

**M.G.M. MEDICAL COLLEGE INDORE**

**PHOTOGRAPH : VERIFIED / NOT VERIFIED**

**Name & signature of Photograph verifying officer** \_\_\_\_\_



**PARTICULARS & DECLARATION OF THE CANDIDATE FOR**  
**MBBS - BATCH-2025-26**

**( TO BE FILLED BY THE CANDIDATE IN BLOCK LETTERS )**

1. NAME OF THE CANDIDATE \_\_\_\_\_
2. DATE OF BIRTH \_\_\_\_\_ Blood Group \_\_\_\_\_ NATIONALITY \_\_\_\_\_
3. PLACE & STATE OF BIRTH \_\_\_\_\_
4. MOBILE NO \_\_\_\_\_ E. Mail ID \_\_\_\_\_
5. AADHAR CARD NO \_\_\_\_\_
6. ALLOTTMENT QUOTA - STATE / ALL INDIA / GOI NOMINEE / \_\_\_\_\_
7. NEET AI RANK \_\_\_\_\_ NEET SCORE \_\_\_\_\_ NEET PERCENTILE \_\_\_\_\_
8. CATEGORY – ST / SC / O BC / UR. /EWS/ -----ALLOTTED CATEGORY \_\_\_\_\_
9. SUB CATEGORY – MP / FF / PWD / GS / NONE \_\_\_\_\_
10. CASTE CERTIFICATE ISSUING STATE AND DIST. \_\_\_\_\_
11. SCHOLARSHIP SCHEME - M.M.V.Y / JANKALYAN / POST METRIC / NONE \_\_\_\_\_
12. FATHER’S NAME \_\_\_\_\_
13. E. Mail I.D. & MOBILE NUMBER \_\_\_\_\_
14. MOTHER’S NAME \_\_\_\_\_  
E. Mail I.D. & MOBILE NO: \_\_\_\_\_
15. PERMANENT ADDRESS \_\_\_\_\_
16. LOCAL ADDRESS: \_\_\_\_\_
17. GUARDIAN’S NAME & ADDRESS \_\_\_\_\_  
WITH PHONE NO \_\_\_\_\_
18. OCCUPATION: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_
19. PERCENTAGE OF MARK IN 12<sup>TH</sup> \_\_\_\_\_ PHY \_\_\_\_\_ CHEM \_\_\_\_\_ BIO \_\_\_\_\_ ENG \_\_\_\_\_

**DECLARATION**

I hereby solemnly declare that the information given by me in this form and enclosures is true and I am solely responsible for its accuracy. I am fully aware that providing incorrect and false information due to any reason at the time of allotment of the seat and / or at the time of admission or subsequently, is an offence and my admission is liable to be cancelled without any notice at any time by the Director, Medical Education / Dean / Principal of the Institution.

I also hereby declare that I have **AVAILED/NOT AVAILED** any **Gap period** during my pre-medical education curriculum.

Signature & Name of Parent

Signature & Name of Candidate

.....

.....

Date :.....

**FOLLOWING ORIGINAL DOCUMENTS ARE BEING SUBMITTED BY THE CANDIDATE.**

Name of Candidate.....S/o, D/o.....

S.NO	DOCUMENT	SUBMITTED	NOT SUBMITTED	Remark
1	Allotment Letter			
2	NEET Mark Sheet/ Rank letter			
3	Admit Card / Roll no:			
4	10'th Mark Sheet & Certificate			
5	12'th Mark Sheet / Certificate			
6	Domicile & Nationality Certificate / Photo ID (PAN/ Driving Licence/ Passport / Voter ID)			
7	Income Certificate (if applicable)			
8	Caste Certificate / (if applicable)			
9	Certificate – F.F. (Prof-3 )/ M.P. (Prof-2 A,B,C ) / PWD/ EWS / GS (Prof.-10) (if applicable)			
10	MP Domicile Affidavit (Proforma-7) (for state quota only)			
11	Rural Service bond (8 (अ-1) OR Candidate who Opt for up-gradation –Rs.500/- stamp (Proforma – 11)			
12	Vachan patra (Proforma-9)			
13	Aadhar Card (self attested xerox)			
14	School / College Leaving Certificate &Character Certificate			
15	Migration Certificate			
16	Bond ( Seat Leaving) (Proforma-8B )			
17	Gap Affidavit			
18	03 self addressed stamped envelopes			
19	Any Other certificate			
20	Pen drive of all above documents			
21	Fee Details : online fees submission detail with transaction id required			

Eight (8) Passport size photograph same as affixed on the application form and one 4x6 colored photograph

1. A set of one colored photocopy and one Black & White photocopy of Original Documents required and all affidavits & One plastic folder for Documents (at the time of physical verification at college)

Signature of the candidate\_\_\_\_\_

The above mentioned documents have scrutinized by the committee & recommended for depositing the fees for provisional admission.

**MEMBER**

(Dr.....)

**MEMBER**

(Dr.....)

**MEMBER**

(Dr.....)

**MEMBER**

(Dr.....)

**MEMBER**

(Dr.....)

**MEMBER**

(Dr.....)

Date.....

**Chairman/Co-Ordinator / Nodal Officer  
Scrutiny and Admission Committee  
M.G.M. Medical College, Indore**