

User Operational Guide

The West Bengal Allied-Medical and Para-Medical Council

Prepared for the Health & Family Welfare Department, Government
of West Bengal

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1. Introduction

1.1 Purpose of this manual

This manual is designed to provide you with an understanding of the Paramedical Software. The manual lists the various features and functions that are available whilst assisting you in carrying out each task with step by step instructions and guidance. Visual screens are captured to improve clarity and understanding of a function.

1.2 Who should use this manual

This manual is intended for

- ❖ Applicant for Registration of Qualification

1.3 Prerequisites

User should have a basic understanding of using a computer, keyboard and mouse. In addition, being able to understand basic functions of a web browser will be beneficial as well as elements such as pop-up windows. In some cases, more than one web page may be open; Admin should have knowledge of using and navigating to a different 'Tab' when required. Many of the terms and functions however are common across the Software including buttons such as 'Add', 'Save', 'Update' and 'Show'.

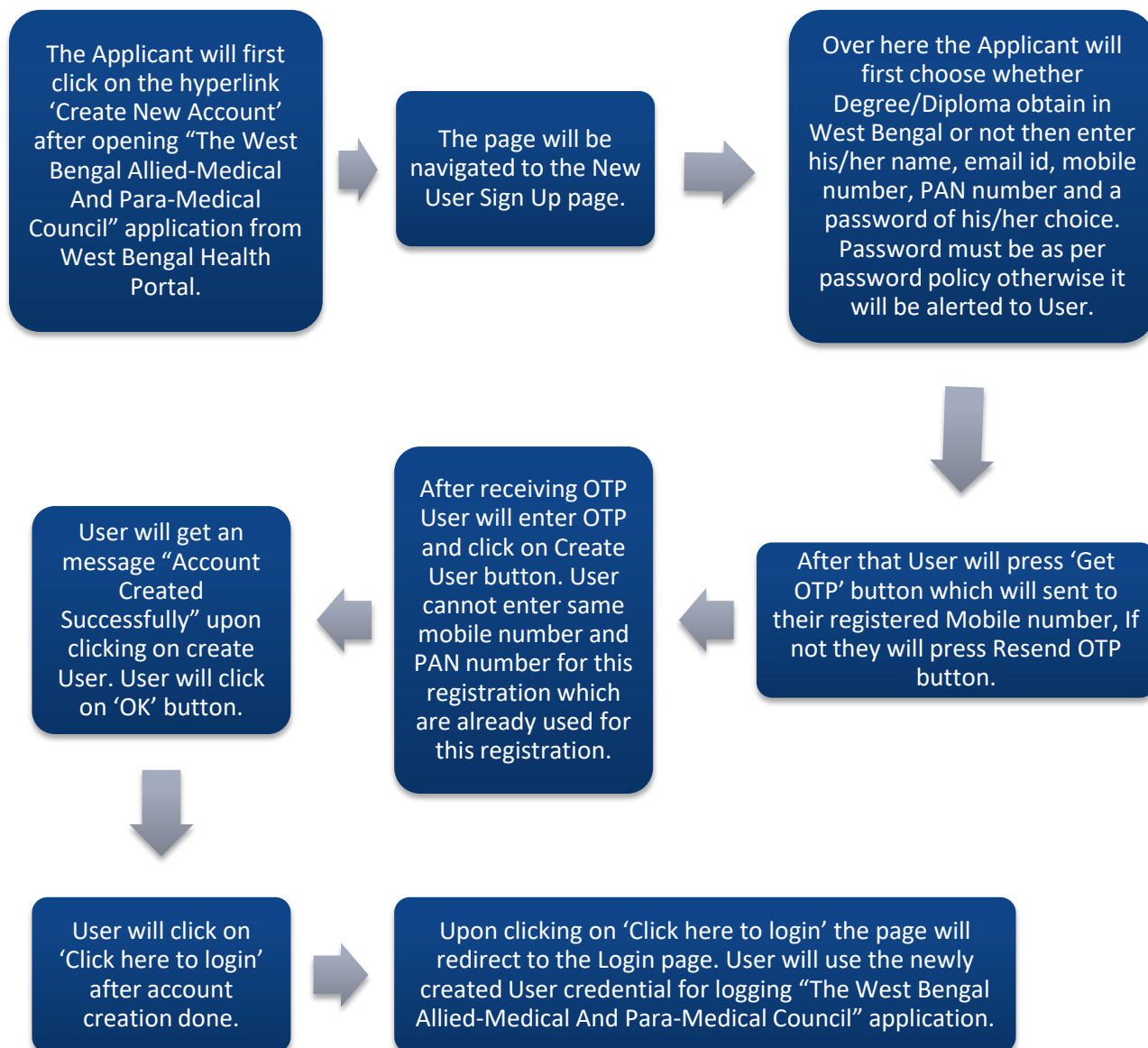
1.4 Structure of this manual

This manual will be organized in line with the Software menu screen and in the same hierarchical structure. Chapters within this manual are sequenced in the same order as the main menu headings and have the precise title names as the headings.

2. Sign Up

This section of the User manual describes how the Applicant will log-in to the application after proper User registration. Detailed information is clarified in 2.2.

2.1 Process Flow



2.2 Detailed Steps

- ❖ The Applicant will first click on the hyperlink 'Create New Account' after opening "The West Bengal Allied-Medical And Para-Medical Council" application from West Bengal Health Portal.
- ❖ The page will be navigated to the New User Sign Up page.
- ❖ Over here the Applicant will first choose whether Degree/Diploma obtain in West Bengal or not then enter his/her name, email id, mobile number, PAN number and a password of his/her choice. Password must be as per password policy otherwise it will be alerted to User.
- ❖ After that User will press 'Get OTP' button which will sent to their registered Mobile number, If not they will press Resend OTP button.
- ❖ After receiving OTP User will enter OTP and click on Create User button. User cannot enter same mobile number and PAN number for this registration which are already used for this registration.
- ❖ User will get a message "Account Created Successfully" upon clicking on create User. User will click on 'OK' button.
- ❖ User will click on 'Click here to login' after account creation done.
- ❖ Upon clicking on 'Click here to login' the page will redirect to the Login page. User will use the newly created User credential for logging "The West Bengal Allied-Medical And Para-Medical Council" application.

2.3 Screenshot View

The Applicant will first click on the hyperlink 'Create New Account' after opening "The West Bengal Allied-Medical And Para-Medical Council" application from West Bengal Health Portal.

GOVERNMENT OF WEST BENGAL
Health & Family Welfare Department

THE WEST BENGAL ALLIED-MEDICAL AND PARA-MEDICAL COUNCIL

Enter PAN Number Login Name [Create New Account](#)

Enter Password Password [User Guide](#)

 [Track Your Application Status](#)

Enter Captcha Enter Captcha [Forgot Password ?](#)

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The page will be navigated to the New User Sign Up page

Health and Family Welfare Department, Govt. of West Bengal
Para Medical

New User Sign Up

Degree/Diploma obtain in West Bengal? * Yes No

Enter First Name *

Enter Middle Name

Enter Surname Name *

Email Id *

Enter PAN Number *

Enter Your Mobile Number to Receive OTP *

Enter Password *

Re-enter Password *

Click [here](#) to login.

Over here the Applicant will first choose whether Degree/Diploma obtain in West Bengal or not then enter his/her name, email id, mobile number, PAN number and a password of his/her choice. Password must be as per password policy otherwise it will be alerted to User.

New User Sign Up

Degree/Diploma obtain in West Bengal? *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Enter First Name *	KABIR
Enter Middle Name	
Enter Surname Name *	SEN
Email Id *	TEST@TEST.COM
Enter PAN Number *	AYERT2345T
Enter Your Mobile Number to Receive OTP *	9874481064
Enter Password *	... Password must contain: Minimum 8 characters and Maximum 14 characters atleast 1 UpperCase Alphabet, 1 LowerCase Alphabet, 1 Number and 1 Special Character(!@#\$\$%^&)*(_+)
Re-enter Password *	

Click [here](#) to login.

After that User will press 'Get OTP' button which will sent to their registered Mobile number, If not they will press Resend OTP button.

The screenshot shows a 'New User Sign Up' form with the following fields and values:

Degree/Diploma obtain in West Bengal? *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Enter First Name *	KABIR
Enter Middle Name	
Enter Surname Name *	SEN
Email Id *	TEST@TEST.COM
Enter PAN Number *	AYERT2345T
Enter Your Mobile Number to Receive OTP *	9874481064
Enter Password *	*****
Re-enter Password *	*****

At the bottom of the form, there are three buttons: 'Get OTP' (highlighted with a red box), 'Resend OTP', and 'Click [here](#) to login.'

After receiving OTP User will enter OTP and click on Create User button. User cannot enter same mobile number and PAN number for this registration which is already used for this registration.

