Willing for the next round – Yes / No

APPLICATION FORM FOR ADMISSION TO THE 1ST YEAR M.B.B.S.COURSE, B.S. MEDICAL COLLEGE, BANKURA FOR THE SESSION OF 2026-2027.(Please read carefully the instruction before filling the form)

1. Name in full (in block letter) :-

2. Date of Birth :- 3. Nationality :

Photo

4. Age as on 31.12.2026 :- 5. Blood Group:-

6. E-mail ID of the student:-

7. Whether SC/ST/PC/OBC/EWS: 8.Mobile No of Student:-

9. Address:- (In Block Letter with Pin Code) 10.Mobile No of Guardian:-

Permanent:-

Present:-

11. Father's Name (in block letter) :-

12. Guardian' Name (in block letter) :-

13. Occupation of Father : 14.Annual income of Father/Gurdian:

15. Examination passed- :-

Name of Univ./Board/Council :-

Roll No. : Year of passing : Division/Grade:

Subjects taken in qualifying examination (10+2) & marks obtained including out-of

Eng.: Beng. /M.I.L : Physics : Chem : Bio. : Math.:

Marks obtained in entrance Exam.(NEET):-Bio:- Physics:- Chem.:-

16. Wheather registered under the WBUHS:- If yes, please state the Reg. No.

17. We hereby declare that the particulars given above are true:-

---------- ----------

(Signature of Father/Guardian) (Signature of the Candidate)

If any discrepancy found later on admission will be automatically cancelled.

He/She is requested to deposit the following fees to the college cash counter for his/her admission.

(Cash Payment)

Admission fees	Rs.1000/-
Tuition fees @ Rs.750/- P.M.(Aug'26 to Jan'27)	Rs.4500/-
Session Charges (Aug'26 to Jan'27)	Rs. 11/-
Library & Laboratory Caution deposit	Rs.1000/-
Seat rent .(Aug'26 to Jan'27)	Rs. 72/-
	Rs.6583/-

Kanyashree ID :-

Principal,
B.S.Medical College, Bankura.

Government of West Bengal
Department of Health & Family Welfare
Office of the Principal
Bankura Sammilani Medical College
P.O:- Kenduadihi, Dist:- Bankura, Pin-722102.
E-mail:-bsmcprincipaloffice@gmaill.com,
Phone No.- 03242-251324/244754/250929(Fax)

Photo

The following documents of.....
have been kept in this college during the time of admission of MBBS Course for the Session of 2026-2027

1) H.S.(10+2) Marks Sheet.
2) H.S.(10+2) Certificate

Principal
B.S.Medical College, Bankura.

I .....(full name of student)

Admission/registration/enrolment number)S/O, D/O Mr./Mrs .....

having been admitted to .....(name of the institution), have

received a copy of the U.G.C Regulation on curbing the Menace of ragging.

In higher Educational instruction 2009 (hereafter called the "Regulation") carefully read and fully understood the provisions contained in the said Regulation.

2. I have in particular, perused clause -3 of the Regulations and am aware as to what constitutes ragging.

3. I have also, in particulars perused clause 7 and clause -9.1 of the Regulation and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting raging, actively or passively, or being part of a conspiracy to promote ragging.

4. I hereby solemnly aver and undertake that

a) I will not indulge in any behaviour act that may be constituted as raging under clause -3 of the Regulation .

b) I will not participate in or able or propagate through any acts of commission or omission that may be constituted as raging under clause -3 of the Regulations.

5) I hereby affirm that if found guilty of ragging, I am liable for punishment according to clause -9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account or being found guilty of abetting or being part of a conspiracy to promote ragging, and farther affirm that in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this the .....day of .....month of .....Year.....

Signature of Deponent

Name:-

Verification

Verified that the comments of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or miss –stated there in.

Verified at .....(Place) on this the .....day of (month).....year.....

Signature of deponent

Solemnly affirmed and signed in my presence on this the .....day of .....(month).....

1. Mr./Mrs./Ms.....(full name parent/Guardian) father/mother/ Guardian of .....
(full name of student with admission /registration/enrolment number), have been admitted in .....
.....(name of the institution) have received a copy of the U.G.C Regulations), curbing the Menace of Ragging in higher Education institution, 2009 (here after called the "Regulations") , carefully read and fully understood the provisions contained in the said Regulations .

2. I have in particulars, perused clause -3 of the Regulations and am aware as to what constitutes ragging.

3. I have also, in particulars perused clause-7 and clause -9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my word in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4. I hereby solemnly aver and undertake that :-

a) My ward will not indulge in any behavior or act that may be constituted as ragging under clause -3 of the Regulation.

b) My ward will not participate in or abet or propagate through any acts of commission or omission that may be constituted as ragging under clause -3 of the Regulations.

