

SHRI M.P.SHAH GOVERNMENT MEDICAL COLLEGE JAMNAGAR
P.G. ADMISSION-50 % STATE QUOTA
LIST OF CERTIFICATE SUBMITTED AT THE TIME OF ADMISSION
(AS PER MCC GUIDELINES)
(Two copy)

1. Admit card issued the NBE,
2. Admission Order.
3. Provisional Eligibilities certificate from the Saurashtra University Rajkot. Submitted at the time of Physical joining at College (Those student pass out other than Saurashtra University)
4. Cast Certificate & Non Creamlayer & EWS Certificate. AS PER MCC GUIDELINES
5. Mark sheet of First MBBS to Final MBBS
6. MBBS Degree certificate.
7. Internship completion certificate.
8. Permanent/Prov. Registration certificate issued by MCI/State Medical council.
9. Attempt certificate
10. High School/Birth certificate as proof of Date of Birth.
11. Mark sheet of Neet Entrance exam result.
12. Identification Proof. & Adharcard.
13. PH certificate as per mentioned in AS PER MCC GUIDELINES
14. College email ID: deanjamnagar@gmail.com & Contact no.(0288) 2550206
15. Candidate has to bring Envelop Size (11 × 15)
16. Fees details : (Tuition and other Fees)

	Degree	Diploma
Boys	20660	17660
Girl	8660	5660
Deposit	60000	45000

At the time of Pay above fee/deposit through Online Bank HDFC A/C no. **50200045712237** IFSC Code: **HDFC0000177** (Evidence of fee submission) Bank A/C Name:-DEAN M P SHAH GOVT. MEDICAL COLLEGE JAMNAGAR

NB: 1st and 3rd Saturday Uni. Closed and 2nd and 4th Saturday college office closed. Other Information Pl. Contact No. Mr. Atul Mehta 9429118922.

★ Admission Form & Undertaking available in our website.

www.mpsmc.in

SHRI M.P.SHAH GOVERNMENT MEDICAL COLLEGE- JAMNAGAR



FORM - 2022

Admission To Post-Graduate Degree/Diploma

Paste Recent
Passport Size
Photograph
Self Attested

(1) Govt.Quota (2) Univ.Quota (3) AIQ.Quota ()

Surname:-

Name :-

Father'S/Husband'S Name:-

Mother'S Name:-

Date Of Birth:- Gender:- M() F()

D D M M Y E A R

Place:-

City/District:- State:-

Category:- (1).OPEN (2).SC (3).ST (4).SEBC (5).PH (6).In M.O. ()

Adhar Card No:-

Eligibility Certi No:- _____ Eligibility Certi Date:- ____/____/____

Neet Roll No:- _____ Neet State Rank:- _____

Neet Score Percentile:- _____ AIQ.Rank:- _____

-----PERMANENT ADDRESS-----

_____ PIN:- _____

City:- _____ State:- _____

Mobile No:- _____ Father'S Mobile No:- _____

E-Mail ID:- _____

(SBI) (BOI) (CBI) , One Bank Account(*please provide personal bank account details only)

Bank Account No:- _____ IFSC Code:- _____

Branch:- _____

-----M.B.B.S.DETAILS-----

➤ Name Of University:- _____

➤ Name Of Medical College:- _____

➤ Registration Council Name and No.:- _____

➤ Month & Year Of (1stYear M.B.B.S.) Admission:- _____

➤ Date Of Starting Internship:- _____

➤ Date OF Completion Of Internship:- _____

ANNEXURE I
FORMAT OF UNDERTAKING BY THE STUDENT

1. I _____
(Full Name in Block Letters)
Son/ Daughter of Mr./Mrs./Ms. _____
(Full Name in Block Letters)
admitted to the course of _____ with Admission
No. _____
(Name of Course)
at _____
(Name of College / Institution)
affiliated to _____
(Name of University)

have received a copy of the REGULATIONS FOR PREVENTION AND PROHIBITION OF RAGGING IN MEDICAL COLLEGES/INSTITUTIONS, 2021 of the National Medical Commission(NMC).

2. I have carefully read and fully understood the provisions in these Regulations
3. I have particularly perused CHAPTER II SECTION 3 and have fully understood what constitutes "Ragging"
4. I have also in particular perused Chapter IV and read and understood the Administrative and Penal actions that may be taken against me in case I am found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging
5. I hereby undertake that-
 - (i) I will not indulge in any behavior or act that may come under the definition of ragging as may be constituted under Section 3 of these regulations
 - (ii) I will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under Section 3 of these regulations
 - (iii) I will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the NMC Regulations mentioned above and/or as per the law in force
7. I also declare that I have never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, my admission is liable to be cancelled / withdrawn .

Signed on this _____ day of _____ month of _____ year

Signature

Name:

Address :

Signature of Witness 1
(Name of Witness 1)

Signature of Witness 2
(Name of Witness 2)

Tel/ Mobile No:

Address

Address

ANNEXURE II

FORMAT OF UNDERTAKING BY PARENT / GUARDIAN OF THE CANDIDATE/STUDENT

1. I _____
(Full Name in Block Letters)
Father / Mother/ Guardian of Mr./Mrs./Ms. _____
(Full Name of Student in Block Letters)
admitted to the course of _____ with Admission No. _____
(Name of Course)
at _____
(Name of College / Institution)
affiliated to _____
(Name of University)

Hereby declare that I have received a copy of the REGULATIONS FOR PREVENTION AND PROHIBITION OF RAGGING IN MEDICAL COLLEGES/INSTITUTIONS, 2021 of the National Medical Commission(NMC).

2. I have carefully read and fully understood the provisions in these Regulations
3. I have particularly perused CHAPTER II SECTION 3 and have fully understood what constitutes "Ragging"
4. I have also in particular perused Chapter IV and read and understood the Administrative and Penal actions that may be taken against my son/ daughter/ward in case he /she is found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging
5. I hereby undertake that my son/ daughter/ ward -
 - (iv) Will not indulge in any behaviour or act that may come under the definition of ragging as may be constituted under Section 3 of these regulations
 - (v) Will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under Section 3 of these regulations
 - (vi) Will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that if my son/ daughter/ ward is found guilty of any aspect of ragging, he/ she may be punished as per the provisions of the NMC Regulations mentioned above and/or as per the law in force
7. I also declare that he/she has never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, his/her admission is liable to be cancelled / withdrawn .

Signed on this _____ day of _____ month of _____ year

Signature

Name:

Signature of Witness 1

Signature of Witness 2

Address :

(Name of Witness 1)

(Name of Witness 2)