



GOVERNMENT OF WEST BENGAL
**DR. B. K. BASU MEMORIAL RESEARCH & TRAINING
INSTITUTE OF ACUPUNCTURE**
188/87, PRINCE ANWAR SHAH ROAD
KOLKATA- 700 045

No. BKBM/18/66

Date 01/06/2018

To
The Director General of AYUSH
Dept. of Health & Family Welfare
Government of West Bengal
Swasthya Bhawan, Salt Lake City
Kolkata- 700091

Sub : **Notice of Acupuncture Training**

Madam,

Training of Certificate in Acupuncture course (34th batch) for Medical Graduates would be started from 09/07/2018 at Dr. B.K. BASU MEMORIAL RESEARCH & TRAINING INSTITUTE OF ACUPUNCTURE.

Notice of Training (Annexure-1) and application form (Annexure-2) attached here with.

Please do necessary arrangement to display the notice in our department's website at www.wbhealth.Gov.in as early as possible.

Thanking you.

Yours Sincerely

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

No. **BKBM/18/ 66/1(3)**

Date: **01/06/2018**

Copy to-

- 1) The Joint Secretary (AYUSH), Dept. of Health & Family Welfare ,Swasthya Bhawan, Salt Lake City, Kolkata- 700091
- 2) The Director of Medical Education, Dept. of Health & Family Welfare ,Swasthya Bhawan, Salt Lake City, Kolkata- 700091
- 3) The coordinator, IT Cell, Dept. of Health & Family Welfare ,Swasthya Bhawan, Salt Lake City, Kolkata- 700091--- with a request for uploading this circular in the Department website

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

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 3 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 Acupuncture Clinic.

➤ **Students have to attend all the clinics by rotation.**

The course will begin: **9th July 2018**

Last date of receiving application- **30th June 2018**

➤ **Course Fee: 2,500/- (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


1/6/18
Director

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

Annexure-2

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/18/66, dated- 01/06/2018 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 : _____

Self attested
Photo

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

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 academic course /training.
If any falsification detected, my candidature and registration of Acupuncture Therapy will be cancelled.

Dated:

(Full signature of Candidate)