



Government of West Bengal  
Office of the Principal  
College of Medicine & Sagore Dutta Hospital  
578 B.T. Road, Kamarhati, Kolkata – 700 058

Memo No. : CMSDH/P./1491/17

Date: 12.07.2017

**NOTICE**

- A. First Round of online admission for UG Medical Course in All India Quota will start from 17<sup>th</sup> July 2017 as 16<sup>th</sup> July 2017 is Sunday.
- B. The Candidates, who have been selected for admission to MBBS course at College of Medicine & Sagore Dutta Hospital, are hereby directed to submit the following documents to the Students' section at the time of admission. **All documents are to be submitted in a transparent file/folder.**
1. Duly filled in Application Form for admission (available from College, at the time of admission).
  2. Proof of identity of the candidate/any of the parents (Original and one attested copy)
  3. Admit card/Rank of the NEET 2017 (Original and one attested copy)
  4. Admit Card/Certificate of Madhyamik or Equivalent Examination for verification of AGE (Original and two attested copies)
  5. Certificate and Mark Sheet of 10+2 Exam. (Original and four attested copies).
  6. Allotment Letter from Appropriate authority (Original and one attested copy).
  7. Medical Examination Report (Original).
  8. The candidates who have already taken admission in any Undergraduate Course in any other Institution previously must submit Transfer Certificate in Original.
  9. Passport size Photographs with signature of the student at the back (four copies).
  10. Caste Certificate for SC, ST, OBC (Original and four attested copies), if applicable.
  11. P.H. Certificate (Original and one attested copy), if applicable.
  12. 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).
  13. Migration Certificate (Original and two attested copies), if applicable.
  14. Admission and other related fees are to be deposited in Cash (approx. Rs. 6500/-)
  15. Students seeking hostel accommodation will have to apply separately after completion of admission process. It will be allotted based on criteria and availability
  16. Classes will commence from 4<sup>th</sup> August, 2017. For the first introductory class the students are required to assemble at the Lecture Theatre – 1 at 10.30 AM.
- C. Every Candidates allotted to this institution should submit a bond in prescribed form in a Court Stamp Paper of Rs. 20/- before admission.
- D. Every candidate allotted to this institute should bring a Medical Certificate in prescribed form duly signed by a Registered Medical Practitioner of Modern Medicine (Allopathy).

Principal

College of Medicine & Sagore Dutta Hospital  
Kolkata -700 058

(To be executed in a Court Bond Paper of Rs.20/-)  
**Bond to be executed by the Candidate for MBBS Course 2017 at College of Medicine & Sagore  
Dutta Hospital, Kolkata – 700 058.**

I, Mr./Ms .....

Son/Daughter of .....

Residing at .....

being selected for MBBS Course in the year 2017 at COLLEGE OF MEDICINE & SAGORE DUTTA HOSPITAL, KOLKATA – 700 058 do hereby undertake to pay a sum of Rs.1,00,000/- (Rupees One Lakh) only to the Government of West Bengal, if I resign or discontinue the course before completion of the tenure of the course (including Internship) prescribed by the Government in pursuance of G.O. No. HF/O/MERT/1542/Admn./ME/STM-28-10 dated the 25<sup>th</sup> October, 2010. Moreover it shall be obligatory on my part to observe or perform all the terms & conditions prescribed by the Government for the aforesaid purpose in future.

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**(Signature of the Student in full)**

In presence of witness:

1.

**(Signature of the Guardian)**

Accepted for and on behalf of the Government of West Bengal

**Rs. 20/- (Rupees twenty) only.**

**MEDICAL CERTIFICATE**

ENROLMENT NO.....

RANK .....

I HAVE EXAMINED SRI/SM .....  
a candidate for admission into the MEDICAL/DENTAL DEGREE COLLEGES &  
observed as follows :

1. Personal mark of identification :
2. Apparent age : years
3. Chest measurement
  - a) Normal Cms. :
  - b) Full inspiration Cms. :
  - b) Full expiration Cms. :
4. Height .....cm.....
5. Weight .....cm.....
6. Eye sight :      Right eye :      Left eye :      Colour  
Blindness
7. Immunisation status :
8. General Physique :
9. Heart :
10. Lungs :
11. Abdominal Viscera :
12. Blood Group :

I do hereby certify that I cannot discover that he/she has any disease constitutional affectional of bodily and mental infirmary except .....

I do not consider the above to be the disqualification UNFITTING, him/her now or likely to unfit him/her in future for active service as MEDICAL PRACTITIONER.

This.....day

\_\_\_\_\_  
(SIGNATURE OF REGD. MEDICAL  
PRACTITIONER)

REGD. NO. ....

(SEAL)