



State Medical Faculty of West Bengal

14-C, Beliaghata Main Road, Kolkata -700 085
Tele : 2372 -0181/ -0185 / -0120 Fax No 2372-0184
Website : www.smfwb.in / Email ID : faculty@smfwb.in

No. 384

- F/ 18 -2020

21st July, 2020

NOTICE

Further to Notice No. 6-F/7-2015 dated 22-04-2020, all Affiliated Institutions are hereby informed that they may now arrange to collect 'Information Brochures' [SIF/SRF] on payment of Rs.600/- [Rupees Six Hundred] for each Para Medical Course to be made through any branch of AXIS Bank ; Bank details are as follows :-

"State Medical Faculty of West Bengal
S.B. Account No : 9120 100 4347 1033
IFS Code No : UTIB0001783
MICR Code No : 700 `211 080"

Thereafter, the Institute(s) will send through **EMAIL** of the Faculty [faculty@smfwb.in] 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.

The last date for collection of SIF/SRF is 31st July, 2020, and, the last date for submission through Faculty's One Drive Cloud Solution of filled in SIF/SRF will be 10th August, 2020, along with receipt of payment of requisite Inspection fee of Rs.15,000/- per course to be remitted through Axis Bank as per the details above with required enclosures.

Besides, those who have earlier collected hard copy of SIF/SRF on payment of requisite fee before lockdown period, are requested to **mail** at the first instance only the duly filled-in 'Information Collection Form' as per **Annexure B**.

Thereafter, the said Institutes would submit duly filled-in SIF/SRF along with scanned copy of payment receipt of Inspection Fee of Rs.15,000/- per course to be remitted through Axis Bank as per the details above, with required enclosures through Faculty's One Drive Cloud Solution, on or before 10th August, 2020.

Please note that, as soon as the duly filled-in 'Information Collection Form' vide Annexure B, is received from the Institutes who have already collected SIF/SRF as also whosoever would have been provided with SIF/SRF by the Faculty, Faculty's I T Division would furnish the '**LINK**' for uploading the scanned copy of all documents in '**One Drive Cloud Solution**', to all of them.

[Signature]
21.07.2020

[D. K Ghosh]
Secretary, SMFWB

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 2020

1. Institution's Name :
2. Institution's Address
with Pin code :
3. Email ID (* mandatory
for all future communication) :
4. Contact Person's Name,
Designation & Phone number
(* mandatory for all future
communication) :
5. Alternate contact Person's
Name, Designation & Phone
number :
6. Please confirm whether the
Institute has the facility to conduct
ONLINE classes? (Yes / No) :
7. 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"/> |

8. Fees payment details:

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

Date:

Full Name :
 Designation :
 Mobile :
 Signature :