

Government of West Bengal
Health & Family Welfare Department
AYUSH Branch
Swasthya Bhawan, GN-29, Sector-V
Salt Lake, Kolkata-700091

No. HFW-31016/29/2022/570

Date- 25.11.2022

From: The Special Secretary (AYUSH)
Health & Family Welfare Dept

To The Director of Homoeopathy
Swasthya Bhawan, Sec-V
Salt Lake, Kolkata-91

Sub: Execution of Bond prior to admission to the BHMS courses.

The undersigned is directed to inform that from the current session (2022-2023) onwards all the candidates willing to get admission in Bachelor of Homeopathic Medicine and Surgery (BHMS) courses in 4(Four) Government Homoeopathic Medical College & Hospital namely 1) The Calcutta Homoeopathic Medical College & Hospital, Kolkata 2) D.N.De Homoeopathic Medical College & Hospital, Kolkata 3) Mahesh Bhattacharyya Homoeopathic Medical College & Hospital, Howrah 4) Midnapore Homoeopathic Medical College & Hospital, Midnapore, under W.B.U.H.S. through All India NEET examination have to execute a Bond amounting Rs. 1,00,000/- (Rupees One Lakh) only which will be forfeited if they discontinue the course before completion of the tenure of the course prescribed by the Government.

Sub.
25.11.22
Special Secretary (AYUSH)
Health & Family Welfare Dept.

No. HFW-31016/29/2022/570/1(7)

Date- 25.11.2022

Copy forwarded for information to :

1. Principal/Superintendent/Administrator _____
2. Pay and Accounts Officer, PAO _____
3. Treasury Officer, _____
4. D.D.O. _____
5. Arnab Das Adhikary, UDA, Ayush Br.
6. Office File/Guard file.
7. I.T. Branch of this deptt for uploading the same in to the departmental website.

Sub.
25.11.22
Special Secretary (AYUSH)
Health & Family Welfare Dept.

ON 100 RUPEES STAMP PAPER

BOND FORMAT

Execution of Bond by the Candidate

For BHMS Degree seat at Midnapore Homoeopathic Medical College & Hospital, Midnapore

I,, aged aboutyears, Son/Daughter of, address, having been selected for BHMS Degree Couse at Midnapore Homoeopathic Medical College & Hospital, P.O.- Midnapore, Dist.- Paschim Medinipur, Pin-721101, do hereby affirm and solemnly declare that, I shall deposit a sum of Rs. 1,00,000/- (Rs. One lakh only) as prescribed by the Government in pursuance of G.O. No. HFW-31016/29/2022/570, dated - 25/11/2022, if I resign or discontinue the course before completion of the 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 Midnapore Homoeopathic Medical College & Hospital, Midnapore will not be returned to me unless and until I pay the penalty of Rs. 1,00,000/- (Rs. One lakh only) to the authority of Midnapore Homoeopathic Medical College & Hospital.

This bond is imposed as there will be no further provision on the 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.....



DOCUMENTS REQUIRED FOR ADMISSION

- 1) Class 10 th Marks Sheet & Certificate
- 2) Class 12th marks sheet & certificate
- 3) Birth Proof
- 4) AADHAR/ID proof
- 5) Cast certificate, if applicable
- 6) Domicile certificate, if applicable
- 7) NEET DOCUMENTS
- 8) 1 LAKH Bond on prescribed Format
- 9) anti-ragging affidavit on prescribed Format
- 10) Affidavit for Gap between last study till admission, if applicable
- 11) Fee 6600 approx
- 12) Medical fitness on Annexure V
- 13) 8pcs Photo Passport size



OFFICE OF THE

P.O.: MIDNAPORE, DIST.: PASCHIM MEDINIPUR, WEST BENGAL, PIN: 721101

Phone: (03222) 275311

Serial no. :				
				Date:

Session: 20.....20.....

[illegible][illegible]

Photo

(To be filled and signed by the applicant)

- [illegible]

10. Name of Local Guardian [if any] with address:

11. Occupation with approximate Annual income of father/ Guardian

12. AADHAR NO.:-

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13. Educational Qualification:

A]

Name of 10 th Std. Examination	Year of Passing	Division/ Grade	Name of School / college	University or Board	Roll No.
Name of Subjects					
Marks obtained					

B]

Name of 12 th Std. Examination	Year of Passing	Division/ Grade	Name of School / college	University or Board	Roll No.
Name of Subjects					
Marks obtained					

Total percentage in PCB....., Aggregate % in all subject.....

I shall abide by the rules and regulations of the college [Mentioned in the Prospectus] if I admitted or as may be issued time to time by the authority.

Date:

Signature of the Applicant

[To be filled in and signed both by the applicant and his/her guardian]

We hereby declare that the particulars given above are true.

We shall accept decision of the college authority about selection and admission into the Midnapore Homoeopathic Medical College & Hospital.

Signature of the Guardian

Signature of the Applicant

Date:

Date:

The applicant may be admitted .

Signature of the Verifier

Date: ____ . ____ . 20 ____

Principal-in-Charge

Midnapore Homoeopathic Medical College & Hospital

I am willing / not willing for up-gradation.



SELF DECLARATION

I.....,Son/Daughter of.....,

Age.....years, permanent resident of.....

.....

.....do hereby declare that I am not presently admitted

anywhere through AIQ/SQ counseling in 2025-26 session or earlier. The information given here

is true to the best of my knowledge and belief and nothing has been concealed therein. I am well

aware of the fact that if the information given by me is proved false/ not true at any point of time,

I will have to face punishment as per any provision of Law for the time being in the force, as per

Memo no. HFW-23099/361/2023/M/2307, dated 11/09/2024 from Directorate of Medical

Education, Swasthya Bhavan, Kolkata-91, Govt. of West Bengal.

Place:-

Signature of the Candidate

Date:-

