



State Medical Faculty of West Bengal

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

Tele : 2372 -0181/ -0185 / -0120

Website : www.smfwb.in / Email ID : faculty@smfwb.in

No. 230

- F/ 7 -2022

21st April, 2022

NOTICE

In re: Issue of SIF/SRF [Standard Information Form / Standard Requirement Form] and submission thereof for affiliation to Institutes for conduction of Para Medical Courses for the Year-2022 [**Not for Student but for Institute only**]

All Existing Affiliated Institutes as well as the New Institutes intending for conduction of various Para Medical courses for the session – 2022, are hereby informed that they may now arrange to collect SIF / SRF [Standard Information Form / Standard Requirement Form] on payment of Rs.600/- [Rupees Six Hundred] for each Para Medical Course to be made through Online Mode/ NEFT / RTGS . The details of Faculty's bank account is furnished below :-

“ Bank Name : Axis Bank
Branch Name : Beliaghata
S.B. Account No : 912010043471033
IFS Code NO : UTIB0001783
MICR Code No : 700211080 ”

The Institute(s) is/are required to send through EMAIL of the Faculty [faculty@intranetsmfwb.in] (For Inspection purpose) scanned copy of the money receipt, along with the request letter in the prescribed format [**Annexure A**] and, the Information Collection Form [**Annexure B**], for issue of SIF/SRF. On receipt of the above request, the Faculty will send 'SOFT COPY /SOFT COPIES' of the relevant SIF/SRF To the respective Institutes.

[**Note : All other official correspondence to be made in Faculty's official email ID – faculty@smfwb.in**]

The dates for issue & submission of filled-in SIF/SRF are given below : -

Sl.No.	Items	Date
01.	Date of Issue of Information Brochure SIF/SRF [Standard Information Form/ Standard Requirement Form]	22-04-2022
02.	Last Date of Issue of Information Brochure SIF/SRF [Standard Information Form / Standard Requirement Form]	06-05-2022
03.	Last Date of submission of filled-in Application without Fine, along with Inspection fees Rs. 15000/- per Course	07-05-2022
04.	Last Date of submission of filled-in application with late fine Rs. 2000/- per course along with Inspection fees.	08-05-2022 to 14-05-2022 [up to 5 pm]

After collection of SIF/SRF, the Particular Institute would submit duly filled-in SIF/SRF along with scanned copy of payment receipt of inspection fees of Rs. 15000/- per course to be remitted through Axis Bank as per the details above with required enclosures through Faculty's Google Drive on and before **07-05-2022**.

Please note that, as soon as the duly filled-in '**Information Collection Form**' vide Annexure B, is received from the Institutes, Faculty IT Division would provide SIF/SRF and would furnish the 'LINK' for uploading the scanned copy of all documents in Faculty's '**Google Drive**', to all concerned.

Thanking you,

Encl: [ANNEXURE A & B]

Yours faithfully,

[D K Ghosh]
Secretary, SMFWB

No.

Dated :

SPECIMEN OF REQUEST LETTER FOR ISSUE OF SIF/SRF

ANNEXURE -A

The Secretary
State Medical Faculty of West Bengal
14-C, Beliaghata Main Road
Kolkata - 700 085

Sir,

Request for issue of SIF/SRF :

I/We hereby request you to send SIF/SRF [Information Brochure] for the following course (s) :-

1

2

3

4

& so on.

The requisite fee at the rate of Rs.600/- per course has already been deposited through Axis Bank Account as per details given by the Faculty.

I/We also furnish the particulars, as prescribed in 'Information Collection Form' as per the Annexure -B, for your information and record.

Thanking you,

Yours faithfully,

Full Name:
Designation:
Mobile :
Signature :

Encl: **As Stated**

STATE MEDICAL FACULTY OF WEST BENGAL
INFORMATION COLLECTION FORM FOR THE YEAR - 2022

1. Institution's Name:
2. Institution's Address
with Pin code:
3. Name, Contact no. & email ID
of Head of the Institution :
4. Email ID (***mandatory
for all future communication**):
5. Contact Person's Name,
Designation & Phone number :
(***mandatory for all future communication**):
6. Alternate Contact Person's Name,
Designation & Phone Number:
7. WhatsApp No:
(**For adding in Faculty's affiliated institutes' group**):
8. Please confirm whether the institute has
the facility to conduct ONLINE classes? (Yes/ No):
9. Course(s) applied for (Please tick accordingly):

Sl. No.	Course Name	Tick the course name You are applying for
i	Diploma in Medical Laboratory Technology	<input type="checkbox"/>
ii	Diploma in Radiography (Diagnostic)	<input type="checkbox"/>
iii	Diploma in Physiotherapy	<input type="checkbox"/>
iv	Diploma in Radiotherapeutic Technology	<input type="checkbox"/>
v	Diploma in Optometry with Ophthalmic Technique	<input type="checkbox"/>
vi	Diploma in Neuro Electro Physiology	<input type="checkbox"/>
vii	Diploma in Perfusion Technology	<input type="checkbox"/>
viii	Diploma in Cath-Lab-Technician	<input type="checkbox"/>
ix	Diploma in Dialysis Technician	<input type="checkbox"/>
x	Diploma in Critical Care Technology	<input type="checkbox"/>
xi	Diploma in Operation Theatre Technology	<input type="checkbox"/>
xii	Diploma in Diabetes Care Technology	<input type="checkbox"/>
xiii	Diploma in Electrocardiographic Technique	<input type="checkbox"/>

10. Fees payment details:

Date of payment	Particulars	Total Amount (in Rs.)
	Total fees paid of SIF/SRF (Per course Rs. 600)	

11. A scanned copy of Blank Cheque of the Institute may be sent to Faculty to facilitate monetary transactions.

Full Name:

Designation:

Mobile No.:

Signature with Seal:

Date: