



## State Medical Faculty of West Bengal

14-C, Beliaghata Main Road, Kolkata -700 085

Tele : 2372 -0181/ -0185 / -0120

Website : [www.smfwb.in](http://www.smfwb.in) / Email ID : [faculty@smfwb.in](mailto:faculty@smfwb.in)

No. 2705 17-F/ 2018

15<sup>th</sup> March, 2022

### **IMPORTANT NOTICE**

#### Submission of Application for Admit Card for Supplementary Examination

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Supplementary Examinations, both for Preliminary and Final year students, for different Para Medical Courses, will be held on and from 28.03.2022.

Students, who are eligible for attending Supplementary Examination, are here by directed to download blank Application Form and follow the guide line mentioned therein and submit scan copy of all necessary documents through email at [faculty@smfwb.in](mailto:faculty@smfwb.in) with the Payment Receipt Copy made through SMFWB Website on or before 21.03.2022 (up to 5 p.m.), positively.

Routine or Time Table for Examination will be published shortly.

*[Handwritten signature]*  
15/03/2022

[D K Ghosh]  
Secretary, SMFWB

## STATE MEDICAL FACULTY OF WEST BENGAL

APPLICATION FOR ADMISSION TO THE **PRELIMINARY** SUPPLEMENTARY EXAMINATION  
FOR (COURSE NAME) \_\_\_\_\_

To  
The Secretary,  
State Medical Faculty of West Bengal.

Sir,

I beg to apply for admission to the ensuing Preliminary Supplementary Examination for (Course Name) \_\_\_\_\_ to be held from \_\_\_\_\_ March, 2022.

I have paid the prescribed fee of Rs. 500.00 \* at AXIS Bank. Scan copy is enclosed.

1. Name in full (Block letters) :
2. Father's Name :
3. Present Age :
4. Student Registration No. :
5. Permanent Address :
  
6. Present Address :
  
7. Email ID :
8. Mobile No. :
9. Whatsapp No. :

Note:-

\* Examination fees of Rs. 500.00 is payable by the students of non Govt. Institution.

Examination fee of Rs. 500.00 is not payable by the regular students of Medical College and Govt. Institutions. However students, from such Institution who are appearing for second time either in preliminary or Final exam are required to pay exam. fees Rs. 500.00

Students appearing from ESI, CNCI, KPT are required to pay exam. fees for Rs. 500.00

### **Guide line for submitting Application Form:**

1. Download this blank form. Fill-up all blank field, after that scan the form and sent it by email at [faculty@smfwb.in](mailto:faculty@smfwb.in)
2. Fees will be deposited through online payment option as follows:
  - a. Open [www.smfwb.in](http://www.smfwb.in)
  - b. Click on **Online Payment**
  - c. Input required fields and select **EXAMFEES (PAYABLE BY THE STUDENTS)** at **Purpose of Selection** field.
  - d. Download payment receipt and sent it by email at [faculty@smfwb.in](mailto:faculty@smfwb.in)

Dated, the .....20

.....  
Signature of the applicant in full

## STATE MEDICAL FACULTY OF WEST BENGAL

APPLICATION FOR ADMISSION TO THE **FINAL** SUPPLEMENTARY EXAMINATION FOR  
(COURSE NAME) \_\_\_\_\_

To  
The Secretary,  
State Medical Faculty of West Bengal.

Sir,

I beg to apply for admission to the ensuing Final Supplementary Examination for (Course Name)  
\_\_\_\_\_ to be held from \_\_\_\_\_ March, 2022

I have paid the prescribed fee of Rs. 500.00 \* at AXIS Bank. Scan copy is enclosed.

1. Name in full (Block letters) :
2. Father's Name :
3. Present Age :
4. Student Registration No. :
5. Permanent Address :
  
6. Present Address :
  
7. Email ID :
8. Mobile No. :
9. Whatsapp No. :

Note:-

\* Examination fees of Rs. 500.00 is payable by the students of non Govt. Institution.  
Examination fee of Rs. 500.00 is not payable by the regular students of Medical College and Govt. Institutions. However students, from such Institution who are appearing for second time either in preliminary or Final exam are required to pay exam. fees Rs. 500.00

Students appearing from ESI, CNCI, KPT are required to pay exam. fees for Rs. 500.00

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  - b. Click on **Online Payment**
  - c. Input required fields and select **EXAMFEES (PAYABLE BY THE STUDENTS)** at **Purpose of Selection** field.
  - d. Download payment receipt and sent it by email at [faculty@smfwb.in](mailto:faculty@smfwb.in)

Dated, the .....20

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Signature of the applicant in full