : .....

4. Sex Male / Female : .....

5. Date of Birth : .....

6. Nationality : .....

7. Religion : .....

8. Category SC / ST/ OBC / GEN / PH ; .....

9. Permanent Residential Address : .....

(Village . P.O. P.S. Dist. Pin Code) : .....



10. Present Address ( If any) .....

11. Father's Name .....

Contact No & Email ID .....

12. Mother's Name .....

Contact No & Email ID .....

13 Guardian's Name and relationship ( In Case father is not alive) .....

14. Father's Guardian's Occupation and approx annual income .....

15. Local Guardian's name and contact Contact no (For other State Candidate) .....

16. Whether Receiving any Financial Assistance / Scholarship From any Source (Yes / No)  
If yes, Details : .....

17. Name of School last attended and year of Passing :

18. Academic Qualification :

Name of the Board in 10+2	Division / Class / Grade	Year of Passing		Subject	Full Marks	Full Marks Obtained	Total Marks Obtained in PCS
			1	Physics			<div style="border-top: 1px solid black; border-bottom: 1px solid black; width: 100px; margin: 0 auto;">— x —</div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; width: 100px; margin: 0 auto;">— x —</div>
			2	Chemistry			
			3	Biology			
			4	English			
			5	Vernacular			

(ii) Any other relevant information ( mandatory for students who have passed school leaving examination before 2018)

19. Details of Entrance Examination:

Name of the Entrance Exam .	Entrance Exam. Roll No.	Maximum Marks	Marks obtained

20. University Registration No. (if any) with name of the University.

21. Whether Hostel Accommodation is required now - yes/ No, If Yes Vegetarian / Non- Vegetarian

I Hereby Certify that above statements of Particulars given by me are true, Further, I Hereby agree to abide by the rules and regulation at present in force or that may hereafter be made by the Govt. for medical teaching Institutions. and I Under take that so long as I am as student of the College I will do nothing either inside of outside that will interface with its Governance and discipline.

Date :

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Father / Mother / Guardian

Self Attested copies to be attached

**Executive of bond (to be Notarized on Stamp Paper of Rs. 100/- and above) executed by the candidate for Under Graduate Medical degree seat at College of Medicine and Sagore Dutta Hospital, 578 B.T. Road, Kamarhati, Kolkata – 700 058**

I, Sri / Smt. ...., S/O, D/O, W/O  
..... residing at .....  
..... Dist. .... Pin .....  
having been selected for Under Graduate Medical degree course at .....  
..... do hereby affirm  
and solemnly declare that I shall deposit a sum of Rs. 1,00,000/- (Rupees One Lakh only) as prescribed by the Government in pursuance of G.O. No. HF/O/MERT/1542/Admn./ME/STM-28-10/2 (10) dated 25.10.2010, If I resign/ discontinue the course before completion of tenure of the course.

Moreover it shall be obligatory on my part to observe or perform all terms and conditions prescribed by the Government for the aforesaid purpose.

The original documents which are in the custody of the .....  
..... will not be returned to me unless and  
until I pay the penalty of Rs. 1,00,000/- (Rupees One Lakh only) to the authority of  
.....

This bond is imposed as there will be no further provision on behalf of the W.B.M.C.C. (West Bengal Medical counselling Committee), Department of Health and Family Welfare, Government of West Bengal to allot candidate for the same seat in the next round/s of counselling.

Signature of the candidate .....

Name of the candidate .....

Date. .... Place .....

Signature of the witness .....

Name of the witness .....

Date ..... Place .....

**Medical Certificate for NEET UG 20      qualified candidates**

Roll No. ....

Application No. ....

NEET UG AI India overall rank .....

I, Dr. .... have examiner Sri/Smt.  
..... son/daughter of  
..... residing at .....

[Verified from Adhaar card/passport/voter card/school or college IF card], a candidate for admission into the MEDICAL/DENTAL UG degree colleges in West Bengal for 2024- 2025 admission sessions and observed as follows:-

1. Personal mark of Identification .....
2. Apparent age .....Years
3. Any history of Pulmonary Tuberculosis ..... yes/no (put tick to appropriate one)
4. Chest measurement:
  - a. Normal respiration ..... cm
  - b. In Full inspiration..... cm
  - c. In Full expiration ..... cm
5. Height ..... cm
6. Weight.....kg
7. BMI .....
8. Eye sight visual acuity
  - a. Right eye .....
  - b. Left eye .....
  - c. Colour blindness..... present/absent (put tick to appropriate one)
9. Immunization status .....(whether up to date as per latest National Immunization Schedule)
10. General physique .....
11. Heart .....
12. Lungs .....

