

**Amount to be submitted to cash section of Midnapore Medical College  
For admission to P.G.T. course - 20..... to 20.....**

1. Name :  
2. Course :  
3. Session : 20..... to 20.....

Caution Money.	Rs. 10,000.00
Admission Fees.	Rs. 2,000.00
<u>Tution Fees (for six months)</u>	<u>Rs. 6,000.00</u>
<b><u>Total</u></b>	<b><u>Rs. 18,000.00</u></b>

**Signature of Dealing Assistant**

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<b><u>Total</u></b>	<b><u>Rs. 18,000.00</u></b>

**Signature of Dealing Assistant**

**Application for Admission at Midnapore Medical College**

**MD/MS Degree/Diploma**

**Course on.....as he selected after 1<sup>st</sup> /2<sup>nd</sup> /3<sup>rd</sup>**

**Round Counseling of 50% AIQ State Quota.**

**Principal  
Midnapore Medical College  
Paschim Medinipur**

To  
The Principal  
Midnapore Medical College,  
Paschim Medinipur – 721101 .

**Sub :- Application for Admission in Degree/Diploma Course.**

Sir,

I, the undersigned, request you to allow me for admission in MD/MS Degree/Diploma Course  
(.....) on.....  
.....for the session 20.....to 20..... at your institution, as I have been  
allotted after 1<sup>st</sup> / 2<sup>nd</sup> round counseling of 50% AIQ/ State Quota held on.....

With regards,

**Yours faithfully.**

ADMISSION FORM  
(UNDER)

THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES  
SALT LAKE, KOLKATA-700064  
APPLICATION FOR ADMISSION TO POST+GRADUATE MEDICAL DEGREE/DIPLOMA  
COURSE, 20..... - 20..... / 20..... - 20..... (M.D./M.S./DIPLOMA)

**APPLICATION SHOULD BE FILLED IN BY THE CANDIDATE**

**For Office use**

1. Order of Merit

2. Date of Counseling

3. Course

4. Institution

**Midnapore Medical College**

5. Chairman/Convenor

- 
- 1) Name in full ( in Block Letter ) : \_\_\_\_\_  
(As per Univ. Regi. Certificate) ( SURNAME ) ( NAME )
- 2) Father's / Husband's name : \_\_\_\_\_
- 3) Name, Occupation & address of guardian (if other than father) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4) Mailing Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5) Nationality : \_\_\_\_\_ 6. Sex : \_\_\_\_\_
- 7) Date of birth : \_\_\_\_\_ 8. Marital Status : \_\_\_\_\_
- 9) Whether you are belonging to SC/ST (mark with a tick (✓) in The boxes where applicable) : YES ☐ NO ☐

(To be supported by certificate from the competent authority of West Bengal in a Proforma as approved by Govt. of West Bengal)

10. a) Are you in W.B.H.S. : YES ☐ NO ☐

b) ) Are you in W.B.M.E.S. : YES ☐ NO ☐

If so state (Mark with a tick (✓))  
In the boxes where applicable : Regular ☐ Ad-hoc ☐

11. If in other service, give details :

12. Name of the University where Form obtained M.B.B.S. degree. :

13. University Registration no : \_\_\_\_\_ of \_\_\_\_\_

14. Permanent Medical Registration no : \_\_\_\_\_ year

15. Academic Qualification(s) : Details of Total marks in the M.B.B.S. Examination.

[illegible]

16. Summary of Academic Record. Statement of Total marks obtained in the M.B.B.S. Examination (s). All the Professional Exam taken together.

