

## ADMISSION-UG

### STATE QUOTA

#### LIST OF CERTIFICATE SUBMITTED AT THE TIME OF ADMISSION TWO XEROX COPY

1. Admission order and Fee receipt.
2. Marksheet of NEET Exam.
3. Cast/Cremiler Certificate.
4. Mark sheet of 10<sup>th</sup>std.
5. Passing certificate of 10 std.
6. Mark sheet of 12<sup>th</sup>std.
7. Passing certificate of 12 std
8. Bond/Bank Guarantee of Rs.5-00lakh.  
and 15.00 lakh Undertaking .
9. PH candidate Handicap certificate.
10. School leaving / Transfer certificate  
from School.
11. I.D. Proff&Adhar card.
12. Two passport size Photographs.
13. **Provisional Eligibilities certificate from  
the Saurashtra University Rajkot.**

**Website:- [saurashtrauniversity.edu](http://saurashtrauniversity.edu)**

**(H.S.C Passed out from Central Board)**

વિદ્યાર્થીનું નામ : .....

સરનામું :.....

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મોબાઈલ નં.....

મેઈલ આઈડી.....

પ્રતિ,  
ડીનશ્રી,  
શ્રી એમ.પી. શાહ ગર્વમેન્ટ મેડીકલ કોલેજ,  
જામનગર.

વિષય :- બોન્ડ સોલવંશી સર્ટીફિકેટ આપવા સબબ.....

માનનીય સાહેબશ્રી,

સવિનય સાથ જણાવવાનું કે, મારા પુત્ર/પુત્રી.....ને આપની કોલેજ માં પ્રથમ વર્ષ એમબીબીએસ માં સને ૨૦૨૩ માં પ્રવેશ મળેલ છે એડમીશન સમયે આપવાનું થતું બોન્ડ-સોલવંશી સીર્ટીફિકેટ સાથે લાવેલ ન હોય, જે અંગે જરૂરી મુદત એડમીશન ફી ભર્યાના દિવસ-૧૫ સુધી આપવા વિનંતી ત્યાં સુધીમાં હું ઓરીજીનલ બોન્ડ-સોલવંશી સર્ટીફિકેટ તથા અંડરટેકીંગ રજૂ કરી આપીશ અન્યથા એડમીશનના નિયમોનુસાર આપ આગળની કાર્યવાહી કરી શકશો જે અમોને બંધન કરતા રહેશે. આ સાથે અન્ય જરૂરી સર્ટીફિકેટો તેમજ ફી ની પહોંચ રજૂ કરેલ હોય એડમીશન અંગેની જરૂરી ફી સવીકારવા વિનંતી.

આપનો વિશ્વાસુ

(પિતા/વાલીની સહી)

વિદ્યાર્થીની સહી.....

**SHRI M. P. SHAH GOVT. MEDICAL COLLEGE. JAMNAGAR.**

**M.B.B.S. ADMISSION FORM.**

**YEAR - 2023-24**

**Student  
Passport  
Size Photo**

Open Merit No.

Category Merit No.

Eligibility Certi No.

Eligibility Certi Date.

AIQ Quota.

State Quota.

1. Name of Student (In Capital Letter)

Surname

Name

Father Name

Mother Name

2. Sex Male  Female

3. Date of Birth

Place of Birth

4. Permanent Resident Address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
											Pincode		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Taluka				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. H.S.C Board Information (10+2)

Seat No/Roll No.	H.S.C. Board (CBSE, GHSEB)	Passing Month	Passing Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6.

Attempt	Total Marks (HSC)	Obtained Marks (HSC)	Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. School Name (HSC):- \_\_\_\_\_

8. School Date of Admission: - \_\_\_\_\_

9. School Left Date: - \_\_\_\_\_

**10. Marks Obtained in Qualifying Examination**

Subject	Total Marks	Marks Obtained
Physics (Theory)		
Chemistry (Theory)		
Biology (Theory)		
English		
Grand Total as in Marksheet		

**11. NEET Exam Seat No.**

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**12. Marks Obtained in NEET**

NEET	Total Marks	Marks Obtained	Percentage
Total			

**13. Category**

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**Cast: -**

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**Sub Cast**

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**14. Mobile NO****1.**

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**2.**

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**15. E Mail ID**

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**16. Adhaar Card No.**

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**17. Bank Name.**

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**18. Account No.**

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**19. IFSC CODE**

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**❖ List of Document in 2 Xerox copy.**

1. Admission Order.
2. Fee Receipt.
3. Medical Fitness certificate or Prescribed proforma.
4. S.S.C. (10<sup>th</sup>) Marksheet & Passing Certificate.
5. H.S.C. (10+2) Marksheet. & Passing certificate.
6. School Leaving certificate.
7. NEET Marksheet.
8. Caste certificate of S.C., S.T., S.E.B.C. & EWS from the authority in prescribed proforma.
9. Non-Creamy layer certificate of family from the competent authority in prescribed proforma(SEBC category only) for issued after 1<sup>st</sup> April 2020 (2 Xerox copy)
10. Pro.Eligibility Certificate (Central Board) from Saurashtra University Rajkot at the time of Admission.
11. Certificate for Orthopedically handicapped candidate for admission in handicapped quota in prescribed as per Annexure-A.
12. Other Document for AIQ as per DGHS New Delhi.

**★ Declaration by the candidate: ★**

I hereby declare that the particulars furnished in the application form are correct to the best of my knowledge and understanding. I have verified my eligibility to apply against the category to which I am entitled. In case of incomplete information, I understand that my candidature is likely to be cancelled and in case any information furnished in the form is found to be incorrect or false, at any stage, my candidature/admission shall be cancelled, I further declare that I shall abide by the provisions of the Act and the rules made thereunder or any directions/instructions of the Admission Committee.

**★ Under – taking ★**

I am also aware that:

1. Ragging is an offence, I shall not indulge in any such activity and if I am found guilty, I shall be liable for punishment as per the law in force.

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**Signature of parents**

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**Date and Place**

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**Signature of Candidate**

**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 )