

**Willing for next round- Yes/No**

**Bankura Sammilani Medical College, Bankura.**

**Application for admission to Post Graduate Medical Degree/Diploma 2026-2027 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.....
6. Mobile No of Guardian:-

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:-

Block/Municipality:- Dist:- State:-  
Pin:-

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

9. Marital Status:- 10. Whether you are belonging to SC/ST/PH/OBC/EWS :-  
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 Gross Salary-
- (b) Are you in W.B.M.E.S:- (i) Yes (ii) No Gross Salary-

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/-

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

| MBBS Prof. Wise               | Duration Of Course | Name of the University | Month & year Of Admission | Marks Obtained | Percentage Of Marks | Total No. Of time Appearing Including One in Which Passed | No. Of failure(s) | Prize/ Medal & Distinction | Name of College. |
|-------------------------------|--------------------|------------------------|---------------------------|----------------|---------------------|-----------------------------------------------------------|-------------------|----------------------------|------------------|
| 1 <sup>st</sup> Prof.         |                    |                        |                           |                |                     |                                                           |                   |                            |                  |
| 2 <sup>nd</sup> Prof          |                    |                        |                           |                |                     |                                                           |                   |                            |                  |
| 3 <sup>rd</sup> Prof. Part-I  |                    |                        |                           |                |                     |                                                           |                   |                            |                  |
| 3 <sup>rd</sup> Prof. Part-II |                    |                        |                           |                |                     |                                                           |                   |                            |                  |
| MBBS Or any Other Course.     |                    |                        |                           |                |                     |                                                           |                   |                            |                  |

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 by the applicant | Any other relevant information |
|--------------------------------------------------|-----------------------------------|-----------------------------------------------|--------------------------------|
|                                                  |                                   |                                               |                                |

18. Have you passed 1<sup>st</sup>.2<sup>nd</sup> & 3<sup>rd</sup>. 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) 1<sup>st</sup> Prof.MBBS. .... attempt(s) (ii) 2<sup>nd</sup> Prof. ....attempt(s)

(iii) 3<sup>rd</sup> Prof.(Part-I) .... attempt(s) (iv) 3<sup>rd</sup> 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:-

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.

Dated:-

-----  
Signature in full of the Applicant

Permanent Address:-

Block/Municipality:-

Dist:-

State:-

Pin:-

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 ORGANISATION.

I do hereby declare that I am not in West Bengal Health Services/ West Bengal Medical Education Service, not in service including Housemanship. 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.

Dated:-

-----  
Signature in full of the applicant.

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



Government of West Bengal  
Office of the Principal  
B.S. Medical College, Bankura.

AIQ/STATE

P.G. COURSE  
ADMISSION SLIP

Name of the Candidate:- Dr.....

Son/Daughter of .....

AIQ Rank..... State Rank.....

UR/SC/ST/OBC-A/B/ EWS..... Subject.....

Neet Roll No ..... Open/Service.....

Academic Session 2026-2027. He/She has paid the requisite fees with regard to his/her admission to the said Course like Admission fees, Caution Money & Tution fees for the period of six months.

He/She has also deposited his/her following Certificate in original to this office.

- 1) Final Prof. M.B.B.S. Mark Sheet (Pt-II)
- 2) M.B.B.S. Degree Certificate
- 3) Registration Certificate (Permanent)
- 4) Internship Completion Certificate.

Principal  
B.S. Medical College, Bankura.

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 .

**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 .....

.....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

# **PG Admission 2026-2027**

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

- 1) Allotment Letter
- 2) Rank Card
- 3) Score Card
- 4) NEET PGAdmit card
- 5) Age Proof
- 6) All MBBS Mark Sheets
- 7) H.S Mark Sheet
- 8) Internship Completion Certificate
- 9) MBBS Degree Certificate
- 10) Permanent Registration
- 11) SC/ST/OBC-A/B/PH/EWS Certificate, if necessary
- 12) Aadhar Card/Driving License/Voter ID/Pan Card
- 13) Fees deposit receipt
- 14) Original Bond with Notary
- 15) Last Pay Slip (In Service)
- 16) Release Order, if applicable

**NB:- Candidates are hereby directed to keep photocopies of the original documents which will be kept under the custody of Principal, B S Medical College, Bankura.**

**-By order**