### GOVERNMENT AUTONOMUS MEDICAL COLLEGE ,RATLAM

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| **PHOTO** |

**PHOTOGRAPH : VERIFIED / NOT VERIFIED**

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

 **CERTIFICATE OF SCRUTINY COMMITTEE**

**PARTICULARS & DECLARATION OF THE CANDIDATE**

**FOR MBBS**

**BATCH-2018-19**

**(TO BE FILLED IN 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. SEAT – STATE / ALL INDIA / GOI NOMINEE / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. CATEGORY – ST / SC / OBC / UR.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. CLASS – MP / FF / F /PH / X (NO CLASS)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. FATHER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. E. Mail I.D. & MOBILE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. MOTHER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 MOBILE NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. LOCAL ADDRESS & PHONE NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GUARDIAN’S NAME & ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITH PHONE NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. PERMANENT ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NO. WITH S.T.D. CODE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. OCCUPATION: FATHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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** | **12’th Mark Sheet & Certificate** |  |  |  |  |  |
| **6** | **Domicile Certificate** |  |  |  |  |  |
| **7** | **Income Certificate (Family)/ Self Declaration of Family Income** |  |  |  |  |  |
| **8** | **Aadhar Card** |  |  |  |  |  |
| **9** | **Caste Certificate** |  |  |  |  |  |
| **10** | **Gap Affidavit if applicable** |  |  |  |  |  |
| **11** | **School / College Leaving Certificate** |  |  |  |  |  |
| **12** | **Migration Certificate** |  |  |  |  |  |
| **13** | **Certificate – F.F. / M.P. / P.H.** |  |  |  |  |  |
| **14** | **Green Card Holder if applicable** |  |  |  |  |  |
| **15** | **Medical Fitness Certificate** |  |  |  |  |  |
| **16** | **Bond Proforma 4 ( Seat Leaving & Rural Service )** |  |  |  |  |  |
| **17** | **Affidavit of Proforma 8 & 9** |  |  |  |  |  |
| **18** | **Character Certificate** |  |  |  |  |  |
| **19** | **Any Other certificate** |  |  |  |  |  |
| **20** | **CD of all above documents** |  |  |  |  |  |
| **21** | **30 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 admission.

**MEMBER MEMBER MEMBER**

**MEMBER MEMBER MEMBER**

 **Date………. