

षासकीय विद्यालय के विद्यार्थी प्रवर्ग कोटे के तहत प्रवेशित छात्रों के लिए

दिनांक

1	Name Of Student				
2	Father Name				
3	UG NEET ROLL NUMBER				
4	AI NEET UG 2024 RANK				
5	STATE RANK COMMON				
6	Eligible Category				
7	Alloted Category				
8	Alloted Category Rank				
9	Form-10 Schedule-3 No. 9 (a) Certificate for student of government school Certificate Details & issuing authority details				
6 वीं से 12 वीं की के अध्ययन की जानकारी		स्कूल का नाम	षासकीय अथवा अषासकीय	बोर्ड का नाम	प्रतिषत
9	6 वीं पास की मूल अंकसूची के अनुसार				
10	7 वीं पास की मूल अंकसूची के अनुसार				
11	8 वीं पास की मूल अंकसूची के अनुसार				
12	9 वीं पास की मूल अंकसूची के अनुसार				
13	10 वीं पास की मूल अंकसूची के अनुसार				
14	11 वीं पास की मूल अंकसूची के अनुसार				
15	12 वीं पास की मूल अंकसूची के अनुसार				
16	षिक्षा के अधिकार के तहत 1 से 8 वीं तक निजी विद्यालय में अध्ययन किया गया है, हां अथवा नहीं यदि हां तो कृपया संबंधित प्रमाण पत्र संलग्न करें।				

- टीप-षासकीय विद्यालय के विद्यार्थीसे अभिप्रेत है ऐसे विद्यार्थी जिन्होंने षासकीय विद्यालय से कक्षा 6 वीं से 12 वीं तक नियमित अध्ययन कर परीक्षा उत्तीर्ण की हो, अथवा
- कक्षा 1 से 8 वीं तक निजी विद्यालयों में षिक्षा के अधिकार अधिनियम के माध्यम से प्रवेश के आधार पर अध्ययन करने के पष्चात षासकीय विद्यालय में कक्षा 9 वीं से 12 वीं तक नियमित अध्ययन कर परीक्षा उत्तीर्ण की हो।
- नोट – 6 वीं से 12 वीं की अंकसूची की मूल प्रति संलग्न करना अनिवार्य है।

छात्र/छात्रा का हस्ताक्षर

रिमाक – स्कूटनी समिति की टीप

हस्ताक्षर समिति सदस्य

हस्ताक्षर समिति सदस्य

हस्ताक्षर समिति सदस्य

M.G.M. MEDICAL COLLEGE INDORE

PHOTOGRAPH : VERIFIED / NOT VERIFIED

Name & signature of Photograph verifying officer _____

PHOTO (as
on NEET
admit card)

**PARTICULARS & DECLARATION OF THE CANDIDATE FOR
MBBS - BATCH-2024-2025**

(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. SEAT THROUGH (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 11TH __PHY__ CHEM__ BIO__ ENG__
20. PERCENTAGE OF MARK IN 12TH __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 :.....

.....

Contd.....2

FOLLOWING ORIGINAL DOCUMENTS ARE BEING SUBMITTED BY THE CANDIDATE.

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

S.NO	DOCUMENT	Name of issuing body	Document no.	Documents date	Signing Authority of document	Remark
1	Allotment Letter					
2	NEET Mark Sheet/ Rank letter					
3	Admit Card / Roll no:					
4	10 th Mark Sheet / Certificate					
5	11 th Mark Sheet					
6	12 th Mark Sheet with %age					
7	Domicile & Nationality Certificate / Photo ID					
8	Income Certificate (if applicable)					
9	Caste Certificate / (if applicable)					
10	School / College Leaving Certificate & Character Certificate					
11	Migration Certificate					
12	Certificate – F.F. (Prof-3) / M.P. (Prof-2 A,B,C) / PWD(Annex.-2) / EWS (Annex.-5) / GS (Prof.-10) (if applicable)					
13	Aadhar Card copy					
14	Bond (Seat Leaving & Rural Service) (Proforma-8)					
15	MP Domicile Affidavit (Proforma-7)					
16	Combined Rural Service bond & Seat leaving Bond Candidate who Opt for up-gradation –Rs.500/- stamp					
17	Vachan ptra (Proforma-9)					
18	Proof of below poverty line / Sambal Card (if applicable)					
19	Green Card Holder / (if applicable)					
20	Gap Affidavit					
21	Medical Fitness Certificate					
22	03 self addressed stamped envelopes					
23	Any Other certificate					
24	CD/pen drive of all above documents					
	10 recent colored photograph with name, application no. and merit no. with ball point pen at the back + one 4x6 colored photographs.					

Total No. of documents _____ Signature of the candidate _____

The above mentioned submitted documents were scrutinized by the committee & found in order. candidate is 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**

