



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.- 4181

F-4/2024

7th February, 2024

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 2024. **[Not for student but FOR INSTITUTES ONLY]**

All Existing Affiliated Institutes as well as the New Institutes, intending for conduction of various Para Medical Courses for the session - 2024, are hereby informed that they may now arrange to collect SIF/ SRF Forms [Standard Information Form/ Standard Requirement Form] on payment of Rs. 600.00 [Rupees Six hundred only] for each Para Medical Course which is to be made through online mode /NEFT/ RTGS. The details of the Faculty's bank account is given 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

Please note that the amount to be sent to the Faculty's account from the Institute's official account and **not from any of the personal account** (Example: GPay, Paytm, Phonepay, UPI payment system, etc). Otherwise Faculty's Account's Department would face difficulties to identify the name of the payee Institute, as a result of which payment information could not be sent to the IT Department for further necessary action, i.e. sending of required SIF/SRF to the Institute.

After completing the payment procedure the payee Institute(s) will send an **E-mail** to the Faculty's E-mail ID [faculty@intranetsmfwb.in] (*to be used only for inspection purpose*) along with the scanned copy the Money Receipt, request letter (in the prescribed format [**Annexure A**]) and the Information collection form [**Annexure B**] (both as attached below) for issuance of **SIF/SRF**.

On receipt of the above request, the Faculty will send '**Soft Copy/Copies**' of the relevant SIF/SRF to the respective Institute through the trial mail.

[Note: All other official correspondence, other than the above stated subject, are to be made in Faculty's official email ID i.e., faculty@smfwb.in]

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

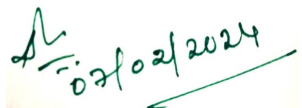
SI No.	Items	Date
1.	Date of Issue of Information Brochure SIF/SRF [Standard Information Form/ Standard Required Form]	08-02-2024
2.	Last Date of issuance of Information Brochure SIF/SRF [Standard Information Form/ Standard Required Form]	23-02-2024 up to 5 pm
3.	Last Date of submission of filled-in Application Form, <u>without fine</u> , along with Inspection fees Rs. 20,000.00/- per course.	24-02-2024 up to 5 pm
4.	Last Date of submission of filled-in Application Form, <u>with late fine</u> Rs. 2,000.00/- per course, along with Inspection fees [Rs. 20,000.00/- per course].	27-02-2024 to 01-03-2024 up to 5 pm

After collection of SIF/SRF, particular Institute would duly fill-in the SIF, along with scanned copy of payment receipt of Inspection Fees [Rs. 20,000/- per course], which is to be remitted through Axis Bank [as per the details above], with required enclosures through Faculty's **Google Drive on or before 24.02.2024**.

Please note that, as soon as the dully filled-in '**Information Collection Form**' vide Annexure B, along with all necessary documents are received from the Institute(s), 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 the concerned Institute(s).

In conclusion it is being reiterated that the all the said amount to be collected from Institute's Official account. (Example: **not from through GPay, Paytm, Phonepay, UPI payment system etc**) **Otherwise, Faculty will not be in a position to Process further.**

[Encl: as above]


[D K Ghosh]
Secretary, SMFWB

SPECIMEN OF REQUEST LETTER FOR ISSUE OF SIF/SRF

ANNEXURE –A

To,
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) :-

Sl. No.	Course Name	Tick the course name You are applying for
1	Diploma in Medical Laboratory Technology	<input type="checkbox"/>
2	Diploma in Radiography (Diagnostic)	<input type="checkbox"/>
3	Diploma in Physiotherapy	<input type="checkbox"/>
4	Diploma in Radiotherapeutic Technology	<input type="checkbox"/>
5	Diploma in Optometry with Ophthalmic Technique	<input type="checkbox"/>
6	Diploma in Neuro Electro Physiology	<input type="checkbox"/>
7	Diploma in Perfusion Technology	<input type="checkbox"/>
8	Diploma in Cath-Lab-Technician	<input type="checkbox"/>
9	Diploma in Dialysis Technician	<input type="checkbox"/>
10	Diploma in Critical Care Technology	<input type="checkbox"/>
11	Diploma in Operation Theatre Technology	<input type="checkbox"/>
12	Diploma in Diabetes Care Technology	<input type="checkbox"/>
13	Diploma in Electrocardiographic Technique	<input type="checkbox"/>

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 – 2024

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 latest 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 latest Clinical Establishment License from H&FW dept., GoWB **(Yes/ No)**:

12. The Full Name & Designation of the Signatory Authority of the Institute with a specimen Signature :

Name	Designation	Specimen Signature
Main Signatory Authority (Principal / Head / Director of The Institute) :		
Second Signatory Authority :		
Third Signatory Authority :		

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

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

14. 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 []:

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