

NOTICE FOR ACUPUNCTURE TRAINING

Applications are invited for Certificate in Acupuncture course at Dr. B.K. Basu Memorial Research & Training Institute of Acupuncture (under Government of West Bengal) affiliated to Council of Acupuncture Therapy, West Bengal.


- Eligibility: **M.B.B.S., B.H.M.S., B.A.M.S**
- Duration: 16 weeks, 3 days in a week (Mon, Tue, Wed)
11 am to 4 pm.
- Venue of Training: Three clinics of the institute at-
- 1) Sambhu Nath Pandit Hospital,
 - 2) NRS Medical College & Hospital and
 - 3) Dr. B. K. Basu Memorial Research & Training Institute of Acupuncture.
- Students have to attend all the clinics by rotation.**

Next course will begin: **1ST August 2022**

Last date of receiving application- **25th July 2022**

Course Fee: **2500/- (Two thousand five hundred rupees only)**

Application in proforma (Annexure-2) and Self-attested photo copies of Medical qualifications (final year mark sheet), Internship completion certificate and Medical registration certificate should be sent to the **Director, Dr. B.K. Basu Memorial Research & Training Institute of Acupuncture, 188/87 Prince Anwar Shah Road, Kolkata-700045.**
Phone: (033) 24179281. Email- bkbmacu@yahoo.com


27/6/22

Director

**Dr. B.K. Basu Memorial Research &
Training Institute of Acupuncture**

APPLICATION FORM FOR ADMISSION TO CERTIFICATE IN ACUPUNCTURE COURSE

(Dr. B. K Basu Memorial Research & Training Institute of Acupuncture)

To
The Director
Dr. B. K Basu Memorial Research &
Training Institute of Acupuncture
188/87, Prince Anwar Shah Road, Kol-45

Respected Sir,

With reference to your advertisement bearing memo no- BKBM/22/45, dated- 27/06/2022 for admission in **Certificate in Acupuncture** course, I want to place myself as applicant for the said training course.

(PARTICULARS TO BE FILLED UP BY THE CANDIDATE)

NAME OF THE CANDIDATE: _____
FATHER'S NAME : _____
ADDRESS : _____

DATE OF BIRTH : _____
GENDER : _____
NATIONALITY : _____
CONTACT NO (MOBILE) : _____
E-MAIL : _____

Self attested
Photo

MEDICAL QUALIFICATION:-

- a) NAME OF THE COURSE: _____
b) NAME OF THE COLLEGE: _____
c) NAME OF THE UNIVERSITY: _____
d) YEAR OF PASSING: _____
e) DATE OF COMPLETION OF INTERNSHIP: _____
f) MEDICAL REGISTRATION NO WITH YEAR: _____
g) NAME OF COUNCIL (STATE): _____
h) CENTRAL COUNCIL REGISTRATION (IF ANY): _____

(ALL THE SELF ATTESTED PHOTO COPY OF RELEVANT DOCUMENTS TO BE ATTACHED)

Declaration

- i) I am declaring that the above mentioned statements and submitted documents are true. I shall be responsible for any falsification.
ii) I declare that at present I am not engaged in any Govt. Service (Regular/ Contractual) or undergoing any academic course /training.

If any falsification detected, my candidature and registration of Acupuncture Therapy will be Cancelled.

Dated:

(Full signature of Candidate)