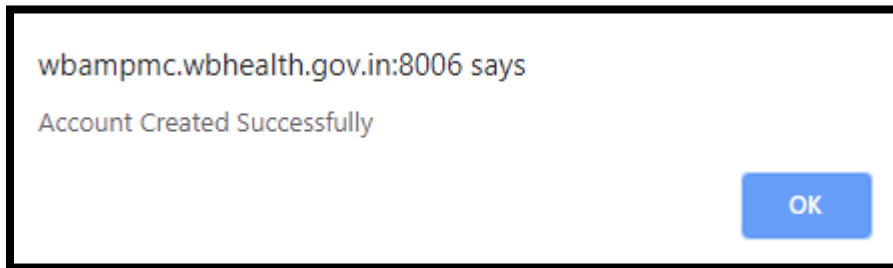
The screenshot shows the 'New User Sign Up' form with the following fields and values:

Degree/Diploma obtain in West Bengal? *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Enter First Name *	KABIR
Enter Middle Name	
Enter Surname Name *	SEN
Email Id *	TEST@TEST.COM
Enter PAN Number *	AYERT2345T
Enter Your Mobile Number to Receive OTP *	9874481064
Enter Password *	
Re-enter Password *	

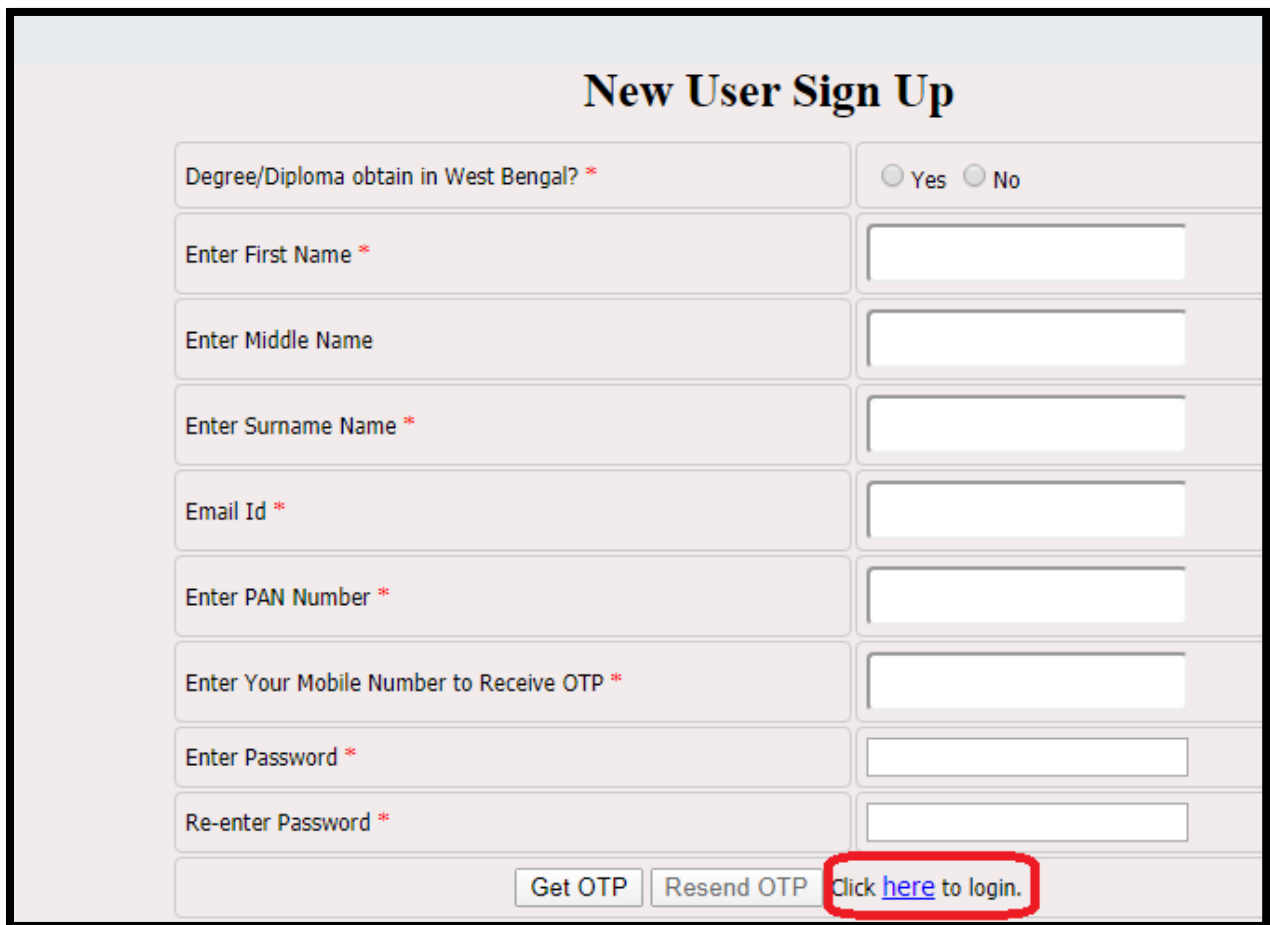
At the bottom of the form, there are three buttons: 'Get OTP', 'Resend OTP', and 'Click [here](#) to login.'

Below the form, there is a field labeled 'Please Enter OTP *' with the value '1707768d' entered. Below this field, there are two buttons: 'Create User' (highlighted with a red box) and 'Refresh'.

User will get a message “Account Created Successfully” upon clicking on create User. User will click on ‘OK’ button.





User will click on ‘Click here to login’ after account creation done.



A screenshot of a "New User Sign Up" form. The form is titled "New User Sign Up" in a large, bold, black font. Below the title, there are several input fields and a radio button group. The fields are: "Degree/Diploma obtain in West Bengal? *" with radio buttons for "Yes" and "No"; "Enter First Name *" with a text input field; "Enter Middle Name" with a text input field; "Enter Surname Name *" with a text input field; "Email Id *" with a text input field; "Enter PAN Number *" with a text input field; "Enter Your Mobile Number to Receive OTP *" with a text input field; "Enter Password *" with a text input field; and "Re-enter Password *" with a text input field. At the bottom of the form, there are three buttons: "Get OTP", "Resend OTP", and "Click [here](#) to login.". The "Click here to login." button is highlighted with a red rectangular border.

Upon clicking on 'Click here to login' the page will redirect to the Login page. User will use the newly created User credential for logging "The West Bengal Allied-Medical And Para-Medical Council" application.


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THE WEST BENGAL ALLIED-MEDICAL AND PARA-MEDICAL COUNCIL

Enter PAN Number Login Name

Enter Password Password



Enter Captcha Enter Captcha

[Create New Account](#)

[User Guide](#)

[Track Your Application Status](#)

[Forgot Password ?](#)

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3.Login

This section of the User manual describes how an Applicant will be able to log in to the system after proper registration or login as an existing User. Detailed information clarified in 3.2.

3.1 Process Flow



3.2 Detailed Steps

- ❖ The User will login to "The West Bengal Allied-Medical and Para-Medical Council" application from West Bengal Health Portal by their newly created User credential along with captcha code.
- ❖ The Applicant will redirect to the home page of "The West Bengal Allied-Medical and Para-Medical Council" application after successful login.

3.3 Screenshot View

The User will login to “The West Bengal Allied-Medical and Para-Medical Council” application from West Bengal Health Portal by their newly created User credential along with captcha code.

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THE WEST BENGAL ALLIED-MEDICAL AND PARA-MEDICAL COUNCIL

Enter PAN Number: AGERT2345T

Enter Password:

Enter Captcha: 3812

[Create New Account](#)

[User Guide](#)

[Track Your Application Status](#)

[Forgot Password ?](#)

Login

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The Applicant will redirect to the home page of “The West Bengal Allied-Medical and Para-Medical Council” application after successful login.

Health and Family Welfare Department, Govt. of West Bengal
THE WEST BENGAL ALLIED-MEDICAL AND PARA-MEDICAL COUNCIL

User Name : AGERT2345T

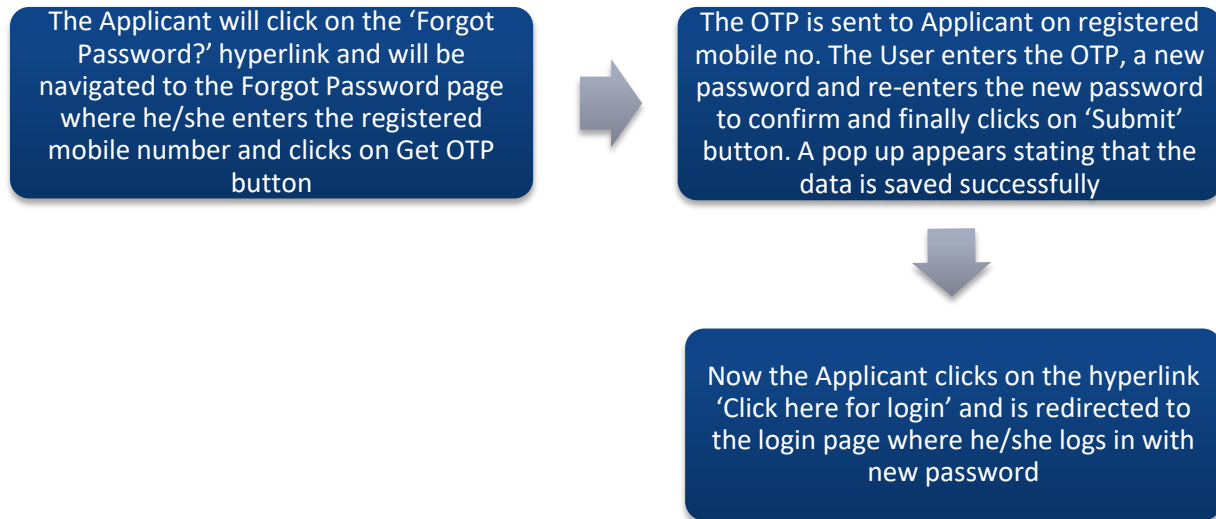
[Home](#) [Log Out](#) [Application Guideline](#)

Part A of the Register [As Per Section 51(1) of the Act.]	New Application	View Saved/Submitted Application
Part B of the Register [As Per Section 51(2) of the Act.]	Will be notified later on.	
Part C of the Register [As Per Section 51(3) of the Act.]	Will be notified later on.	
Part D of the Register [As Per Section 51(4) of the Act.]	Will be notified later on.	
Part F of the Register [As Per Section 51(6) of the Act.]	Will be notified later on.	

4. Forgot Password?

It may happen that the Applicant forgets his/her password while logging in. In such a case the Applicant will click on the 'Forgot Password?' hyperlink. Detailed information clarified in 4.2.

4.1 Process Flow



4.2 Detailed Steps

- ❖ The Applicant will click on the 'Forgot Password?' hyperlink and will be navigated to the Forgot Password page where he/she enters the registered mobile number and clicks on Get OTP button.
- ❖ The OTP is sent to Applicant on registered mobile no. The Applicant enters the OTP, a new password and re-enters the new password to confirm and finally clicks on 'Submit' button. A pop up appears stating that the data is saved successfully.
- ❖ Now the Applicant clicks on the hyperlink 'Click here for login' and is redirected to the login page where he/she logs in with new password.

4.3 Screenshot View

The Applicant will click on the 'Forgot Password?' hyperlink in "The West Bengal Allied-Medical and Para-Medical Council" application.



