

GOVERNMENT OF WEST BENGAL  
OFFICE OF THE DEAN OF PRINCIPAL  
CALCUTTA NATIONAL MEDICAL COLLEGE  
32, Gorachand Road, Kolkata-700 014

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**NEET-Super Specialty (DM/MCh.) ADMISSION 2021-22 UNDER ALL INDIA QUOTA (1<sup>st</sup> Round)  
IN CALCUTTA NATIONAL MEDICAL COLLEGE, KOLKATA -700014.**

The following documents in original along with one self attested photocopy of all the documents are required at the time of admission. All the documents as mentioned below are essential documents.

- ❖ Provisional Allotment Letter issued by MCC
- ❖ Admit Card issued by NBE
- ❖ Result/Rank Letter issued by NBE
- ❖ MBBS Degree Certificate/ Provisional Certificate.
- ❖ MD/MS/DNB Degree Certificate in the concerned speciality.
- ❖ Permanent Registration Certificate of MBBS/MS/MD/DNB issued by MCI or NBE/State Medical Council. Students, who have completed/ are completing post-graduation by July 31, of the year of admission are eligible to apply with provisional certificate.
- ❖ High School/Higher Secondary Certificate/Birth Certificate as proof of date of birth.
- ❖ Candidates allotted seat must carry two of the identification proofs (ID Proof) to the allotted college at the time of admission (as mentioned in the information Bulletin published by the National Board of Examinations (NBE) for NEET SS i.e. PAN Card, Driving License, Voter ID, Passport or Aadhar Card.
- ❖ **Candidates without original certificates / documents shall not be allowed to take admission in Calcutta National Medical College, Kolkata.**
- ❖ Candidates who have deposited their original documents with any other Institute/ College/University and come for admission with a certificate stating that "Candidates original certificates are deposited with the Institute/College/University" shall not be allowed to take admission in allotted Medical College.
- ❖ 2 Copies Print out of online fees payment receipt in favour of CNMC, Kolkata-700014.  
Payment link has given below
- ❖ Indemnity & Discontinuation bond in stamp paper valued not less than Rs.50/- (rupees fifty) for each bond (format attached below)

However, it is once again clarified that, **the allotment made by MCC in any of the rounds is purely provisional subject to physical verification of documents of the candidate by the allotted college authorities.**

**Please note that at the time of admission the required documents will be verified as per the policy of documents verification of Calcutta National Medical College, Kolkata.**

**Important Note:**

Filling up the following forms are mandatory for all categories of candidates.  
The admission procedure should not be completed without this filled- up forms.

**Calcutta National Medical College, Kolkata  
Admission Slip for PDT Student – 2021**

|  |                    |   |   |                      |   |   |   |   |
|--|--------------------|---|---|----------------------|---|---|---|---|
| 1) Name (IN CAPS.)   |                    |   |   |                      |   |   |   |   |
| 2) NEET PDT 2021 Roll No.  |                    |   |   |                      |   |   |   |   |
| 3) NEET PDT 2021 Rank  |                    |   |   |                      |   |   |   |   |
| 4) Category  |                    |   |   |                      |   |   |   |   |
| 5) Date of Birth   | D                  | D | M | M                    | Y | Y | Y | Y |
|  |                    |   |   |                      |   |   |   |   |
| 6) Willingness for Participation for the counseling of ( write 'Yes' or ' No') | 2nd Round          |   |   | <input type="text"/> |   |   |   |   |
|  | 3rd / Mop-up Round |   |   | <input type="text"/> |   |   |   |   |
| 7) Phone No.   |                    |   |   |                      |   |   |   |   |
| 8) Email Id  |                    |   |   |                      |   |   |   |   |

Date: \_\_\_\_\_

\_\_\_\_\_

Signature of candidate

CALCUTTA NATIONAL MEDICAL COLLEGE  
32, GORACHAND ROAD, KOLKATA- 700 014

**SUPER SPECIALTY ADMISSION FORM**

**Session: 2021**

*Self-attested  
Photograph*

Allotted Subject: \_\_\_\_\_

NEET SS 2021 Rank : \_\_\_\_\_ (Category : UR/SC/ST/OBC/PH)

1. Name in full (in BLOCK letters):.....
2. Father's Name:.....
3. Name, occupation & address of guardian (if other than father):.....  
.....
4. Postal address:.....  
PIN ..... Mobile No. ....Email ID.....
5. Nationality:..... 6. Male or Female :.....
7. Date of birth: ..... 8. Caste: Gen/SC/ST/OBC: .....
9. Are you in W.B.M.E.S/ W.B. Health Service: YES or NO: .....(If yes, mention whether Regular or Ad-Hoc)
10. Name of the University from where obtained PG degree: .....
11. Year of passing MD/MS Examination: ..... held in.....
12. University Registration No. .... Year.....University.....
13. Duration of Internship Training with the name of the institution: .....
14. Permanent /Medical Registration No. with Name of the Medical Council and year : .....
15. Are you at present registered for any SS/DNB Degree course including Ph.D of any University? if so give details: .....
16. Have you applied for admission or been admitted to any other course in any institution during this session if yes, mention the Course & Institution: .....

