



THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES

DD-36, Sector-1, Salt Lake, Kolkata – 700 064, W.B

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CONSENT OF AFFILIATION

FORM -3

Ref. No. OG/WBUHS/2021-22/ **560**

Name of University: The West Bengal University of Health Sciences, Salt Lake, Kolkata

Place: Kolkata

Dated: 05.08.2021

CONSENT OF AFFILIATION

On the basis of the report of the Local Inquiry Committee “The West Bengal University of Health Sciences”, Salt Lake, Kolkata has agreed, in principle, to affiliate the proposed introduction of 150 (one hundred fifty) seats of “MBBS” course to be established at Village – Siromonipur PO & PS – Bishnupur, District – Bankura, PIN – 722122 by the “Bishnupur Public Institute of Medical Science”, subject to grant of permission by the National Medical Commission under/Section 26 of the National Medical Commission Act, 2019 (30 of 2019).

This Consent of Affiliation shall be valid for processing of application for three academic years from the date of issue.


Registrar
WBUHS

Date: 05 / 08 / 2021

Ref. No.: OG/ WBUHS/2021 - 22/ **560**

Copy forwarded for information and necessary action to the:

1. Controller of Examinations, WBUHS, Kolkata
2. Principal, Bishnupur Public Institute of Medical Science
3. Asst. Registrar, WBUHS, Kolkata.
4. Inspector of Colleges, WBUHS, Kolkata.
5. Finance Officer, WBUHS, Kolkata.
6. P. A to Vice-Chancellor, WBUHS, Kolkata.
7. P. A to Pro Vice-Chancellor, WBUHS, Kolkata.
8. Office copy.


Registrar
WBUHS