



# State Medical Faculty of West Bengal

14-C, Beliaghata Main Road, Kolkata – 700 085

Tele: 2372 – 0181 / 2372-0185

Website: [www.smfwb.in](http://www.smfwb.in) / Email ID: [faculty@smfwb.in](mailto:faculty@smfwb.in)

No.: 2227

-F-407/2025

18<sup>th</sup> September, 2025

## NOTICE

In Re: Issue of SIF/SRF [Standard Information Form/ Standard Requirement Form] and submission thereof for affiliation/recognition to institutes for conduction of Diploma in Pharmacy Course, wherein SMFWB is an Examining Authority for the year 2025. **[Not for student but for Institutes only]**

All Existing Affiliated Institutes as well as the New Institutes intending for extension and/or conduction of D. Pharma Course for the Academic Session 2025-2026 who has obtained PCI's **Decision Letter/Recognition Letter**, are hereby informed that they may now arrange to collect SIF/ SRF Forms [Standard Information Form/ Standard Requirement Form on payment of **Rs. 3000.00 (Rupees Three Thousand only)** for D. Pharma Course to be made through online mode/NEFT/RTGS. The details of the Faculty's bank account is given below:-

Account Name : State Medical Faculty of West Bengal  
Bank Name : Axis Bank  
Branch Name : Beliaghata  
S.B. Account No. : 9120 100 4347 1033  
IFS Code No. : UTIB0001783  
MICR Code No : 700 211 080

Please note that the amount to be sent to the aforesaid Faculty's account from the Institute's official account, and **not** from anyone's personal account (Example : not through GPay, Paytm, Phonepay, UPI payment system, etc). Otherwise, Faculty's Account's Department could not be able to identify the name of the Payee Institute, as a result of which they would not be in a position to account for the same, meaning thereby payment information could not be sent to the IT Department for further necessary action, i.e. sending of SIF/SRF to the Payee Institute.

Thereafter, the Institute(s) will send scan 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 through the following **Email** of the Faculty [[faculty@intranetsmfwb.in](mailto:faculty@intranetsmfwb.in)] (*to be used only for inspection purpose*).

On receipt of the above request, the Faculty will send '**Soft Copy**' of the relevant SIF/SRF to the respective Institute through the return mail.

[Note: Save as above, all other official correspondence to be made in Faculty's official email ID, i.e. [faculty@smfwb.in](mailto:faculty@smfwb.in)].

The dates for issue and submission of filled-in the SIF/SRF are given below:

Sl No.	Items	Date
1.	Date of Issue of Information Brochure SIF/SRF [Standard Information Form/ Standard Required Form]	From 19-09-2025
2.	Last Date of Issue of Information Brochure SIF/SRF [Standard Information Form/ Standard Required Form]	17-10-2025 upto 5 P.M.
3.	Last Date of submission of filled-in Application Form without fine, along with Inspection fees Rs. 50,000/- for D. Pharma Course.	Upto 18-10-2025 at 5 P.M.
4.	After 18-10-2025, duly filled in Application Form with late fine Rs. 5,000/-, along with Inspection fees could be submitted, but upto 21-11-2025 - 5 P.M.	

After collection of SIF/SRF, concerned Institute would do the following:

- 1) Submit duly filled-in SIF, with stamp & signature of the Head of the Institute only [Incomplete forms if any, would not be accepted, for which SMFWB will not be held responsible & liable in anyway. No communication in this regard would be made on the part of the Faculty about the status of their application forms.]
- 2) Submit scanned copy of payment receipt of Inspection Fees, Rs. 50,000/- for D. Pharma Course, remitted through Axis Bank as per above details with required enclosures through Faculty's Google Drive on or before 18.10.2025.
- 3) If there be any query, Concerned Institute may contact over phone to SMFWB from 11 A.M. to 5 P.M. on working days, after seven days from the date of submission of duly filled in Application Form, with required enclosures.

Please note that, as soon as the duly filled-in 'Information Collection Form', vide **Annexure-B**, along with all necessary documents are received from the Institute(s), thereafter, Faculty's IT Division would provide SIF/SRF and would furnish the 'Link' for uploading the scanned copy of all documents in Faculty's 'Google Drive' to all concerned.

**In conclusion, it is being reiterated again that all the amount to be deposited from Institute's Official account. Otherwise, Faculty will not be in a position to process further.**

Enclosed: As above.

*Debnath*  
[Debnath Ghosh]  
Secretary-in-Charge

No.:	Dated:
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SPECIMEN OF REQUEST LETTER FOR ISSUE OF SIF/SRF FOR DIPLOMA IN PHARMACY COURSE

ANNEXURE-A

To,  
The Secretary  
State Medical Faculty of West Bengal  
14-C, Beliaghata Main Road  
Kolkata - 700 085

Sir,

Request for issue of SIF/SRF:  
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I/We hereby request you to send SIF/SRF [Information Brochure] for the Diploma in Pharmacy course.

The requisite fee of Rs. 3,000/- for the said 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 No.:  
Signature:

Encl: As Stated

**STATE MEDICAL FACULTY OF WEST BENGAL**  
**INFORMATION COLLECTION FORM FOR DIPLOMA IN PHARMACY COURSE FOR**  
**THE YEAR-2025**

- 1. Institution's Name :
  
- 2. Institution's Address  
with Pin code :
  
- 3. Name, Contact no. &  
email ID of **Head of the  
Institution** :
  
- 4. Primary Contact Person's Name,  
Designation & Phone Number :  
(\*mandatory for all future  
communication)
  
- 5. Alternate Contact Person's Name,  
Designation & Phone Number:
  
- 6. Email ID (\*mandatory for all  
future communication) :
  
- 7. WhatsApp No :  
(\*mandatory for all future communication  
in 'Faculty's affiliated institutes' group)
  
- 8. Please attach scan copy of NOC from H & FW  
Dept., GoWB to commence the D. Pharm  
Course (*if available*) [Yes/No] :
  
- 9. Please attach scan copy of latest '**Decision  
Letter/Recognition Letter**' from PCI, New  
Delhi for Academic Session 2025-2026  
(\*mandatory required) [Yes/No] :
  
- 10. The full Name & Designation of the Signatory Authority of the Institute with  
specimen Signature:

Sl. No.	Name	Designation	Specimen Signature *
I.	Main Signatory Authority (Principal/Head/Director of the Institute) :		
II.	Second Signatory Authority		

**\* This signature will henceforth require for verification in all future documents to be sent by the Institute. In case, the signatory is changed at any point of time his/her specimen signature has to be recorded in Faculty's I.T. Department by forwarding the same by the highest authority of the organization, whose signature is mentioned against Sl. No. (I.) above.**

- 11. Fees payment details - Please attach scan copy of payment receipt :

Date of Payment	Amount Paid (Rs.)
	₹ 3,000/- [Please Tick (✓) Yes/No]

12. A scanned copy of Cancelled Cheque of the Institute may be sent to the Faculty to facilitate all future transactions.

**Full Name:**

**Designation:**

**Mobile No.:**

**Signature with Seal:**

Date:

Place:

**Encl: As attachment, Please Tick accordingly [√]:**

- **Latest Decision Letter from PCI, New Delhi :** [ ]
- **NOC from H&FW Dept., GoWB (*if available*):** [ ]
- **Fees payment details :** [ ]
- **Cancelled Cheque :** [ ]