I do hereby declare that all the statements made by me in this application (including additional particulars) are true, complete and correct to the best of my knowledge and belief.

I do hereby submit attested of all documents as mentioned in my application.

In case it is detected at any point of time that any of the statements made by me in this application involves suppression of distortion of truth of that the application is not supported by any of the relevant documents as mentioned in this instruction for admission shall be liable to be cancelled without further reference to me.

I shall be bound to accept the stipulation laid down by the WBUHS for the purpose of admission to the Degree Course for the session.

Date:.....

.....

Full signature of the Applicant

Declaration in respect to admission to Post-Doctoral Degree of the WBUHS by the Candidates who are not in any Service, in any Capacity in any Organization.

I do hereby declare that I am not in service under WBHS/WBMES or not in other service including House staffship. In case of suppression of distortion of facts as declared by me admission to the course, if detected, will be liable to be cancelled outright.

Date:.....

.....

Full signature of the Applicant

**The candidate should submit all the documents in a plastic folder.**

The candidate should maintain Covid -19 protocol.

**Payments: ONLY DIGITAL MODE OF PAYMENTS WILL BE ACCEPTED.**

The payment hyperlinks and details of A/C for the digital payments are as follows:-

<https://www.onlinesbi.com/sbicollect/icollecthome.htm?corpID=1053171>

**DETAILS OF FEES FOR DEGREE COURSE:**

Admission fee:-Rs. 2000/-

Tuition fees for 6 months: -Rs. 6000/-

Caution deposit:-Rs. 10,000/-

TOTAL- :-Rs. 18000/-

**For process of online payment PD SL No (Row 4) will be 2021PG then put Roll No of NEET SS Exam'21. For Example [2021PD1111111111](#).**

**The Candidates are advised to beware of any fake website and confirm the Account number and particulars of the college from the website of the college or by personally contacting them before paying the fees and ensure that the fees are being paid on the correct portal/ A/c No. etc. College Authorities or MCC/ WBMCC shall not be held responsible for any case of forgery.**

**Discontinuation bond format for PDT Degree**

Execution of Bond by the Candidate for PDT Degree Course ..... at  
..... Medical College for the session.....

I,                      Sri/Smt.                      .....                      S/o/D/o/W/o  
of..... .Resident of ..... Being selected for  
PG Course..... at..... Medical College do hereby undertake to pay a sum of  
Rs. 5, 00,000 /- (Rupees Five lakhs only) to the Government of West Bengal. If I resign or discontinue the  
course before completion of tenure of the course as prescribed by the Govt in pursuance of G.O. No  
HF/O/MERT/1542/Admn/ME/STM-28-10 dated 25/10/2010, moreover It shall be obligatory on my part  
to observe or perform all terms and condition prescribed on proforma by the Govt. for the aforesaid  
purposes.

.....  
Signature of the student in full with date

.....  
In presence of witness

.....  
Signature of the witness with date

Accepted on behalf of the Govt. of West Bengal

**Indemnity bond format for PDT Degree**

Indemnity bond for the Post Doctoral Trainee to serve the State Govt of West Bengal

**Execution of bond by the candidate for PDT Degree course in.....  
Medical College at .....situated in.....for the session.....**

I, Sri/Smt..... S/o/D/o/ W /o.....  
Resident of ..... for PDT Degree course In ..... at..  
.....Medical College situated in.....for the session..... do hereby State that after successful completion of the Post Doctoral course In State Medical Teaching Institutions In West Bengal, shall abide by the terms and conditions of Govt Notification No. HF/O/MERT/ 912/ME/MISC-78-13 dated 31/07/2013 as the same stands modified by the Government Notification No. HF/O/MERT/923/ME/MISC.78-13 dated 10/06/2014 both of MERT branch Of Department of Health and Family Welfare Government of West Bengal to work in multi-specialty/ Super-speciality Hospitals/Secondary/Tertiary level Hospitals in West Bengal for a continuous period Of Three years to serve the people falling which, I shall be liable to recompense the State Government of West Bengal a penal amount of Rs.10,00,000/- (Rupees Ten Lakhs only) for each defaulting year while the State Government of West Bengal shall be at liberty to realise the said penal amount from me in accordance with law. I do hereby also accept the fact that all original documents (Mark Sheets, Certificates and documents as required by the Department of Health and Family Welfare, Government of West Bengal from time to time) will be retained by the department of the concerned Medical Teaching Institution in West Bengal for the purpose of ensuring successful completion of the bond period or repayment of penal amount, as may be applicable by the some Government Notification as stated above. I further understand that during the bond period, I will be designated as Senior Resident and it shall be obligatory on my part to observe or perform according to the rules and regulations for the Senior Resident in the State of West Bengal prevailing during the tenure of the aforestated bond period.

.....  
Signature of the student in full with date

.....  
In presence of witness

.....  
Signature of witness with date

Accepted on behalf of the Govt. of West Bengal