Total marks for which the applicant was examined	Total marks obtained by the applicant	Percentage of marks obtained by the applicant	Any other relevant information

17. Have you passed 1<sup>st</sup> / 2<sup>nd</sup> & 3<sup>rd</sup> Professional M.B.B.S. Examination in first attempt ? Yes/ No . If not, state in the specifics and column, how many attempt (s) you have made to clear the examination(s)

- i. 1<sup>st</sup> Professional M.B.B.S. : \_\_\_\_\_ attempt (s)
- ii. 2<sup>nd</sup> Professional M.B.B.S. : \_\_\_\_\_ attempt (s)
- iii. 3<sup>rd</sup> Professional M.B.B.S. : \_\_\_\_\_ attempt (s)

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

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

: \_\_\_\_\_  
\_\_\_\_\_

19. Are you at present registered for Any Post Graduate Diploma/Degree Course including Ph.D. of any University if so, give Particulars

: \_\_\_\_\_  
\_\_\_\_\_

20. 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.



(4)

In case it is detected at any point of time that my of the statements made by the in this application 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 liable to 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.

**Dated :** \_\_\_\_\_

\_\_\_\_\_  
**Signature in full of the applicant**

**Address :** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DECLARATION IN RESPECT TO ADMISSION ON POST GRADUATE MEDICAL DEGREE/DIPLOMA OF THE UNIVERSITY OF CALCUTTA BY CANDEDATES WHO ARE NOT IN ANY SERVICE IN ANY CAPACITY IN ANY ORGANIZATION.**

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

**Dated :** \_\_\_\_\_

\_\_\_\_\_  
**Signature in full of the applicant**

To  
The Principal  
Midnapore Medical College,  
Paschim Medinipur – 721101

Sir / Madam,

This is to inform you that I have been selected for admission at College to.....  
..... Course in the session .....by  
Government of West Bengal University of Health Science, Kolkata I have been admitted in the said  
Course on .....in your institution.

Now I like to join in the said course of this institution started on & from .....  
Now I have been released from .....  
.....as  
Per G.O. No. .... Dt. .... & I like to  
Join your institution on .....

Yours faithfully,

Rank : .....

Roll No. : .....

Permanent Address : .....  
.....

Ph. No. : .....

Memo No. MMC/ .....

Dated, Mid. The .....20

**Forwarded for information to :-**

1. The Professor & Head of the Department .....M.M.C.
2. The Registrar , West Bengal University of Health Sciences, DD-36, Sec-1, Salt Lake City,  
Kolkata-700091.
3. The Asstt. Secretary , Dept. of Health & Family welfare, Mert Branch, govt. of west Bengal,  
Swasthya Bhavan, GN-29, Sector-V, Salt Lake City, Kolkata-700091.
4. The Medical Superintendent cum Vice-Principal, Midnapore Medical College & Hospital,  
Paschim Medinipur.
5. The Director of Medical Education/Director of Health Services,Dept.of Health & Family welfare,  
Mert Branch, Govt. of West Bengal, Swasthya Bhavan, GN-29, Sector-V, Salt Lake City,  
Kolkata-700091.
6. Dr. ....20.....to 20.....Session, MMC.

Principal  
Midnapore Medical College  
Paschim Medinipur

**Government of west Bengal  
Office of the Principal  
Midnapore Medical College  
Paschim Medinipur**

P.G. COURSE  
ADMISSION SLIP

**TO WHOM IT MAY CONCERN**

This is to certify that Dr. ....

Son/daughter of ..... residing at .....

.....who was placed under the Rank No.

UR/SC/ST ..... having roll No..... in All Indian

Post-Graduate Entrance Examination. 20.. / West Bengal Post-Graduate Admission Test Examination,

20... conducted by the West Bengal University of Health Sciences an was admitted to M.D./M.S./P.G.

Diploma course in ..... at this Medical Teaching Institution on .....

For the academic session, 20 ... to 20... . He / She has paid the requisite fees with regard to his/her

admission to the said course like Admission fee, Caution Money Deposit fees for a period of six months.

He / She has also deposited his / her M.B.B.S. Certificate, Permanent Registration Certificate & Final

MBBS (Part-II) mark sheet in original to this office.

**Principal  
Midnapore Medical College  
Paschim Medinipur**



Govt. of West Bengal  
Office of the Principal  
Midnapore Medical College , Paschim Medinipur

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**Documents Required for admission in PG Course-2022**

Following original documents of Dr.....  
are kept under the custody of Student Section of Midnapore Medical College as per norms of  
the admission in P.G course on..... These original documents will be returned  
to the candidate only after the successful completion of born period or as per Govt. rules.

	Document Required	Original & Xerox with self attested
1.	Allotment Letter NMC/MCC	
2.	NEET PG Rank Letter NBE	
3.	Admit Card of NEET PG NBE	
4.	Medical Registration Certificate	
5.	Mark sheet of 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> & final year	
6.	Intern Completion Certificate	
7.	Age Proof	
8.	10+2 Mark sheet/ Certificate	
9.	MBBS Degree Certificate/Provisional Certificate	
10.	College leaving Certificate/Migration Certificate	
11.	SC/ST/OBC/EWS Certificate ( if applicable)	
12.	Physically Handicapped Certificate ( if applicable)	
13.	Sponsorship Certificate ( if applicable)	
14.	Any ID Card two(Aadhaar card/voter ID card/Passport	
15.	Bond (10 Lak & 5 Lak )	
16.	6 Copy passport size recent color photograph	
17.	Two plastic folder file	

.....  
Signature of the candidate

.....  
Principal  
Midnapore Medical College  
Paschim Medinipur

Indemnity bond for the post graduate trainee (other than state govt of West Bengal sponsored in-service doctors) to serve the State Govt of West Bengal

Execution of bond by the candidate for P G Degree course in..... at  
.....Medical College situated in.....for the session.....

I, Sri/Smt.....

S/o / D/o / W/o.....

Resident of .....selected  
for P G Degree course in.....at..... Medical College  
situated in..... for the session .....,  
do hereby state that after successful completion of the Post Graduate course in State Medical  
Teaching Institutions in West Bengal, shall abide by the terms and conditions of Govt Notification  
No. HF/O/MERT/ 912/ME/MISC-78-13 dated 31/07/2013 as the same stands modified by the  
Government Notification No. HF/O/MERT/923/ME/MISC-78-13 dated 10/06/2014 both of MERT  
branch of Department of Health and Family Welfare Government of West Bengal to work in  
multispecialty/Super speciality Hospitals/Secondary/Tertiary level Hospitals in West Bengal for a  
continuous period of Three years to serve the people failing which, I shall be liable to recompense  
the State Government of West Bengal a penal amount of Rs Ten Lakhs for each defaulting year while  
the State Government of West Bengal shall be at liberty to realise the said penal amount from me in  
accordance with law.

I do hereby also accept the fact that all original documents (Mark Sheets, Certificates and  
documents as required by the Department of Health and Family Welfare, Government of West  
Bengal from time to time) will be retained by the department of the concerned Medical Teaching  
Institution in West Bengal for the purpose of ensuring successful completion of the bond period or  
repayment of penal amount, as may be applicable by the same Government Notification as stated  
above.

I further understand that during the bond period, I will be designated as Senior Resident and it shall  
be obligatory on my part to observe or perform according to the rules and regulations for the Senior  
Resident in the State of West Bengal prevailing during the tenure of the afore stated bond period.

.....  
Signature of the student in full with date

In presence of witness

.....  
Signature of witness with date

Accepted on behalf of the Govt of West Bengal

P.G.T.

Execution of Bond by the Candidate for P G Degree  
Course..... at .....Medical  
College..... for session.....

I, Sri/Smt.....

S/o / D/o.....

Resident at .....

Being selected for P G Diploma course ..... at.....

.....Medical College ....., do hereby undertake to pay a sum of Rs  
5, 00,000 /- (Rupees Five lakhs only) to the Government of West Bengal, If I resign or discontinue  
the course before completion of tenure of the course as prescribed by the Govt in pursuance of  
G.O. No HF/O/MERT/1542/Admn/ME/STM-28-10 dated 25/10/2010, moreover it shall be  
obligatory on my part to observe or perform all terms and condition prescribed on proforma by  
the Govt for the aforesaid purpose.

.....  
Signature of the student in full

In presence of witness

.....  
Signature of the witness

Accepted on behalf of the Govt. Of West Bengal