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Health & Family Welfare Department

THE WEST BENGAL ALLIED-MEDICAL AND PARA-MEDICAL COUNCIL

Enter PAN Number:

Enter Password:

Enter Captcha:

5676

[Create New Account](#)

[User Guide](#)

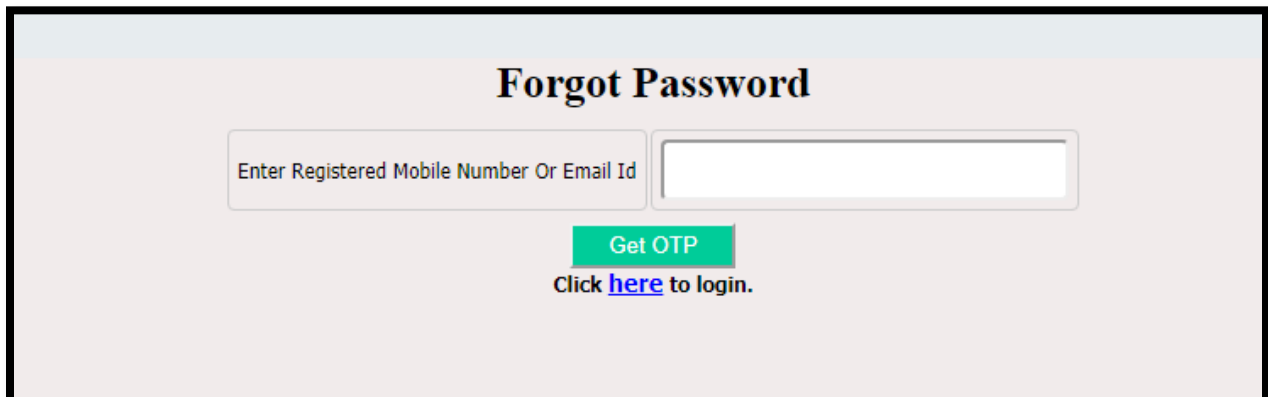
[Track Your Application Status](#)

[Forgot Password ?](#)

Login

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It will be navigated to the Forgot Password page.



Forgot Password

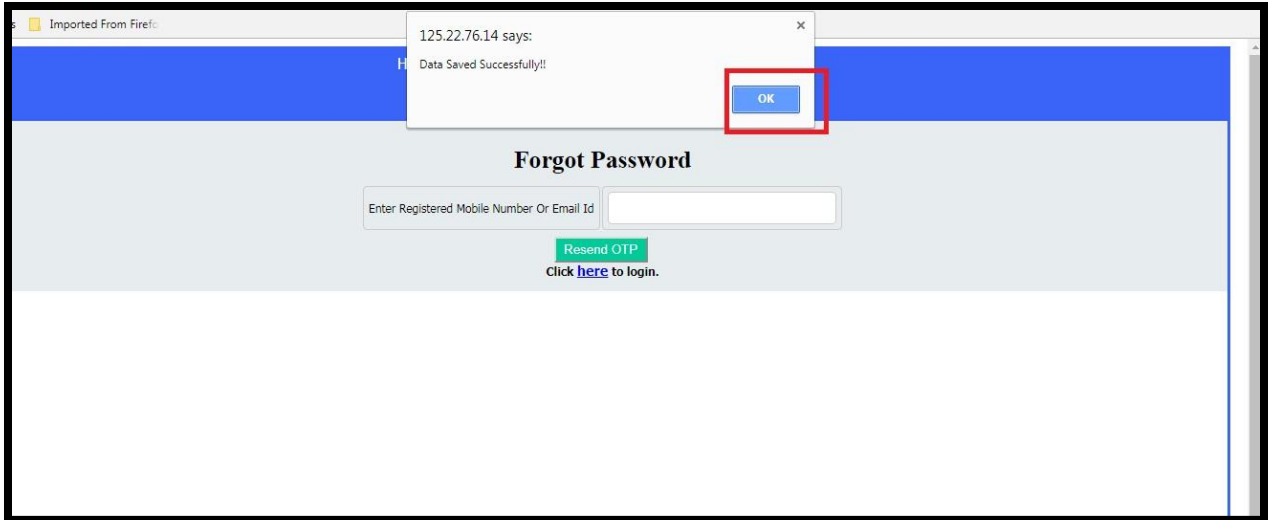
Enter Registered Mobile Number Or Email Id

Get OTP

Click [here](#) to login.

User will enter the registered mobile number and clicks on Get OTP button.

The OTP is sent to Applicant on registered mobile no. The Applicant enters the OTP, a new password and re-enters the new password to confirm and finally clicks on 'Submit' button. A pop up appears stating that the data is saved successfully.



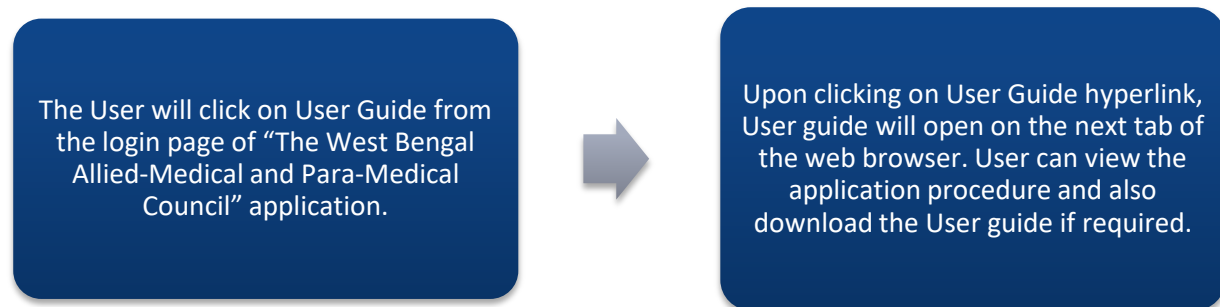
Now the Applicant clicks on the hyperlink 'Click here for login' and is redirected to the login page where he/she logs in with new password.



5. User Guide

This section of the User manual describes how an Applicant will be able to know about this application procedure, they need to view the User Manual. Detailed information clarified in 5.2.

5.1 Process Flow

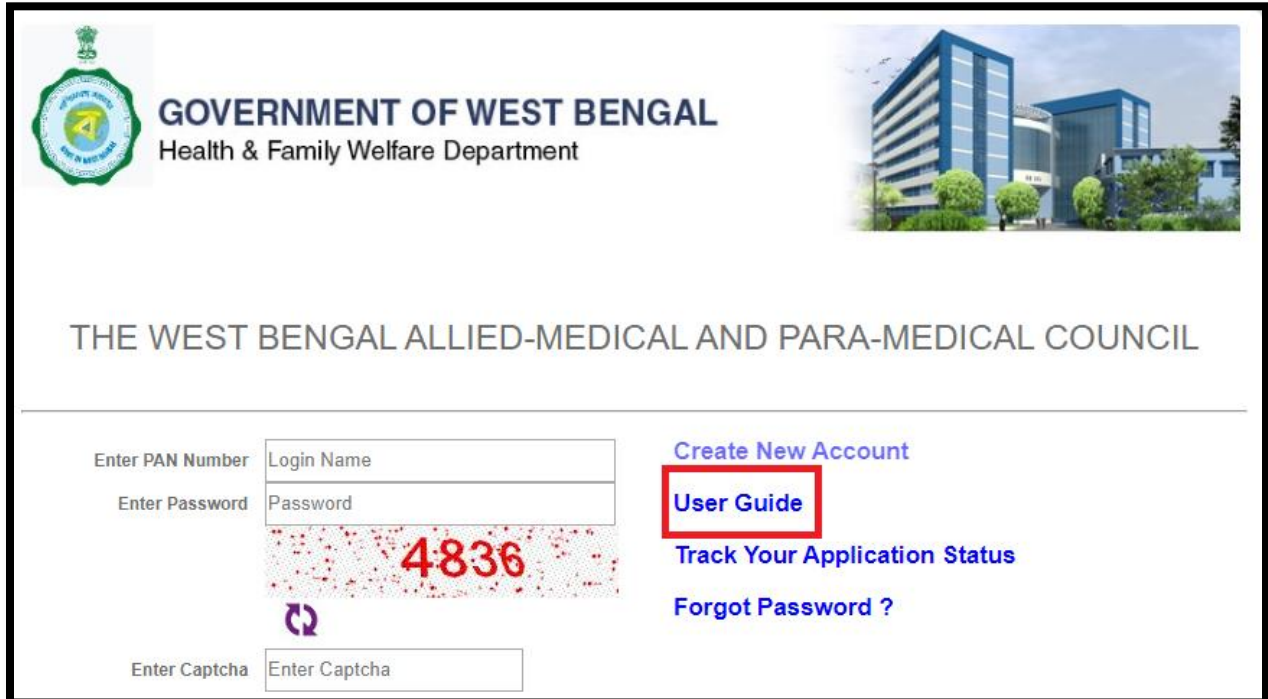


5.2 Detailed Steps

- ❖ The User will click on User Guide from the login page of “The West Bengal Allied-Medical and Para-Medical Council” application.
- ❖ Upon clicking on User Guide hyperlink, User guide will open on the next tab of the web browser. User can view the application procedure and also download the User guide if required. .

5.3 Screenshot View

The User will click on User Guide from the login page of “The West Bengal Allied-Medical and Para-Medical Council” application.