- 13. Abdominal viscera .....
- 14. Blood Group .....
- 15. Any neurological deficits .....
- 16. Any Orthopedic disability .....

I do hereby certify that I cannot discover that he/she has any disease physical and or mental that makes him/her unsuitable to continue studying UG Medical/Dental course .....

I consider the above candidate **FIT/UNFIT** to join his/her Medical or Dental UG institution (Please put tick to appropriate one)

Date .....

Place .....

.....

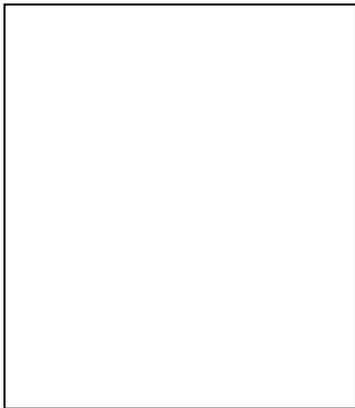
**Signature of Registered Medical Practitioner**

Registration No .....

Council of Registration .....

Contact No .....

**SEAL** .....



(Candidate to paste recent passport Size photograph on which Medical practitioner has to attest)

**DECLARATION OF THE CANDIDATE SUBMITTED FOR ADMISSION TO MBBS COURSE IN SESSION 20 - 20 .**

I do hereby declare that I shall not display any disorderly conduct whether by word spoken or written and shall not do any act which causes or is likely to cause physical / psychological harm or raise apprehension or annoyance of hardship or fear or shame or embarrassment to any student, my colleagues or my seniors. If I am found guilty of doing any such act I shall be proceeded against and lawful actions will be initiated by the authority concerned against me.

I do hereby further declare that I understand the meaning of 'RAGGING' and known that ragging in any form is a punishable criminal offence. I shall not resort to ragging in any form at any place. I understand that disciplinary actions and/or legal proceedings including expulsion from the Institution will be initiated, if I am founded guilty of any form of ragging by the Authority.

Full Name of the Candidate:

NEET UG Roll No:

NEET UG Rank:

Address:

Phone No:

Res:

Mob:

Signature:

Date :

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**DECLARATION OF THE GUARDIAN OF THE CANDIDATE SUBMITTED FOR ADMISSION TO MBBS COURSE IN SESSION 20 - 20 .**

I have read the relevant instruction/regulations against ragging as well as punishments and that if my ward .....be found guilty by the authority he/she shall be proceeded against and lawful actions will by initiated against him / her.

Full Name of the Guardian:

Relation with the Candidate:

Address :

Phone No :

Res :

Mob :

Signature :

Date :

**DECLARATION OF LOSS OF ACADEMIC YEAR, IF ANY, SINCE PASSING 10+2 EQUIVALENT EXAMINATION**

I do hereby declare that passed 10+2 equivalent .....  
Examination in the year .....

- a) I was registered under ..... University and was admitted to ..... Course.
- b) [If (a) is not applicable] specify the reason of year loss since passing 10+2 equivalent Examination.

Name .....

Full Signature .....

NEET Rank .....

NEET Roll No .....

Date .....

**WILLINGNESS FOR PARTICIPATION IN NEXT ROUND OF COUNSELING**

“In case candidate is allotted seat during the second round of allotment process (choice is up-graded), the seat allotted during the first round will be automatically cancelled immediately (and allotted to somebody else) and candidate will have to join the college/seat allotted during. If candidate does not join the college/seat allotted during the second round, as per schedule, from the date of allotment candidate will forfeit his/her allotted seat and will not be considered for subsequent rounds of seat allotment.”

I have read and could understand the above mentioned statement.

I am willing to participate in 2<sup>nd</sup> round Counseling ..... (Yes/No)

I am willing to participate in Mop up round Counseling .....  
(Yes/No)

Name: .....

Full Signature: .....

NEET Rank: .....

NEET Roll No: .....

Date : .....