GOVERNMENT OF WEST BENGAL
OFFICE OF THE PRINCIPAL
CALCUTTA NATIONAL MEDICAL COLLEGE
32, GORACHAND ROAD, KOLKATA -700 014

PG Admission under State Quota for the Academic Session 2026-27

*The following **Original documents along with two set of self attested photocopies are to be submitted in one plastic folder** at the time of Admission in Calcutta National Medical College, Kolkata-700014. All the documentsas mentioned below are essential documents at the time of admission.*

IMPORTANT INSTRUCTION

Before submitting the original documents, candidates are advised to scan both sides of all original documents and send the scanned copies to the following e-mail ID:

***E-mail ID:* onlineadmissioncnmc@gmail.com**

i. Allotment Letter issued by WBMCC.

ii. Original Online Documents Verification slip by WBMCC.

iii. NEET PG 2026 Admit Card.

iv. NEET PG 2026 Rank card.

v. Any 2 of Aadhar card / Voter Card / Passport of the candidate.

vi. Age Proof (Birth certificate/Class 10 Admit Card/ Certificate)

vii. MBBS Pass Certificate

viii. Final Mark Sheet

ix. Permanent Registration Certificate (Up-dated) issued by State Medical Council / Medical Council of India

x. Caste Certificate (issued by appropriate authority in West Bengal)

xi. Non-Creamy layer certificate/ Revalidated Certificate issued from BCWD (as applicable) in proper format and issued **on or after 01-04-2026**

xii. PwD Certificate issued from PWD Certificate Board as designated by MCC, New delhi

xiii. Internship Completion Certificate (As per NMC notification dated 10-12-2024 the internship cutoff date for NEET PG 2026 candidates is **30.09.2026**)

xiv. Proof of previous degree if applicable and **completed by 30.09.2026**

xv. EWS Certificate (Issued by appropriate authority in West Bengal) **on or after 01-04-2026** and mentioned in website https://wbmcc.nic.in

xvi. Indemnity & Discontinuation bond in stamp paper valued not less than Rs.100/-(Rupees One hundred only) for each bond (format attached below)

xvii. **For In-Service candidates**, **ID card of present employment** & **NOC from present employer** & a certificate **stating 3 yrs of regular service** in West Bengal.

xviii. **Declaration letter to the Dpt. of Health & FW** stating that **in-service candidates fulfill all eligibility conditions** for service quota and Trainee Reserve.

xix. Certificate from the **institute in-charge/custodian of service book** stating that **in-service**

xx. Posting order and joining Order for claiming in-service category seat under Dept. of Health and Family Welfare in WBHS/WBMES/WBPHAS

xxi. After paying fees for Admission through online, download and print 3 copies of payment receipt/slip

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 PGT Student – 2026-27

1) Name (INCAPS.)								
2) NEET PG 2026 Roll No.								
3) NEET PG 2026 Rank								
4) Category (UR/EWS/SC/ST/OBC/PH etc.)								
5)Date of Birth	D	D	M	M	Y	Y	Y	Y
5) Willingness for Participation for the counseling of (**write 'Yes' or 'No'**)	2nd Round/3rd Round/Stray Round /…… Round							
6) Mention your domicile (A1/A2/B)								
7) Phone No.								
8) Email Id								

Date:

_____

Signature with date

SL No

Self-attested

Photograph

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

POST- GRADUATE ADMISSION FORM
Admission Session: 2026-27

SECTION A: ADMISSION & ALLOTMENT DETAILS

- **Allotted Subject:** _____
- **Allotment Category: -** [ ] UR [ ] SC [ ] ST [ ] OBC [ ] PH [ ]
- **NEET PG 2026 Rank:** _____
- **Date of Admission:** _____ (TO BE FILLEDUP BY OFFICE)

SECTION B: PERSONAL DETAILS

1. **Full Name (in BLOCK letters):** _____
2. **Date of Birth:** _____
3. **Gender:** [ ] Male [ ] Female [ ] Other
4. **Nationality:** _____
5. **Caste / Social Category:** [ ] General [ ] SC [ ] ST [ ] OBC [ ]

SECTION C: CONTACT & GUARDIAN INFORMATION

1. **Father's Name:** _____

   Mobile No.: _____
2. **Guardian's Name & Occupation:** _____
3. **Guardian's Address:** _____
4. **Applicant's Permanent Postal Address:** _____
   - **PIN Code:** _____
   - **Mobile No.:** _____
   - **Email ID:** _____

SECTION D: ACADEMIC QUALIFICATIONS

1. **MBBS Degree Awarding University:**

   _____
2. **MBBS 3rd Prof. (Part II) Examination:**
   - **Year of Passing:** _____
   - **Held in (Month/Year):** _____
   - **Internship period with name of the**
   - **Institute:** _____

Contd.

3. **University Registration Details:**
    - **Registration No.: _____**
    - **Year: _____**
    - **University Name: _____**
4. **Medical Council Details:**
    - **Medical Registration No.: _____ (Mentioned Permanent or Provisional)**
    - **Year: _____**
    - **Name of Medical Council: _____**

SECTION E: SERVICE STATUS (In-Service Candidates)

1. **Are you currently in W.B.M.E.S. / W.B. Health Service?** [ ] YES [ ] NO
   If YES, specify service type: [ ] Regular [ ] Ad-Hoc

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/ Diploma Course for the session.

Date:…… ……..

Full signature of the Applicant with date

<u>Declaration in respect to admission to Post-Graduate Degree of the WBUHS by the Candidates who are not in any Service, in any Capacity in any Organization.</u>

I do hereby declare that I am not in service under WBHS/WBMES or not in other service including House-staff ship. 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 with date

Payments

ONLY DIGITAL MODE OF PAYMENTS WILL BE ACCEPTED.