GOVERNMENT OF WEST BENGAL
Health & Family Welfare Department

THE WEST BENGAL ALLIED-MEDICAL AND PARA-MEDICAL COUNCIL

Enter PAN Number Login Name

Enter Password Password

4836

Enter Captcha Enter Captcha

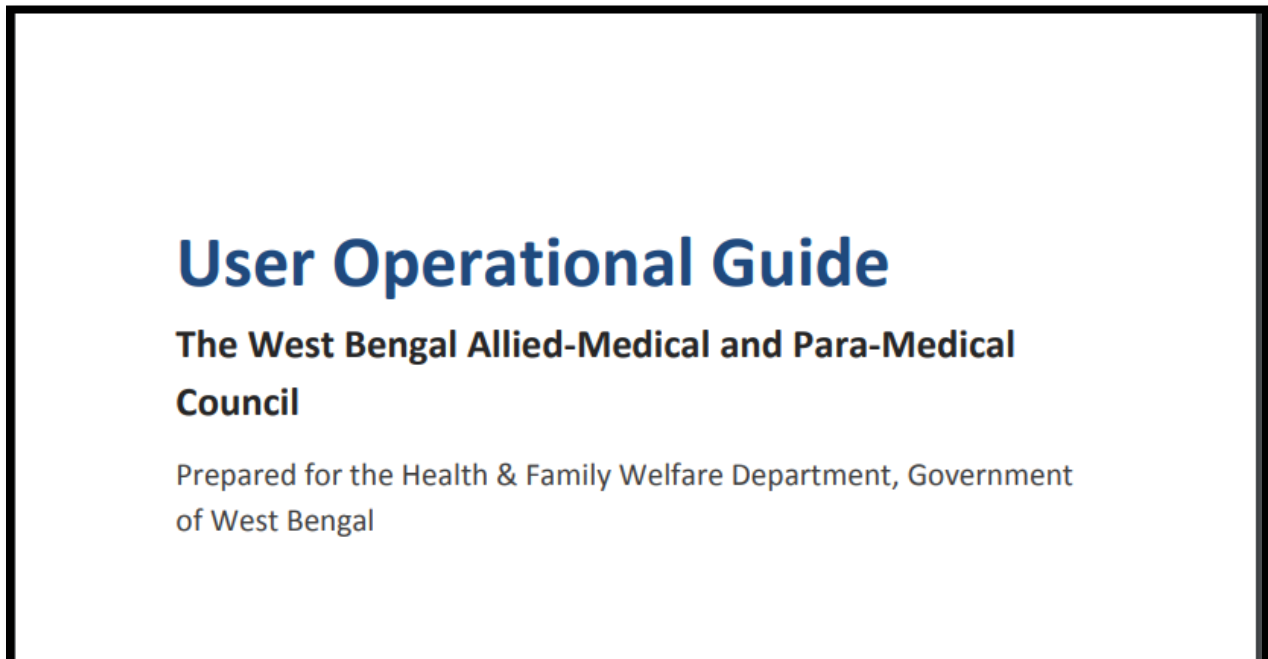
[Create New Account](#)

User Guide

[Track Your Application Status](#)

[Forgot Password ?](#)

Upon clicking on User Guide hyperlink, User guide will open on the next tab of the web browser. User can view the application procedure and also download the User guide if required.



User Operational Guide

The West Bengal Allied-Medical and Para-Medical Council

Prepared for the Health & Family Welfare Department, Government of West Bengal

6. New Application

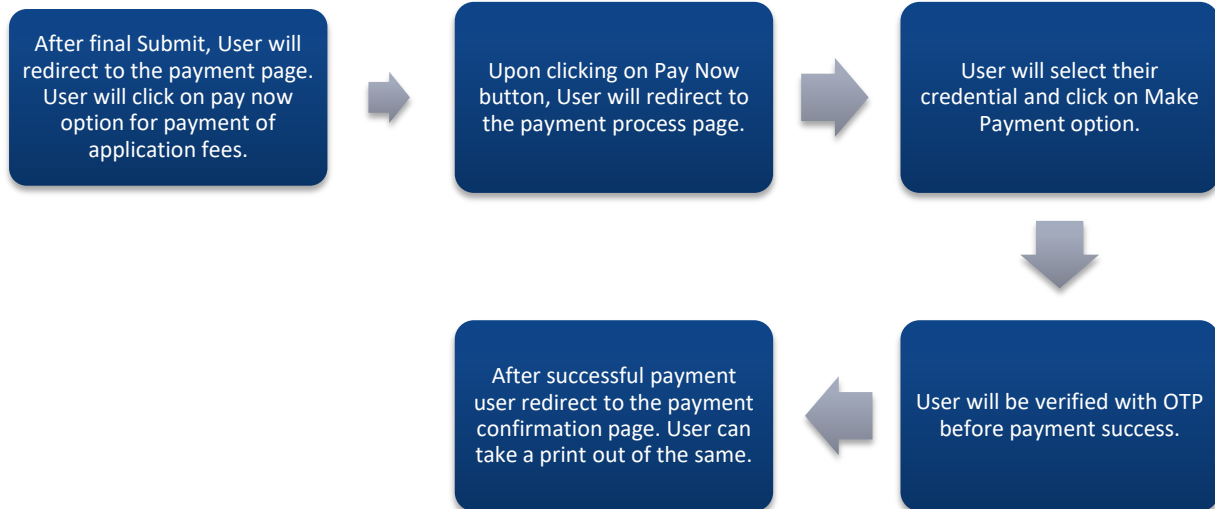
After logging in the candidate will select “New Application” option from the list of menu on the home page. The Candidate will be navigated to payment page. The Payable amount and due amount is pre populated here and the candidate selects the mode of payment and finally clicks on ‘Proceed’ button to proceed to payment. It is after successful payment that the candidate will be able to fill up the application form.

6.1 Process Flow

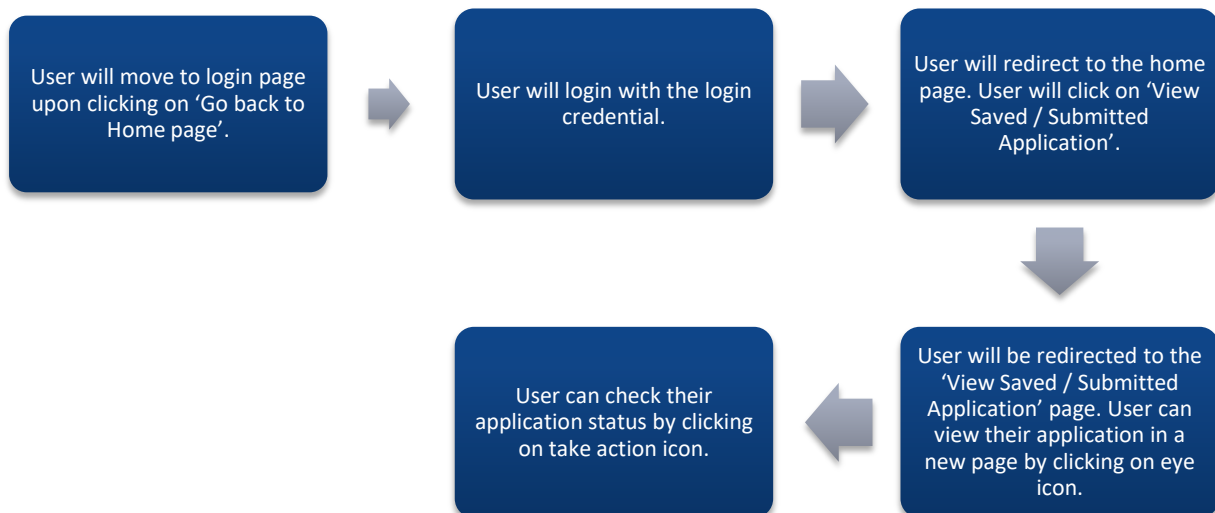
New Application:



Payment Method After Final Submit:



After payment User can check the application Status:



6.2 Detailed Steps

New Application:

- ❖ After logging in the candidate will select “New Application” hyperlink in the home page.
- ❖ The Candidate will be navigated to New Application page (Personal Information) where name are auto populated. User will choose gender from the Sex drop down menu.
- ❖ After selecting gender User will enter Father’s or Husband Name, Date of Birth, State of Birth District Of Birth and select ‘Is working as a permanent employee of the’.
- ❖ After selecting ‘Is working as a permanent employee of the ‘User will enter employer details (if working), Is citizen of India, Citizen by birth, Citizen by domicile, (If citizen by domicile, state the date of becoming Indian citizen) and selects Present Occupation.
- ❖ After selecting present Occupation, User can insert their Adhar number and view their Pan and contact number which is pre populated.
- ❖ After that User will enter Present and Permanent Address. User don’t have to enter their permanent address if it is same as Present Address just click on the tick box ‘Present Address same as Permanent Address’. Next User will upload their passport size photo (photo must be between 50 kb) and click on save button.
- ❖ Upon clicking on save button, Personal Information will be save d successfully. User will click on Next Button to proceed further.
- ❖ Upon clicking on Next button the page redirected to the ‘Basic Qualification’ of the applicant.
- ❖ User will first select Name of Examination.
- ❖ After selecting ‘Name of Examination’ User will select Board / University.
- ❖ Next user will select either Marks obtained or Range of marks and attached their mark sheet of the same. After that User will press add button.
- ❖ The data will add for the same. User can add Higher Secondary as per the above process and add the same accordingly.
- ❖ After adding both Qualification User will click on ‘Next’ button.
- ❖ Upon clicking on Next button the page redirected to the Para-Medical / Allied Medical qualification.
- ❖ User will first select Degree or diploma
- ❖ Next user will select Course
- ❖ After selecting Course User will enter Institute Name and selects Board or University.
- ❖ After that User will enter Duration of course, Date of Joining and Publication of result along with certificate and mark sheet attachment.
- ❖ After that User will enter training details and click on Add button.
- ❖ Upon clicking on Add button details are saved successfully.
- ❖ User can edit their application also. User will click on next button.
- ❖ Upon clicking on Next button the page redirected to the final Submit page. User will select declaration and click on Final Submit button. Before Submit User can preview the application or edit entire application by clicking on Application preview or Application edit.
- ❖ Upon clicking on Final Submit button it will alert User for confirmation. Once user clicked on ok button the application will be final submitted. Modification of application will not be proceeding after final submit.

