



RECEIPT OF DOCUMENTS

SL. NO.	DOCUMENTS REQUIRED (ORIGINAL + SELF ATTESTED XEROX OF EACH OF THE DOCUMENTS)	REMARKS
1	Allotment letter	
2	NEET PG 2021 MD/MS 2020 Admit Card	
3	NEET PG 2021 MD/MS 2021 Rank Card	
4	Any two of Epic Aadhar / Passport of Candidate	
5	Age Proof (Birth/Class 10 th certificate/Class 10 th Admit Card)	
6	Migration Certificate (if applicable)	
7	3 rd Prof. PT-II M.B.B.S Mark Sheet / 4 th Prof M.B.B.S Mark Certificate	
8	Permanent Registration Certificate issued from MCI/State Medical Council/Dental Council of India/State Dental Council	
9	Internship Completion Certificate	
10	Verification Receipt for Pre Counselling	
11	Discontinuation Bond	
12	Cast Certificate	
13	Non Creamy Layer Certificate issued or after 19/04/19	
14	PWD issued Certificate issued from IPGME &R	
15	Any two of Epic/Aadhar/Passport of Candidate/Any one of parent issued/verified in the State of West Bengal or relevant Domicile Certificate signed by appropriate authority (mentioned in the website)	
16	ID Card of present employment and NOC from present employer and certificate from present employer stating 3 years of regular service in the State of West Bengal	
17	Indemnity Bond (for open) category candidates	
18	Acknowledgement receipt as generated from counselling website www.wbmcc.nic.in	
19	Payment proof as generated from the counselling website www.wbmcc.nic.in	
20	Declaration letter to the Dept. Of Health & Family Healthcare, Govt. Of WB to the effect that incumbents for the in-service seats fulfil all the conditions/eligibility for Trainee Reserve with/without marks incentive (S)	
21	Certificate from the Institute in-charge or custodian of the service book to the effect that incumbents for the in-services seats fulfil all the conditions/eligibility for marks incentive. (S)	
22	Posting order and joining report for claiming in service category seats under " Dept of Health & Family Welfare" in WBHS/WBPHAS/WBMES/WBDS/WBDES. (S)	
23	Permanent M.B.B.S Degree / pass certificate OR Provisional certificate + declaration	
24	Transfer Certificate / College leaving certificate (if applicable)	

College Seal :

NAME OF THE CANDIDATE: _____

DEPARTMENT/STREMS OPTED FOR: _____

DATE OF ADMISSION: _____

Signature of Nodal Officer