The payment hyper links for the digital payments are as follows:-

STEP 1: Go to "SBI Collect" (link : https://www.onlinesbi.sbi/sbicollect/icollecthome.htm) website

STEP 2: Type **PRINCIPAL CNMC** in the search bar

STEP 3: Select payment Category – MD/MS/Diploma

STEP 4: Select course – MD/MS/Diploma

STEP 5: Type the name of the candidate in the Name Box

Type the year followed by NEET PG Roll No. in the Student ID Box (e.g. *2025xxxxxxxxxxxx*)

► **DETAILS OF FEES FOR DEGREE COURSE**:

Admission fee: -Rs. 2000/-

Tuition fees for 6 months: -Rs. 6000/- (Period from November 2026 to April 2027)

Caution deposit: -Rs. 10,000/-

TOTAL-:-Rs. 18000/-

► **DETAILS OF FEES FOR DIPLOMA COURSE**:

Admission fee: - Rs. 2000/-

Tuition fees for 6 months: -Rs. 6000/- (Period from November 2026 to April 2027)

Caution deposit: -Rs. 5,000/-

TOTAL: -Rs. 13,000/-

Type *Admission to Post Graduation course at CNMC* in the 'Remarks' box

STEP 6: Enter the Mobile phone no. and email id of the candidate in the respective boxes

STEP7: Type the CAPTCHA in the captcha box after tick the check box and Press 'Next' button

STEP 8: Chose the Payment option (you can choose UPI payment gate way using QR code/ Net Banking)

STEP 9: Down load the payment receipt and take necessary copies of printout.

For process of online payment Student ID (Row 4) will be 2026PG then put Roll No of NEETUGExam'26. For Example 2026PG1111111111.

(Candidate has to submit the Print out of Fees payment receipt with the documents as stated above.)

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 WBMC shall not be held responsible for any case of forgery.

Discontinuation bond format for PG Degree

Execution of Bond by the Candidate for PG Degree Course.....
at Calcutta National Medical College for the session 2026-27.

I, Sri/Smt. .....

S/o/D/o/W/o of.....

Resident at .....

…….

Being selected for PG Course Degree ……..…….... at Calcutta National Medical College, Kolkata 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 PG Degree

Indemnity bond for the Post Graduate Trainee (other than state govt. of West Bengal sponsored In-service doctors) to serve the State Govt. of West Bengal.

Execution of bond by the candidate for PG Degree course in ……... at Calcutta National Medical College situated in Kolkata for the session 2026-27.

I, Sri/Smt.....

S/o/D/o/W/o.....

Resident of .....

Selected for PG Degree course in …… at Calcutta National Medical College situated in Kolkata for the session 2024-25 do hereby State that after successful completion of the Post Graduate 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/MlSC-78-13 dated 31/07/2013 as the same stands modified by the Government Notification No. HF/O/MERT/923/ME/MlSC.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 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 afore stated 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

Discontinuation bond format for PG Diploma

Execution of Bond by the Candidate for PG Diploma Course……. at Calcutta National Medical College, Kolkata for session 2026-27.

I, Sri/Smt……..

S/O/ D/O/W/O……

Resident at ……..

Being selected for PG Diploma course…… at Calcutta National Medical College, Kolkata do hereby undertake to pay a sum of Rs.2.00,000/-{Rupees Two 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 purpose.

……

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

Indemnity bond format for PG Diploma

Indemnity bond for the post graduate trainee (other than the State Govt. of West Bengal sponsored in-service doctors) to serve the State Govt. of West Bengal.

Execution of bond by the candidate for PG Diploma course in..... at Calcutta National Medical College situated in Kolkata for the session 2026-27.

I, Sri/Smt.....

S/o/D/o/W/o.....

Resident of .....

Selected for PG Diploma course In ..... at Calcutta National Medical College, situated in Kolkata for the session 2025-26 do hereby State that after successful completion of the Post Graduate 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/MlSC-78-13 dated 31/07/2013 as the same stands modified by the Government Notification No. HF/O/MERT/923/ME/MlSC-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 **Two years** to serve the people failing 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 same 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 foretasted 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

Undertaking

" 1....., having NEET PG Medical 2026 Roll No....., NEET PG Medical 2026 rank....., solemnly undertake that the information provided during enrollment process are true to the best of my knowledge. I understand that if it is found that l have deliberately tried to provide mis-information or falsification or fabrication of documents or obtained unfair means then my candidature shall be cancelled at once and I shall not be allowed to participate further in counseling process of WB NEET PG Medical 2026."

_____

Signature of candidate

Date:

Undertaking

For In Service Category

"1.....(Name of the candidate), NEET PG Medical 2026 rank.:....., NEET PG Medical 2O26 Roll No . am submitting self- attested copies of service-related documents in order to establish my entitlement/claim for in service quota as notified by the State Govt. under HFW-23099/415/ 2022 /SS(ME)lspll'tl2022 of the Dept of Health and Family Welfare, Govt. of West Bengal on 05.09.2022 for PG Medical for consideration of admission under NEET PG Medical 2026 West Bengal counseling. I undertake that all information provided by me in the online form in https://wbmcc.nic.in website and documents submitted in support of such claim is true to the best of my knowledge. I understand that in case of incomplete information/falsification/fabrication by me detected at any stage of counseling or admission or during the continuation of the course shall lead to cancellation of my candidature along with other legal/penal consequences.

.....

Signature of the candidate with date and contact number