Payment Method After Final Submit:

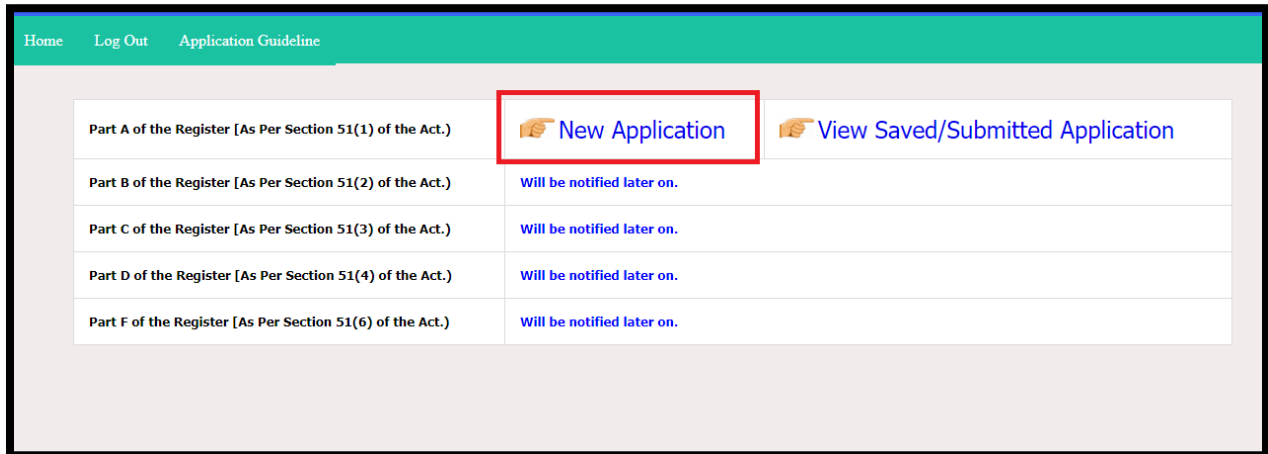
- ❖ After final Submit, User will redirect to the payment page. User will click on pay now option for payment of application fees.
- ❖ Upon clicking on Pay Now button, User will redirect to the payment process page.
- ❖ User will select their credential and click on Make Payment option.
- ❖ User will be verified with OTP before payment success.
- ❖ After successful payment user redirect to the payment confirmation page. User can take a print out of the same.

After payment User can check the application Status:

- ❖ User will move to login page upon clicking on 'Go back to Home page'.
- ❖ User will login with the login credential.
- ❖ User will redirect to the home page. User will click on 'View Saved / Submitted Application'.
- ❖ User will be redirected to the 'View Saved / Submitted Application' page. User can view their application in a new page by clicking on eye icon.
- ❖ User can check their application status by clicking on take action icon.

6.3 Screenshot View

After logging in the candidate will select “New Application” hyperlink in the home page.



The Candidate will be navigated to New Application page (Personal Information) where name are auto populated.

The screenshot shows the 'APPLICATION FORM FOR REGISTRATION IN THE WEST BENGAL ALLIED-MEDICAL AND PARA-MEDICAL COUNCIL REGISTER'. Below the title is a red note: 'All fields with (*) are mandatory'. The form has four tabs: 'PERSONAL INFORMATION', 'BASIC QUALIFICATION', 'PARA-MEDICAL / ALLIED-MEDICAL -QUALIFICATION', and 'FINAL SUBMIT'. The 'PERSONAL INFORMATION' tab is active. The form contains the following fields:

Personal Information			
First Name of the applicant *	KABIR	Middle Name of the applicant	
Surname Name of the applicant *	SEN	Sex *	--Select--
Father's/ Husband's Name (Full) *		Date of Birth *	
State Of Birth *	--Select--	District Of Birth *	--Select--
Place of birth *		Is working as a permanent employee of the *	<input type="radio"/> Central Government <input type="radio"/> State Government <input type="radio"/> No
The name of the Office along with the Department (to be mentioned) *		Is citizen of India *	<input type="radio"/> YES <input type="radio"/> NO
Citizen by birth	<input type="radio"/> YES <input type="radio"/> NO	Citizen by domicile	<input type="radio"/> YES
(If citizen by domicile, state the date of becoming Indian citizen)		Present Occupation *	Select

User will choose gender from the Sex drop down menu.

This screenshot is identical to the previous one, but the 'Sex' dropdown menu is open, showing the following options: 'Male', '--Select--', 'Male', 'Female', 'Transgender', and '--Select--'. The first 'Male' option is selected.

Personal Information			
First Name of the applicant *	KABIR	Middle Name of the applicant	
Surname Name of the applicant *	SEN	Sex *	Male
Father's/ Husband's Name (Full) *		Date of Birth *	
State Of Birth *	--Select--	District Of Birth *	--Select--

After selecting gender User will enter Father's or Husband Name, Date of Birth, State of Birth District Of Birth and select 'Is working as a permanent employee of the'.

PERSONAL INFORMATION	BASIC QUALIFICATION	PARA-MEDICAL / ALLIED-MEDICAL -QUALIFICATION	FINAL SUBMIT
Personal Information			
First Name of the applicant *	KABIR	Middle Name of the applicant	
Surname Name of the applicant *	SEN	Sex *	Male
Father's/ Husband's Name (Full) *	RANA SEN	Date of Birth *	02/02/1999
State Of Birth *	West Bengal	District Of Birth *	Kolkata
Place of birth *	Barisha	Is working as a permanent employee of the *	<input type="radio"/> Central Government <input type="radio"/> State Government <input checked="" type="radio"/> No
The name of the Office along with the Department (to be mentioned) *		Is citizen of India *	<input checked="" type="radio"/> YES <input type="radio"/> NO
Citizen by birth *	<input checked="" type="radio"/> YES <input type="radio"/> NO	Citizen by domicile	<input type="radio"/> YES
(If citizen by domicile, state the date of becoming Indian citizen)		Present Occupation *	Select

After selecting 'Is working as a permanent employee of the ' User will enter employer details(if working), Is citizen of India, Citizen by birth, Citizen by domicile, (If citizen by domicile, state the date of becoming Indian citizen) and selects Present Occupation.

The name of the Office along with the Department (to be mentioned) *		Is citizen of India *	<input checked="" type="radio"/> YES <input type="radio"/> NO
Citizen by birth *	<input checked="" type="radio"/> YES <input type="radio"/> NO	Citizen by domicile	<input type="radio"/> YES
(If citizen by domicile, state the date of becoming Indian citizen)		Present Occupation *	Select

After selecting present Occupation, User can insert their Adhaar number and view their Pan and contact number which are pre populated.

All fields with (*) are mandatory			
PERSONAL INFORMATION	BASIC QUALIFICATION	PARA-MEDICAL / ALLIED-MEDICAL -QUALIFICATION	FINAL SUBMIT
Personal Information			
First Name of the applicant *	KABIR	Middle Name of the applicant	
Surname Name of the applicant *	SEN	Sex *	Male
Father's/ Husband's Name (Full) *	RANA SEN	Date of Birth *	02/02/1999
State Of Birth *	West Bengal	District Of Birth *	Kolkata
Place of birth *	Barisha	Is working as a permanent employee of the *	<input type="radio"/> Central Government <input type="radio"/> State Government <input checked="" type="radio"/> No
The name of the Office along with the Department (to be mentioned) *		Is citizen of India *	<input checked="" type="radio"/> YES <input type="radio"/> NO
Citizen by birth *	<input checked="" type="radio"/> YES <input type="radio"/> NO	Citizen by domicile	<input type="radio"/> YES
(If citizen by domicile, state the date of becoming Indian citizen)		Present Occupation *	Self Employee
Adhaar Number	1232123123	PAN Number *	AGERT2345T
Contact No *	9332153121		

After that User will enter Present and Permanent Address. User don't have to enter their permanent address if it is same as Present Address just click on the tick box 'Present Address same as Permanent Address'. Next User will upload their passport size photo (photo must be between 50 kb) and click on save button.

Upon clicking on Save button, Personal Information will be save d successfully. User will click on Next Button to proceed further.

Upon clicking on Next button the page redirected to the 'Basic Qualification' of the applicant.

User will first select Name of Examination

PERSONAL INFORMATION BASIC QUALIFICATION PARA-MEDICAL / ALLIED-MEDICAL -QUALIFICATION FINAL SUBMIT

Fill up separately for each qualification

Select Name of Examination * --Select-- Board / University * Select

Marks Obtained or Range of Marks are Mandatory. Attachment (Certificate/Mark sheet) *
Note : File extensions must be ".pdf" and Maximum size 1 MB.

Marks Obtained [] (%) Range of Marks --Select-- Choose File No file chosen

(Select any one Marks Obtained or Range of Marks)

ADD

After selecting 'Name of Examination' User will select Board / University.

PERSONAL INFORMATION BASIC QUALIFICATION PARA-MEDICAL / ALLIED-MEDICAL -QUALIFICATION FINAL SUBMIT

Fill up separately for each qualification

Select Name of Examination * Madhyamik / Matriculation / Other Equivalent E Board / University * Select

Marks Obtained or Range of Marks are Mandatory. Attachment (Certificate/Mark sheet) *
Note : File extensions must be ".pdf" and Maximum size 1 MB.

Marks Obtained [] (%) Range of Marks --Select-- Choose File No file chosen

(Select any one Marks Obtained or Range of Marks)

ADD

Next user will select either Marks obtained or Range of marks and attached their marksheet of the same. After that User will press add button.

PERSONAL INFORMATION BASIC QUALIFICATION PARA-MEDICAL / ALLIED-MEDICAL -QUALIFICATION FINAL SUBMIT

Fill up separately for each qualification

Select Name of Examination * Madhyamik / Matriculation / Other Equivalent E Board / University * West Bengal Board of Secondary Education

Marks Obtained or Range of Marks are Mandatory. Attachment (Certificate/Mark sheet) *
Note : File extensions must be ".pdf" and Maximum size 1 MB.

Marks Obtained [] (%) Range of Marks 71 - 80 Choose File demo.pdf

(Select any one Marks Obtained or Range of Marks)

ADD

The data will added for the same. User can add Higher Secondary as per the above process and add the same accordingly.

PERSONAL INFORMATION BASIC QUALIFICATION PARA-MEDICAL / ALLIED-MEDICAL -QUALIFICATION FINAL SUBMIT

Fill up separately for each qualification

Select Name of Examination * Higher Secondary / Equivalent Examination Board / University * West Bengal Council of Higher Secondary Edu

Marks Obtained or Range of Marks are Mandatory. Attachment (Certificate/Mark sheet) *
Note : File extensions must be ".pdf" and Maximum size 1 MB.

Marks Obtained 789 (%) Range of Marks --Select-- Choose File demoform1.pdf

(Select any one Marks Obtained or Range of Marks)

ADD

Sl.No	Name of Examination	Board / University	Marks Obtained	Range of Marks	Attachment	Action
1	Madhyamik / Matriculation / Other Equivalent Examination	West Bengal Board of Secondary Education	0.00	71 - 80	View	Edit

After adding both Qualification User will click on 'Next' button.

