## GOVERNMENT AUTONOMUS MEDICAL COLLEGE RATLAM (M.P.) 457001

PHOTOGRAPH: VERIFIED / NOT VERIFIED  Name	РНОТО
Signature of Photograph verifying officer	

218	gnature 01 Pno	otograpn veriiyin	ig officer				
	PARTICULARS & DE	RMA OF SC ECLARATION ( BS (UG) BATCH	OF THE CANDIDATE				
	(TO BE FILLED IN BY TH	HE CANDIDATE	E IN CAPITAL LETTERS)				
1.	NAME OF THE CANDIDATE		SEX				
2.			ONATIONALITY				
3.	PLACE & STATE OF BIRTH_						
4.		E-Mail					
5.	SEAT – STATE / ALL INDIA / GOI NOMINEE						
6.	CATEGORY – UR/EWS/ OBC/ SC/ST						
7.	CLASS – MP / FF /PWD/ F						
8.			OCCUPATION				
	MOBILE NUMBER	E. Mai	il id				
9.	MOTHER'S NAME		OCCUPATION				
			l id				
10.							
	PHONE NO:						
11.	PERMANENT ADDRESS	PERMANENT ADDRESS					
	& PHONE NO. WITH S.T.D. C	ODE:					
fully at t subs	I hereby solemnly declan and enclosures is true and y aware that providing income time of allotment of the sequently, is an offence and notice at any time by the itution.	I am solely recreated and false e seat and / omega my admission e Director, Me	nformation given by me in this esponsible for its accuracy. I am e information due to any reason or at the time of admission or is liable to be cancelled without edical Education / Dean of the				
<u>peri</u>	I also hereby declare that dod during my pre-medical ed		LED / NOT AVAILED any <u>Gap</u> iculum.				
Nam	e of Parent/Guardian	•••••	Name of Candidate				
Sign	ature	;	Signature				
Date	e :	1	Date :				

## FOLLOWING ORIGINAL DOCUMENTS ARE BEING SUBMITTED BY THE CANDIDATE-2019-20 Willing for up-gradation..... S.N Name of **Document Documents Signing Authority DOCUMENT** Remark issuing body date of document no. Allotment Letter 1 2 **NEET Mark Sheet/ Rank letter** Admit Card / Roll no: 3 4 10'th Mark Sheet / Certificate (DOB Certificate) 12'th Mark Sheet 5 Aadhar Card 6 7 **Domicile Certificate** Caste Certificate 8 9 **EWS** Certificate 10 **Income Certificate (Family)/ Self Declaration of Family Income** (Last Financial Year) Certificate – PWD. / M.P./ F.F. 11 **Affidavit of Proforma 8** 12 **Green Card Holder if applicable** 13 **Medical Fitness Certificate** 14 Gap Affidavit if applicable 15 **School / College Leaving Certificate** 16 **Migration Certificate** 17 **Character Certificate** 18 CD of all above documents 19 **Domicile certificate of other State** 20 Proforma 7 Concession type:- (पोस्ट्र मैट्रिक छात्रवृत्ति:-SC/ST/OBC) (मुख्यमंत्री मेधावी योजना) (मुख्यमंत्री जनकल्याण योजना) 21

one 4x6 colored photographs.				
Total No. of documents	Signature of the candidate			

30 recent colored photograph with name, application no. and merit no. with ball point pen at the back +

22

The above mentioned submitted documents were scrutinized by the committee & found in order. candidate is recommended for depositing the fees for admission.

Name & Signature Name & Signature Name & Signature

Name & Signature Name & Signature Name & Signature

Chairman/Co-Ordinator / Nodal Officer Scrutiny Committee Government Autonomous Medical College,

## GOVERNMENT AUTONOMUS MEDICAL COLLEGE RATLAM (M.P.) 457001

## **Medical Certificate**

Name of the	RECENT			
Age/ Sex :-	PHOTOGRAPH VERIFIED BY			
Father's / Hu	THE MEDICAL			
Mother's Naı	me :-			DOCTOR
Neet UG Rol	1/No :-			
All India Rar	nk / State Rank :-			
Signature of	the Candidate:			
01. Height (in	n inches/cms)		02. Weight	in Kgs
03. Chest me	asurement in cms: Aft	er inspiration	After expiration	
04. CVS:				
05. Respirato	ry System:			
06. GIT: Abd	lomen:	Hydrocele	e / Piles or any other abno	ormality.
07. CNS:				
08. Eyes:	Rt. Eye near vision	distant vision	possible correction	reqd.
	Lt. eye near vision	distant vision	possible correction	reqd.
09. Hearing				
10. Ear / Nos	e / Throat			
11. Obstetric	s & Gynecologist opin	ion:		
12. Disability	(if any)			
13. Investigat	tions: 01. Haemogr	ram		
	02. Urine			
We hereby de	eclare that the candida	te Shri / Kum		
selected for	MBBS Course on the	e basis of passing l	NEET-2019 examination	ns, that we have
carefully exa	mined this candidate	and have found him	m/her to be physically a	& mentally FIT /
NOT FIT.				
	(MEMBI	ERS OF THE MED	ICAL BOARD)	
	NAME &	z SIGNATURE OF	SPECIALISTS:	
Medicine		Surgery		ENT
Ophthalmolo	gy	Obstetrics	& Gynecology	
Date:				