

REQUISIT DOCUMENTS FOR UG (MBBS) ADMISSION 2023

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 2023 (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. 20/-**)
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)**

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. 20/-)

I, Sri/Smt, S/O, D/O, W/O
..... residing at
..... Dist. PIN having
been selected for Under Graduate Medical/Dental 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 Counseling Committee), Department of Health and Family Welfare Govt. of west Bengal to allot another candidate for the same seat in the next round/s of counseling.

Signature of the candidate

Name of the candidate

Date

Place

Signature of the witness

Name of the witness

Medical Certificate for NEET UG 2023 qualified candidates

Roll No Application No

NEET UG All India overall rank

I, Dr have examiner Sri/Sm
..... 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 2020-
2021 admission session 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. Heightcm
6. Weightkg
7. BMI
8. Eye sight visual acuity
 - a. Right eye
 - b. Left eye
 - c. Colour blindnesspresent/absent (put tick to appropriate one)
9. Immunization status (whether up to date as per latest National Immunization Schedule)

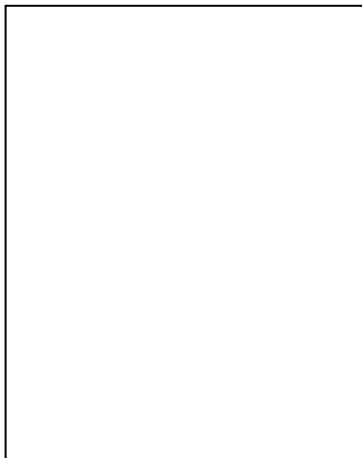
- 10. General physique
- 11. Heart
- 12. Lungs
- 13. Abdominal viscera
- 14. Blood Group
- 15. Any neurological deficits
- 16. Any Orthopedic disability

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/UN FIT** 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)