Sl.No	Name of Examination	Board / University	Marks Obtained	Range of Marks	Attachment	Action
1	Higher Secondary / Equivalent Examination	West Bengal Council of Higher Secondary Education	789.00		View	Edit
2	Madhyamik / Matriculation / Other Equivalent Examination	West Bengal Board of Secondary Education	0.00	71 - 80	View	Edit

< Previous HOME Next >

Upon clicking on Next button the page redirected to the Para-Medical / Allied Medical qualification.

PERSONAL INFORMATION BASIC QUALIFICATION **PARA-MEDICAL / ALLIED-MEDICAL -QUALIFICATION** FINAL SUBMIT

Course Details :

Select Degree/Diploma * --Select-- Select Course * Select

Enter Institute Name * (as written in relevant certificate) Board / University * Select

Duration of course * Year Select Month Select Date Of Joining (In the course) *

Date of Publication of Result * Degree/Diploma Attachment Note : File extensions must be ".pdf" and Maximum size 1 MB. Certificate * Choose File No file chosen Mark sheet * Choose File No file chosen

Post-Final Exam. Compulsory Training :

Duration * Month Select Month Name Of Hospital/Institute * (as written in relevant certificate)

Institute Recognized By WBAM&PMC YES NO Date Of Joining *

Date of Completion * Post-Final Exam. Compulsory Training Certificate Attachment * Note : File extensions must be ".pdf" and Maximum size 1 MB. Choose File No file chosen

ADD

User will first select Degree or diploma

PERSONAL INFORMATION BASIC QUALIFICATION **PARA-MEDICAL / ALLIED-MEDICAL -QUALIFICATION** FINAL SUBMIT

Course Details :

Select Degree/Diploma * --Select-- Select Course * Select

Enter Institute Name * (as written in relevant certificate) Board / University * Select

Duration of course * Year Select Month Select Date Of Joining (In the course) *

Date of Publication of Result * Degree/Diploma Attachment Note : File extensions must be ".pdf" and Maximum size 1 MB. Certificate * Choose File No file chosen Mark sheet * Choose File No file chosen

Post-Final Exam. Compulsory Training :

Next user will select Course

PERSONAL INFORMATION BASIC QUALIFICATION **PARA-MEDICAL / ALLIED-MEDICAL -QUALIFICATION** FINAL SUBMIT

Course Details :

Select Degree/Diploma * Diploma Select Course * Select

Enter Institute Name * (as written in relevant certificate) Board / University * Select

Duration of course * Year Select Month Select Date Of Joining (In the course) *

Date of Publication of Result * Degree/Diploma Attachment Note : File extensions must be ".pdf" and Maximum size 1 MB. Certificate * Choose File No file chosen Mark sheet * Choose File No file chosen

Post-Final Exam. Compulsory Training :

After selecting Course User will enter Institute Name and selects Board or University.

PERSONAL INFORMATION BASIC QUALIFICATION **PARA-MEDICAL / ALLIED-MEDICAL -QUALIFICATION** FINAL SUBMIT

Course Details :

Select Degree/Diploma * Diploma Select Course * Diploma in Physiotherapy

Enter Institute Name * (as written in relevant certificate) TEST UNIVERSITY Board / University * Select

Duration of course * Year 2 Month 0 Date Of Joining (In the course) *

Date of Publication of Result * Degree/Diploma Attachment Note : File extensions must be ".pdf" and Maximum size 1 MB. Certificate * Choose File No file chosen Mark sheet * Choose File No file chosen

Post-Final Exam. Compulsory Training :

After that User will enter Duration of course, Date of Joining and Publication of result along with certificate and marksheet attachment.

After that User will enter training details and click on Add button.

Upon clicking on Add button details are saved successfully.

SLNo	Degree/Diploma	Course/Discipline	Institute Name	Board / University	Duration of course (Year - Month)	Date Of Joining	Date Of Completion	Post-Final Exam. Compulsory Training (Months)	Name O
1	Diploma	Diploma in Physiotherapy	TEST UNIVERSITY	West Bengal University Of Health Science	2-0	06/06/2017	31/10/2019	6	TEST HC

Name Of Hospital/Institute	Date Of Joining(Post-Final Exam. Compulsory Training)	Date Of Completion	Degree/Diploma Attachment (Certificate)	Degree/Diploma Attachment (Marksheet)	Post-Final Exam. Compulsory Training Complet
TEST HOSPITAL	01/05/2019	29/11/2019	View	View	View

User can edit their application also. User will click on next button.

Date Of Joining(Post-Final Exam. Compulsory Training)	Date Of Completion	Degree/Diploma Attachment (Certificate)	Degree/Diploma Attachment (Marksheet)	Post-Final Exam. Compulsory Training Completion Certificate Attachment	Action
5/2019	29/11/2019	View	View	View	Edit

« Previous
HOME
Next »

Upon clicking on Next button the page redirected to the final Submit page. User will select declaration and click on Final Submit button. Before Submit User can preview the application or edit entire application by clicking on Application preview or Application edit.

APPLICATION FORM FOR REGISTRATION IN THE WEST BENGAL ALLIED-MEDICAL AND PARA-MEDICAL COUNCIL REGISTER
All fields with (*) are mandatory

PERSONAL INFORMATION BASIC QUALIFICATION PARA-MEDICAL / ALLIED-MEDICAL -QUALIFICATION FINAL SUBMIT

The information submitted here are true to the best of my knowledge. If it is found false the council is liable to seizure of registration.
Please check your application before final submit. Because you can't make modification after final submit!!
[Application Preview](#) [Application Edit](#)

FINAL SUBMIT

< Previous HOME

Upon clicking on Final Submit button it will alert User for confirmation. Once user clicked on ok button the application will be final submitted. Modification of application will not be proceed after final submit.

THE WEST BENGAL ALLIED-MEDICAL AND PARA-MEDICAL COUNCIL
Are You Sure You Want To Final Submit? OK Cancel
User Name : AGERT2345T

Home Log Out Application Guideline

APPLICATION FORM FOR REGISTRATION IN THE WEST BENGAL ALLIED-MEDICAL AND PARA-MEDICAL COUNCIL REGISTER
All fields with (*) are mandatory

PERSONAL INFORMATION BASIC QUALIFICATION PARA-MEDICAL / ALLIED-MEDICAL -QUALIFICATION FINAL SUBMIT

The information submitted here are true to the best of my knowledge. If it is found false the council is liable to seizure of registration.
Please check your application before final submit. Because you can't make modification after final submit!!
[Application Preview](#) [Application Edit](#)

FINAL SUBMIT

< Previous HOME

After final Submit, User will redirect to the payment page. User will click on pay now option for payment of application fees.

Health and Family Welfare Department, Govt. of West Bengal
THE WEST BENGAL ALLIED-MEDICAL AND PARA-MEDICAL COUNCIL

Name	KABIR SEN
Email Id	TEST@TEST.COM
Mobile Number	9332153121
PAN	AGERT2345T
Payable Amount	3.00

In case the amount is deducted from your bank account, please wait for next two working days, to know the correct status of your payment. Please check your status on a regular basis. If the amount is not deducted, then you need to make payment again.

Pay Now

Health & Family Welfare Department, Govt. of West Bengal

Upon clicking on Pay Now button, User will redirect to the payment process page.

Credit Card >

Debit Card

Debit Card + ATM PIN

Internet Banking

Wallet/ Cash Cards

PAYZAPP

Pay by Credit Card

VISA MasterCard Debit Club RuPay

Card Number

Enter card number

Expiration Date

Month Year

CVV/CVC

Card Holder Name

Enter card holder name

Make Payment

Cancel

Merchant Name

West Bengal Allied Medical and Para Medical Council

Payment Amount: ₹ 3.00

BillDesk

User will select their credential and click on Make Payment option.

Credit Card >

Debit Card

Debit Card + ATM PIN

Internet Banking

Wallet/ Cash Cards

PAYZAPP

Pay by Credit Card

VISA MasterCard Debit Club RuPay

Card Number

4207 2004 07000 24

Expiration Date

08 (Aug) 2023

CVV/CVC

...

