



State Medical Faculty of West Bengal

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

Tele: 2372 – 0131 / 2372 – 0181

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

No.: 4593

-F-08/2026

25th March, 2026

NOTICE

Criteria for Issuing No Objection Certificate (NOC) by the State Medical Faculty of West Bengal (herein after would be referred to as the SMFWB) for being Examining Authority for Conduction of Diploma in Pharmacy Course at different Private Pharmacy Institutes.

So long, the State Medical Faculty of West Bengal (SMFWB) has been issuing No Objection Certificates (NOC) to Private Pharmacy Institutes for the Academic Year 2025 and also for the Academic Year 2026 upon receipt of applications up-till now.

But, it has now been decided by the Competent Authority of SMFWB that from now onwards applications for No Objection Certificate NOC from Private Pharmacy Institutes, must accompany the following:

1. The Applicant Institute must submit an application on the **Institute's official letterhead**, clearly mentioning the **Institute's name properly**, alongwith **address**, and the **duly filled Information Collection Form for the Diploma in Pharmacy Course (Annexure-I) properly signed and sealed**. The same be sent to SMFWB's email ID (faculty@intranetsmfwb.in).
2. Thereafter, **the Institute has to pay (i) Rs. 2000/- (Rupees two thousand only) for issuing No Objection Certificate (NOC); (ii) Rs. 3000/- (Rupees three thousand only) for getting SIF/SRF [Standard Information Form/Standard Requirement Form] which has to be duly filled in and submitted to the SMFWB later on, and (iii) Rs. 50,000/- (Rupees fifty thousand only) as Inspection fee for D. Pharm Course.**

All the payments have to be made through online mode/IMPS/NEFT/RTGS. Faculty's bank account details mentioned below:-

Account Name : State Medical Faculty of West Bengal
Bank Name : Axis Bank
Branch Name : Beliaghata
S.B. Account No. : 9120 100 4347 1033
IFS Code No. : UTIB0001783
MICR Code No : 700 211 080

As soon as the aforementioned information, along with the required documents as also the payments, as at (i), (ii) & (iii) above is received at this end, the Faculty Office (IT Department) will send a scanned copy of the SIF/SRF to the applicant institutes, which the Institute has to **filled up** and to **sign properly**, and, **submit the same in two ways: (i) a hard copy at the time of inspection at the institute, and, (ii) the soft copy to be uploaded in the Faculty's respective portal [faculty@intranetsmfwb.in]**.

State Medical Faculty would, thereafter, conduct an inspection at any time after issuance of the NOC, and submit their inspection report to the Institute as also to the Pharmacy Council of India (PCI), which might be helpful for the Institute for getting affiliation from PCI, New Delhi.

If there be any query, institutes may contact SMFWB on working days (11:00 A.M. to 5:00 P.M.) after seven working days from submission of the complete application.

[Note: Save as above, all other official correspondence to be made in Faculty's official email ID, i.e. faculty@smfwb.in].

Enclosed: As above.



[Debnath Ghosh]
Secretary-in-Charge, SMFWB

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 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. Scan copy of NOC from H & FW Dept.,
GoWB to commence the D. Pharm
Course [**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'.