5) I hereby affirm that if found guilty of ragging my word is liable for punishment according to clause -9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law any law for the time being in force.

6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote ragging, and further affirm that in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this .....day of .....month of .....Year.....

Signature of Deponent

Name:-
Address:
Telephone/Mobile No

Verification

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or miss-stated therein.

Verified at .....(Place) on this the .....day of (month).....year.....

Signature of deponent

UNDERTAKING

I _____, NEET UG Roll No _____, NEET UG 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 I 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 UG 2026.

Signature of Candidate

Medical Certificate for Neet UG 2026 qualified Candidates

Roll No:-

Application No:-

NEET UG 2026 Combined Merit Rank:-

1.Dr…… have examined Sri/Smt……

…… Son/Daughter of …… residing at

……

(Verified from Aadhar card/Passport/Voter card/School or College ID) a candidate for admission into the Medical/Dental UG degree Colleges in West Bengal for 2026-2027 Admission session and observed as follows:-

1.Personal mark identification:-

2.Apparent age…… Years

3.Any history of Pulmonary Tuberculosis ……Yea/No (Put tick to appropriate One)

4. Chest measurement:-

a.Normal respiration…… cm.

b.In fullinspiration ……cm.

c.In full expiration……cm.

5.Height……cm

6.Weight……Kg

7.BMI……

8.Eye sight visual acuity:

a.Right eye……

b.Left eye ……

c.Colour blindness……present/absent (put tick to appropriate one)

9.Immunization status ……(Whether up to date as per latest National Immunization Schedule)

10.General Physique:-

11. Heart:-

12.Lungs:-

13.Abdominal viscera:-

14.Blood Group:-

15.Any neurological deficit:-

16.Any orthopedic disability:-

I do hereby certify that I cannot discover that he/she has any disease physical and or mental that makes him/her unsuitable to continue studying UG medical/Dental Course.

I consider the above candidate FIT/Un-FIT to join his/her Medical or Dental UG institution.

Date:- Place:-

Photo

Signature of Registered Medical Practitioner

Registration No:-

Council of Registration:-

Contact No:-

(Candidate to paste recent passport Size photograph on which Medical Practitioner has attest)

Execution of bond by the candidate for Under Graduate Medical/Dental degree seat at .....

Sri/Smt ....., S/O, D/O, W/O .....
..... residing at .....

.....Dist. ..... Pin..... having been selected for Under Graduate Medical/Dental degree course at .....

..... Do hereby affirm and solemnly declare that I shall deposit a sum of Rs 1, 00,000/- (Rupees one lakh) only as prescribed by the Government in pursuance of G.O. No. HF/O/MERT/1542/Admn/ME/STM-28-10/2 (10) dated 25.10.2010, if I resign/discontinue the course before completion of tenure of the course.

Moreover it shall be obligatory on my part to observe or perform all terms and conditions prescribed by the Government for the aforesaid purpose.

The original documents which are in the custody of the .....
..... will not be returned to me unless and until I pay the penalty of Rs 1, 00,000/- (Rupees one lakh) only to the authority of .....

.....

This bond is imposed as there will be no further provision on behalf of the W.B.M.C.C. (West Bengal Medical Counseling Committee), Department of Health and Family Welfare Govt. of West Bengal to allot another candidate for the same seat in the next round/s of counseling.

Signature of the candidate.....

Name of the candidate .....

Date..... Place.....

Signature of the witness.....

Name of the witness.....

Date..... Place.....

The followings documents are to be submitted/deposited at the time of admission of 1st Prof. MBBS for the year 2026-2027

1) *Allotment letter -02 Copies.*

2) *Rank Card.*

3) *Score Card*

4) *Self Attested Copy of admit card for Joint Entrance Exam.(original to be shown)*

5) *Verification Certificate*

6) *E-Challan (Xerox Copy)*

7) *Original Bond.*

8) *Class 10 Certificate (Xerox Copy)*

9) *Self Attested Xerox copy of Madhyamik admit card Or any one age Proof Certificate(original to be shown)*

10) *Self Attested Xerox copy of H.S. Mark sheet & Certificate in two copies. (original to be shown)*

11) *Residential Proof./ Domicile Certificate. (Self Attested)*

12) *Pass-port size Colour Photograph – 02 Copies.*

13) *Self Attested Xerox copy of S.C/S.T/P.C./ EWS/OBC NCL of current financial Year. (Original to be shown)*

14) *Medical fitness Certificate. (Self Attested)*

15) *Any Two Identity Proof (EPIC/Passport/Aadhaar Card/Pan Card)*

16) *Carry one Transparent File for Submitting Original Documents*

17) *Transfer Certificate/Migration Certificate if already admitted in Engg/Tech/Degree Colleges/University. (At Present Not necessary)*

N.B:- Keep Scanned copies of 10+2 Marksheet & Certificate (Both Side.)

By order