Card Holder Name

G BANERJEE

Make Payment

Cancel

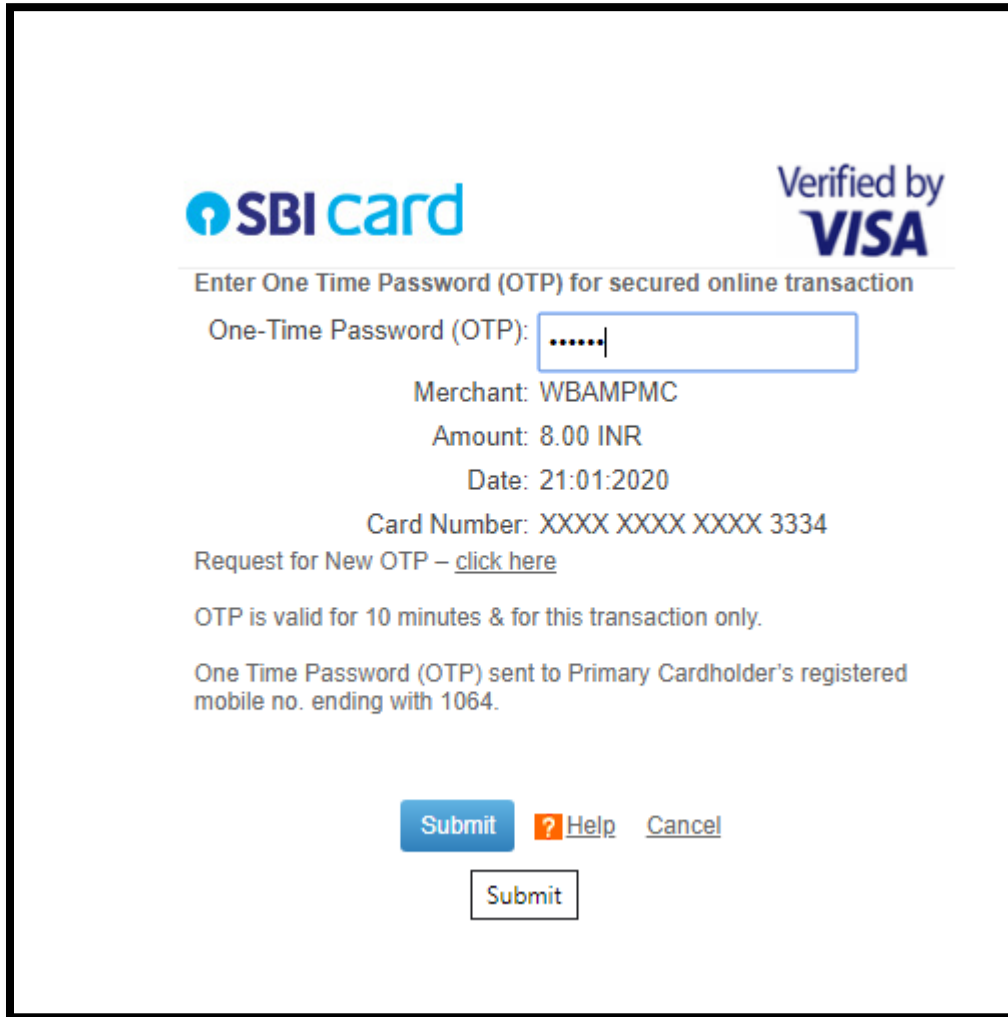
Merchant Name

West Bengal Allied Medical and Para Medical Council

Payment Amount: ₹ 3.00

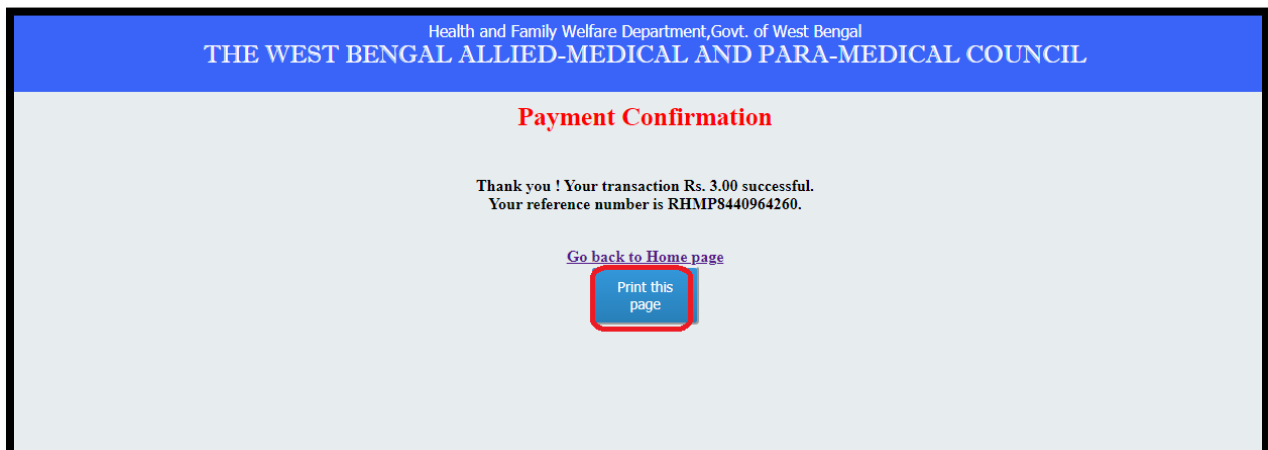
BillDesk

User will be verified with OTP before payment success.



The screenshot shows a payment verification page for an SBI card. At the top left is the SBI card logo, and at the top right is the 'Verified by VISA' logo. Below the logos, the text reads 'Enter One Time Password (OTP) for secured online transaction'. A text input field for the OTP is shown with six dots and a cursor. Below the input field, the merchant name 'WBAMPMC', amount '8.00 INR', date '21:01:2020', and card number 'XXXX XXXX XXXX 3334' are displayed. A link for 'Request for New OTP - click here' is provided. A note states 'OTP is valid for 10 minutes & for this transaction only.' and another note says 'One Time Password (OTP) sent to Primary Cardholder's registered mobile no. ending with 1064.' At the bottom, there are three buttons: a blue 'Submit' button, an orange 'Help' button with a question mark icon, and a blue 'Cancel' button. Below these is a white 'Submit' button with a black border.

After successful payment user redirect to the payment confirmation page. User can take a print out of the same.



The screenshot shows a payment confirmation page. At the top, a blue header contains the text 'Health and Family Welfare Department, Govt. of West Bengal' and 'THE WEST BENGAL ALLIED-MEDICAL AND PARA-MEDICAL COUNCIL'. Below the header, the text 'Payment Confirmation' is displayed in red. The main content area is light gray and contains the message 'Thank you ! Your transaction Rs. 3.00 successful. Your reference number is RHMP8440964260.' Below this message is a link 'Go back to Home page' and a blue button with a white border labeled 'Print this page'.

User will move to login page upon clicking on 'Go back to Home page'.

Health and Family Welfare Department, Govt. of West Bengal
THE WEST BENGAL ALLIED-MEDICAL AND PARA-MEDICAL COUNCIL


Payment Confirmation


Thank you ! Your transaction Rs. 3.00 successful.
Your reference number is RHMP8440964260.

[Go back to Home page](#)

[Print this page](#)

User will login with the login credential


 **GOVERNMENT OF WEST BENGAL**
Health & Family Welfare Department



THE WEST BENGAL ALLIED-MEDICAL AND PARA-MEDICAL COUNCIL

Enter PAN Number

Enter Password



Enter Captcha

[Create New Account](#)

[User Guide](#)

[Track Your Application Status](#)

[Forgot Password ?](#)

[Login](#)

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User will redirect to the home page. User will click on 'View Saved / Submitted Application'.

Part A of the Register [As Per Section 51(1) of the Act.]	New Application	View Saved/Submitted Application
Part B of the Register [As Per Section 51(2) of the Act.]	Will be notified later on.	
Part C of the Register [As Per Section 51(3) of the Act.]	Will be notified later on.	
Part D of the Register [As Per Section 51(4) of the Act.]	Will be notified later on.	
Part F of the Register [As Per Section 51(6) of the Act.]	Will be notified later on.	

User will be redirected to the 'View Saved / Submitted Application' page. User can view their application in a new page by clicking on eye icon.

SNo	Form No	Applicant Name	Application Type	Applied Course	Contact No	Certificate No	Current Status	Action
1	110242	KABIR SEN	New Registration	Diploma in Physiotherapy	9332153121		Application Completed by Applicant	

Application Edit Take Action Application View Print Certificate Add Qualification

Not secure | 164.164.119.143:8006/ApplicationViewMode.aspx?dn=y

APPLICATION FORM FOR REGISTRATION IN THE WEST BENGAL ALLIED-MEDICAL AND PARA-MEDICAL COUNCIL REGISTER

First Name of the applicant : KABIR

Surname name of the applicant : SEN

Father's/ Husband's Name (Full) : RANA SEN

State Of Birth : West Bengal

Place of birth : Barisha

The name of the Office along with the Department (to be mentioned) :

Citizen by birth : YES

(If citizen by domicile, state the date of becoming Indian citizen) :

Adhaar Number : 1232123123

Contact No : 9332153121

House Number : 12

Village/Town : Kolkata

State : West Bengal

Pin Code : 700007

House Number : 12

Village/Town : Kolkata

State : West Bengal

Pin Code : 700007

Middle name of the applicant :

Sex : Male

Date of Birth : 02/02/1999

District Of Birth : Kolkata

Is working as a permanent employee of the : NO

Is citizen of India : YES

Citizen by domicile :

Present Occupation : Self Employed

Pan Number : AGERT2345T

PRESENT ADDRESS

Road/Area : Test Road

Post Office : PO

District : Kolkata

Police Station : PS


PERMANENT ADDRESS

Road/Area : Test Road

Post Office : PO

District : Kolkata


Police Station : PS








User can check their application status by clicking on take action icon.

Search

Degree/Diploma obtain from: Application Type : Search By Enter Text Search

SNo	Form No	Applicant Name	Application Type	Applied Course	Contact No	Certificate No	Current Status	Action
1	110242	KABIR SEN	New Registration	Diploma in Physiotherapy	9332153121		Application Completed by Applicant	

 Application Edit
  Take Action
  Application View
  Print Certificate
  Add Qualification

Applicant Details

Name	KABIR SEN	Phone Number	9332153121	Form Number	110242
------	-----------	--------------	------------	-------------	--------


Select Action






Application Status

Action Taken By	Action	Query Raised/Replied To	Query Type	Description	Memo No and Date	Transanction Date
Applicant	Application Completed by Applicant	Dealing Assistant				Jan 21 2020 1:19PM

Search

Degree/Diploma obtain from: Application Type : Search By Enter Text Search

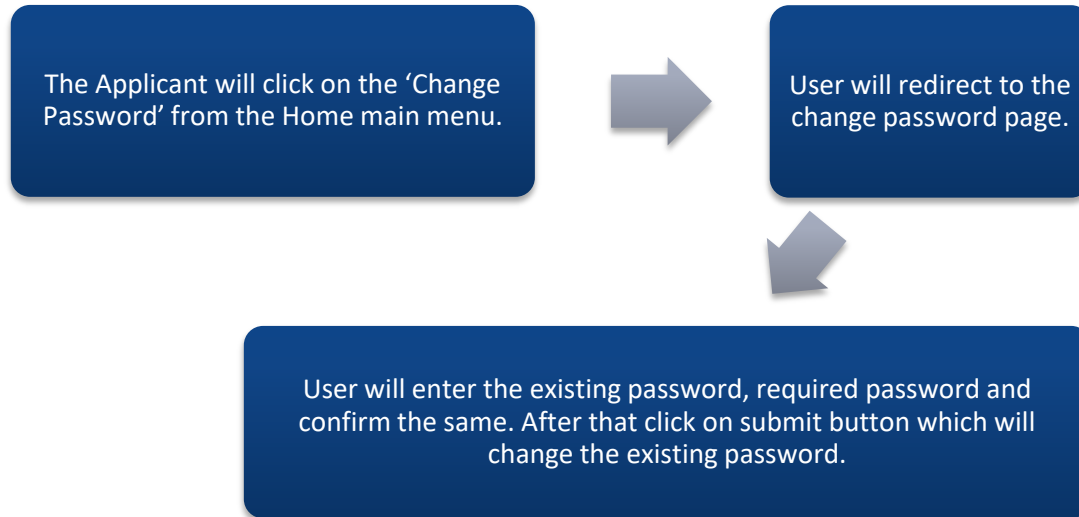
SNo	Form No	Applicant Name	Application Type	Applied Course	Contact No	Certificate No	Current Status	Action
1	110242	KABIR SEN	New Registration	Diploma in Physiotherapy	9332153121		Application Completed by Applicant	

 Application Edit
  Take Action
  Application View
  Print Certificate
  Add Qualification

7. Change Password

It may happen that the Applicant wants to change his/her existing password. In such a case the Applicant will follow the detailed information clarified in 4.2.

