

State Medical Faculty of West Bengal

14-C, Beliaghata Main Road, Kolkata – 700 085 Tele: 2372-0181 / 2372-0185 / 2372-0120 / 2374-0173 Website: <u>www.smfwb.in</u> / Email ID: faculty@smfwb.in

No. 827

-F/17-2021

10th July, 2021

NOTICE

In re: Issue of INFORMATION BROCHURE (SIF/SRF) and submission thereof for affiliation to Institutes for conduction of Para Medical Courses for the Year-2021 [NOT FOR STUDENTS, FOR INSTITUTES ONLY]

This is for information of all concerned that course-wise INFORMATION BROCHURE (SIF/SRF) will be made available through ONLINE mode from 10-07-2021, on payment of Rs. 600/- Per Course through NEFT/IMPS/RTGS as detailed below:-

State Medical Faculty of West Bengal
SB Account No- 9120100043471033
IFSC Code- UTIB0001783
MICR Code- 700211080

The Institute(s) is/are requested to arrange to send through the following Email ID:-

<u>faculty@intranetsmfwb.in</u> [for this INSPECTION purpose]

scanned copy of the <u>Money Receipt</u>, along with the <u>Request Letter</u> in the prescribed format [Annexure- A], and, the <u>Information Collection Form</u> [Annexure- B] for issue of SIF/SRF to them.

[Note:-All other official correspondence to be made in Faculty's Official Email ID- faculty@smfwb.in]

On receipt of the above documents, the Faculty will arrange to send Soft Copies of the relevant SIF/SRF to the respective Institutes.

The <u>LAST DATE</u> for collection of SIF/SRF is <u>23rd July 2021</u>, and, the <u>LAST DATE</u> for submission of filled-in SIF/SRF with required documents through Faculty's **Google Drive** will be <u>13th August 2021</u>, along with receipt of payment of requisite INSPECTION FEES of Rs. 15,000/- PER COURSE to be remitted through <u>Bank</u> as detailed above.

The <u>LAST DATE</u> for submission of filled-in SIF/SRF with late fine of Rs. 2000/-Per Course along with Inspection Fees of Rs. 15,000/-Per Course will be 16th August 2021.

The <u>LINK</u> for uploading the scanned copies of all required documents in **Google Drive** will be provided by I.T. Division of the Faculty in time.

Encl: ANNEXURE- A & B

[D.K. Ghosh]
Secretary, SMFWB

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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 2021

2.	Instituti with Pir	on's Address code :	
3.		Contact no. & email I.D. d of the Institution :	
4.		(* mandatory uture communication) :	
5.	Designa (* man	Person's Name, ation & Phone number datory for all future unication) :	
6.		te contact Person's Designation & Phone r:	
7.		App No: ding in Faculty's affiliated re's group):	
8.	Institut	confirm whether the te has the facility to conduct E classes?(Yes / No) :	
	Course Sl. No.	(s) applied for (Please tick accordingly): Course Name	Tick the course name
		Dislama in Madical Laboratory Toolprology	you are applying for
-	i ii	Diploma in Medical Laboratory Technology Diploma in Radiography (Diagnostic)	
	iii	Diploma in Physiotherapy	
	iv	Diploma in Radiotherapeutic Technology	
-	V	Diploma in Optometry with Ophthalmic Technique	
-	vi	Diploma in Neuro Electro Physiology	
	vii	Diploma in Perfusion Technology	
	viii	Diploma in Cath-Lab-Technician	
	ix	Diploma in Dialysis Technician	
	X	Diploma in Critical Care Technology	

10. Fees payment details:

1. Institution's Name:

Date of Payment	Particulars	Total Amount (in Rs.)
	Total Fees paid for SIF/SRF (Per course Rs.600)	

Diploma in Operation Theatre Technology

Diploma in Electrocardiographic Technique

Diploma In Diabetes Care Technology

Full Name ':
Designation :
Mobile No. :
Signature :

Date:

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