

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.....-20.....

Caution Money	Rs. 10,000.00
Admission Fees.	Rs. 2,000.00
Tuition fees (for six months)	Rs. 6,000.00
Total :	Rs. 18,000.00

Signature of Dealing Assistant

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

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Tuition fees (for six months)	Rs. 6,000.00
Total :	Rs. 18,000.00

Signature of Dealing Assistant

Application for Admission at Midnapore Medical College

MD/MS Degree/Diploma

course onas he selected after 1st / 2nd

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.....-20..... at your institution, as I have been allotted after

1st/2nd 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-700 064
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

Affix recent
Passport size
Photograph
(attested)

1. Order of Merit _____
2. Date of Counselling _____
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

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 1st /2nd & 3rd 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) 1st Professional M.B.B.S : _____ attempt (s)
 - ii) 2nd Professional M.B.B.S. : _____ attempt (s)
 - iii) 3rd 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
Universiti if so, give Particulars

: _____

20. Have you applied for admission or
been admitte to any other course in
any institution duringthis session ?

I do hereby declare that all the statements made by me in this Application (including additional Particulars) are true, complete and correct yto 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 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 CANDIDATES 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-menship. 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 sessionby
Government of West Bengal under the 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 the20

Forwarded for information to :-

1. The Professor & Head of the DepartmentM.M.C
2. The Registrar, West Bengal University of Health Sciences, DD-36, Sector-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.....-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. 200 / West Bengal Post-Graduate Admission Test
Examination, 200 conducted by the West Bengal University of Health Sciences an was admitted to
M.D./M.S./P.G. Diploma course inat this Medical Teaching Institution on
..... For the academic session, 201 -201 . 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**