7.1 Process Flow



7.2 Detailed Steps

- ❖ The Applicant will click on the 'Change Password' from the Home main menu.
- ❖ User will redirect to the change password page.
- ❖ User will enter the existing password, required password and confirm the same. After that click on submit button which will change the existing password..

7.3 Screenshot View

The Applicant will click on the 'Change Password' from the Home main menu.

Health and Family Welfare Department, Govt. of West Bengal
THE WEST BENGAL ALLIED-MEDICAL AND PARA-MEDICAL COUNCIL

User Name : AGERT2345T

Home Log Out Application Guideline

Change Password

Part A of the Register [As Per Section 51(1) of the Act.]	New Application	View Saved/Submitted Application
Part B of the Register [As Per Section 51(2) of the Act.]	Will be notified later on.	
Part C of the Register [As Per Section 51(3) of the Act.]	Will be notified later on.	
Part D of the Register [As Per Section 51(4) of the Act.]	Will be notified later on.	
Part F of the Register [As Per Section 51(6) of the Act.]	Will be notified later on.	

User will redirect to the change password page.

Change Password

Enter Old Password *

Enter New Password *

Enter Confirm Password *

Submit

User will enter the existing password, required password and confirm the same. After that click on submit button which will change the existing password.

Change Password

Enter Old Password *

Enter New Password *

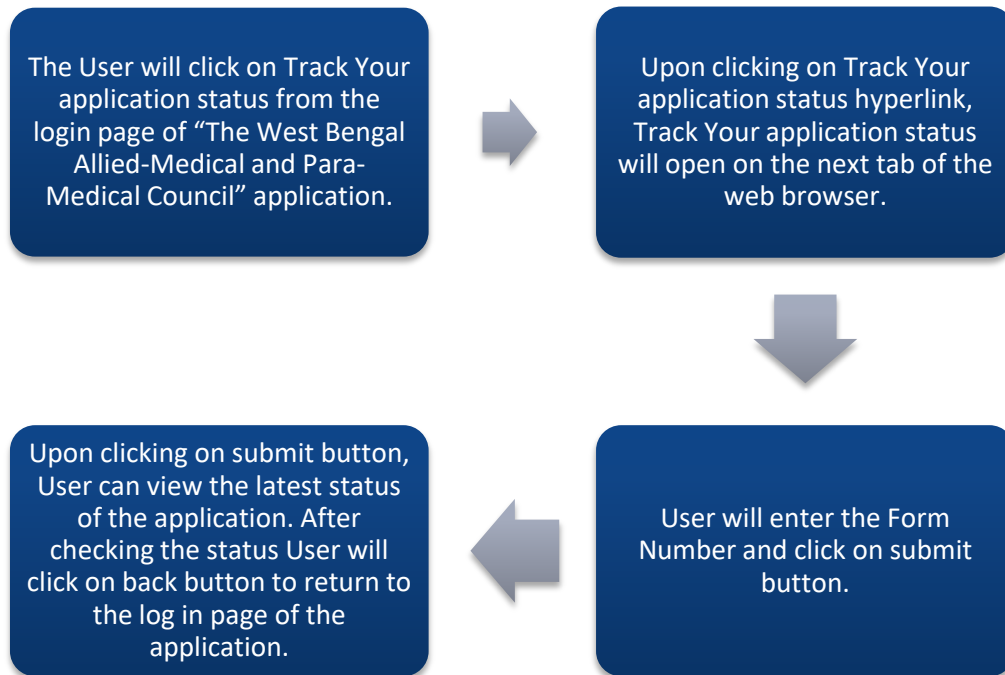
Enter Confirm Password *

Submit

8.Track Your Application Status

This section of the User manual describes how an Applicant will be able to track their application status. The detailed information explained in 8.2.

8.1 Process Flow

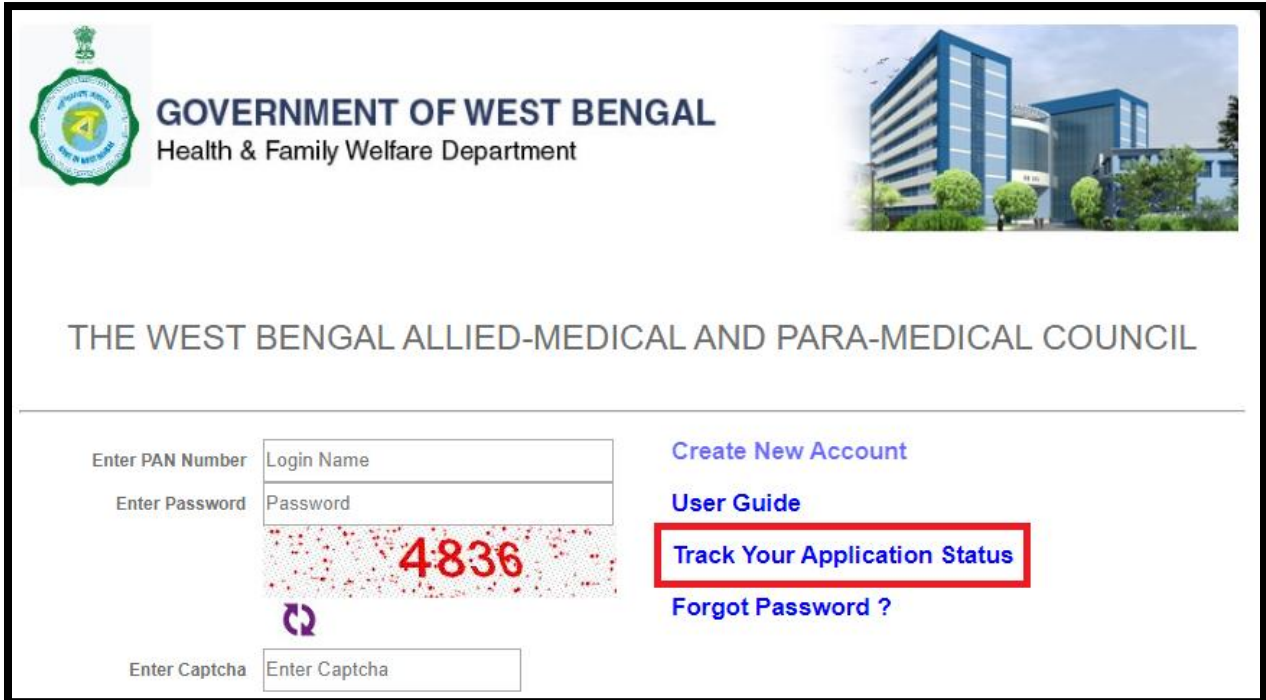


8.2 Detailed Steps

- ❖ The User will click on Track Your application status from the login page of “The West Bengal Allied-Medical and Para-Medical Council” application.
- ❖ Upon clicking on Track Your application status hyperlink, Track Your application status will open on the next tab of the web browser.
- ❖ User will enter the Form Number and click on submit button.
- ❖ Upon clicking on submit button, User can view the latest status of the application. After checking the status User will click on back button to return to the log in page of the application.

8.3 Screenshot View

The User will click on Track your application status from the login page of “The West Bengal Allied-Medical and Para-Medical Council” application.



GOVERNMENT OF WEST BENGAL
Health & Family Welfare Department

THE WEST BENGAL ALLIED-MEDICAL AND PARA-MEDICAL COUNCIL

Enter PAN Number Login Name

Enter Password Password

4836

Enter Captcha Enter Captcha

[Create New Account](#)

[User Guide](#)

[Track Your Application Status](#)

[Forgot Password ?](#)

Upon clicking on Track your application status hyperlink, Track Your application status will open on the next tab of the web browser.



Health and Family Welfare Department, Govt. of West Bengal
Para Medical

Enter details to track your application status

Enter Form Number

User will enter the Form Number and click on submit button.

Enter details to track your application status

Enter Form Number

Upon clicking on submit button, User can view the latest status of the application. After checking the status User will click on back button to return to the log in page of the application.

Enter details to track your application status

Enter Form Number

Form Number	Status
50235	Recommended and Forwarded to Sub Committee by DA

9. Logout

This section of the User manual describes how an Applicant will be able to logout of the application. The Logout option is always available in the menu ribbon on top of any screen the user is viewing. The Applicant will click on the Logout option and will be navigated to the login screen.

9.1 Process Flow



9.2 Detailed Steps

- ❖ The Logout option is always available in the menu ribbon on top of any screen the Applicant is viewing.
- ❖ The Applicant will click on the Logout option and will be navigated to the login screen.

9.3 Screenshot View

The Logout option is always available in the menu ribbon on top of any screen the Applicant is viewing.

Health and Family Welfare Department, Govt. of West Bengal
THE WEST BENGAL ALLIED-MEDICAL AND PARA-MEDICAL COUNCIL
User Name : AGERT2345T

Home **Log Out** Application Guideline

Part A of the Register [As Per Section 51(1) of the Act.]	New Application	View Saved/Submitted Application
Part B of the Register [As Per Section 51(2) of the Act.]		Will be notified later on.
Part C of the Register [As Per Section 51(3) of the Act.]		Will be notified later on.
Part D of the Register [As Per Section 51(4) of the Act.]		Will be notified later on.
Part F of the Register [As Per Section 51(6) of the Act.]		Will be notified later on.


The Applicant will click on the Logout option and will be navigated to the login screen.

 **GOVERNMENT OF WEST BENGAL**
Health & Family Welfare Department

THE WEST BENGAL ALLIED-MEDICAL AND PARA-MEDICAL COUNCIL

Enter PAN Number

Enter Password


0427

Enter Captcha

[Create New Account](#)

[User Guide](#)

[Track Your Application Status](#)

[Forgot Password ?](#)

[Login](#)