State Medical Faculty of West Bengal

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No. SMF/26-27/I/1170 - 08 / F of 2026 | 14th July, 2026

Change in Naming Convention of No Objection Certificate (NOC) to "Approval Certificate", Mandatory Criteria for Application, and Re-assessment Policies for Private Diploma in Pharmacy Institutions

This is for the information of all concerned, particularly the authorities of the **existing Private Diploma in Pharmacy (D.Pharm) Institutions where the State Medical Faculty of West Bengal** (herein after would be referred to as the SMFWB) **has consented to act as the Examining Authority**, as well as all **applying Private Institutions seeking fresh consent and/or affiliation from the Faculty**, that the Competent Authority of the SMFWB has adopted the following regulatory and administrative resolutions :

1. Change in Naming Convention :

- The document hitherto issued as a "No Objection Certificate (NOC)" for acting as an Examining Authority is officially redesignated as the "Approval Certificate".
- SMFWB will conduct a mandatory physical inspection before issuing the Approval Certificate to any applicant institute. The certificate will be issued provided the institute gives explicit consent to SMFWB for ongoing re-assessments and viability evaluations during the active course period.

2. Mandatory Application Criteria & Fee Structure for Fresh Approval Certificates :

All fresh applicant private pharmacy institutes must strictly comply with the following application procedure :

- Institutes must submit application on their official letterhead along with the duly filled, signed, and sealed Information Collection Form (Annexure-I) to the designated SMFWB Email ID : faculty@smfwb.in .
- The application must accompany the following payments through online mode/IMPS/NEFT/RTGS made to the State Medical Faculty of West Bengal's Axis Bank Account, Beliaghata Branch, S.B. Account No. : 9120 100 4347 1033, IFS Code No. : UTIB0001783, MICR Code No. : 700 211 080 :

  i. Approval Certificate Application Fee : ₹2,000/-
  ii. SIF/SRF Brochure Fee : ₹3,000/-
  iii. Inspection Fee for new applying Private Institutions : ₹50,000/-

  A scanned copy of a Cancelled Cheque of the institute must be submitted alongside the application to facilitate future official transactions.
- Upon verification of payment, a scanned copy of the Standard Information Form / Standard Requirement Form (SIF/SRF) will be emailed to the institute. A signed soft copy must be uploaded back to faculty@smfwb.in and a hard copy must be submitted at the time of physical inspection.

3. Continuous Assessment and Mandatory Re-assessment :

- **For Future Applicants :** Final "Consent to Act as the Examining Authority" will not be granted without a physical inspection by the D.Pharm Inspection Team. The findings of this inspection report shall be legally binding on the respective institutes.
- **For Existing Affiliated Institutions :** The Competent Authority has instituted a "Continuous Assessment and Evaluation Process" for maintaining standard throughout the course period.
- **Continuous Assessment and Evaluation Team :** A dedicated team will conduct ongoing re-assessments during the course period. The compiled assessment reports will be maintained by the Faculty, with official copies forwarded directly to the PCI, New Delhi.
- **Continuous Evaluation & Affiliation Fees :** Existing institutions are liable to pay a Continuous Assessment and Evaluation Fee of ₹50,000/- per institute. Furthermore, the **Annual Affiliation/Recognition fee** stands revised to ₹75,000/- (for an intake up to 60 students; an additional ₹1,000/- per student applies beyond this limit).

Enclosed : **As above.**

15/7/2026

[Debnath Ghosh]
Secretary-in-Charge, SMFWB

ANNEXURE-I

STATE MEDICAL FACULTY OF WEST BENGAL

INFORMATION COLLECTION FORM FOR DIPLOMA IN PHARMACY COURSE FOR THE YEAR–20

1. Institution's Name :

2. Institution's Address with Pincode :

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. Scan copy of NOC from H & FW Dept., GoWB to commence the D. Pharm Course *(if applicable)* **[Yes/No]** :

9. The full Name & Designation of the Signatory Authority of the Institute with specimen Signature:

Sl. No.	Name	Designation	Specimen Signature *
I.	Main Signatory Authority (Principal/Head/Director of the Institute) :		
II.	Second Signatory Authority		

*** This signature will henceforth require for verification in all future documents to be sent by the Institute. In case, the signatory is changed at any point of time his/her specimen signature has to be recorded in Faculty's I.T. Department by forwarding the same by the highest authority of the organization, whose signature is mentioned against Sl. No. (I.) above.**

10. Fees payment details – Please attach scan copy of payment receipt :

Date of Payment	Amount Paid (Rs.)
	₹ 2,000/- [Please Tick (√) Yes/No]
	₹ 3,000/- [Please Tick (√) Yes/No]
	₹ 50,000/- [Please Tick (√) Yes/No]

11. A scanned copy of Cancelled Cheque of the Institute must be sent to the 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**: [ ]
- **Fees payment details** : [ ]
- **Cancelled Cheque** : [ ]

N.B.: All concerned institutes who have received their latest Decision Letter (for the Respective Academic Year) from the Pharmacy Council of India, New Delhi, with SMFWB as the Examining Authority, are advised to submit the same to the SMFWB office without delay. Failure to do so will result in pending '**Consent of the SMFWB to Act as the Examining Authority for the Diploma in Pharmacy Course for the Respective Academic Year'**.