



## 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. 4513

F-4/2023

Dated: 20<sup>th</sup> January, 2023

### 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-2023 [**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 - 2023, 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

Please note that the amount to be sent to Faculty's account from the Institute's official account and **not** from any of the personal account. Otherwise, Faculty's Accounts department could not be able to identify the name of Payee Institute as a result of which they would not be in a position to account for the same meaning thereby Payment information could not be sent to IT department for further necessary action i.e., sending of SIF/SRF to the Institute.

The Institute(s) is/are required to send through EMAIL of the Faculty [[faculty@intranetsmfwb.in](mailto:faculty@intranetsmfwb.in)] (to be used only 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, i.e.: [faculty@smfwb.in](mailto:faculty@smfwb.in) ]

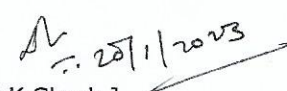
The dates for issue & submission of filled-in SIF/SRF are given below :-

Sl.No.	Items	Date
01.	Date of Issue of Information Brochure SIF/SRF[Standard Information Form/ Standard Requirement Form]	24-01-2023
02.	Last Date of Issue of Information Brochure SIF/ SRF [Standard Information Form / Standard Requirement Form]	11-02-2023
03.	Last Date of submission of filled-in Application without Fine, along with Inspection fees Rs. 20000/-per Course	12-02-2023
04.	Last Date of submission of filled-in application with late fine Rs. 2000/- per course along with Inspection fees.	13-02-2023 to 20-02-2023 [ up to 5 pm ]

After collection of SIF/SRF, the Particular Institute would submit duly filled-in SIF along with scanned copy of payment receipt of inspection fees of Rs. 20000/- per course to be remitted through Axis Bank as per the details above with required enclosures through Faculty's Google Drive on or before **12-02-2023**.

Please note that, as soon as the duly filled-in 'Information Collection Form' vide Annexure B along with all necessary documents are received from the Institutes, Faculty's 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.

**In conclusion it is being reiterated again that all the amount to be remitted from Institute's Official account mentioning Institute's name therein. Otherwise, Faculty will not be in a position to Process further.**

  
[ D K Ghosh ]  
Secretary, SMFWB

[Encl: As above]

No.	Dated:
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**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 with stamp:**

Encl: As Stated

**STATE MEDICAL FACULTY OF WEST BENGAL**  
**INFORMATION COLLECTION FORM FOR THE YEAR - 2023**

1. Institution's Name:
2. Institution's Address  
with Pin code :
3. Name, Contact no. &  
email ID of **Head of  
the Institution** :
4. Primary Contact Person's Name,  
Designation & Phone number :  
**(\*mandatory for all future  
communication)**
5. Alternate Contact Person's Name,  
Designation & Phone Number:
6. Email ID (**\*mandatory  
for all future communication**):
7. WhatsApp No:  
**(\*mandatory for all future communication  
in 'Faculty's affiliated institutes' group"):**
8. Please confirm whether the institute has  
the facility to conduct ONLINE classes  
if any Pandemic situation arise? **(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. Please attach scan copy of NOC from H&FW dept., GoWB  
to commence the Paramedical Course(s) **(Yes/ No)**:  
If **no**, please attach the scan copy of Application to H&FW Dept.  
GoWB :  
[Note: Without NOC, SMFWB cannot proceed for Inspection  
For affiliation]

11. Please attach scan copy of Clinical Establishment License from H&FW dept., GoWB **(Yes/ No)**:

12. Fees payment details - Please attach scan copy of payment receipt:

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

13. A scanned copy of Cancelled Cheque of the Institute may be sent to Faculty to facilitate all future transactions.

**Full Name:**

**Designation:**

**Mobile No.:**

**Signature with Seal:**

Date:

Place:

**Encl: As attachment**, Please Tick accordingly []:

- NOC from H&FW dept., GoWB []  
OR  
Application for NOC to H&FW dept., []  
GoWB
- Clinical Establishment License : []
- Fess payment details : []
- Cancelled Cheque : []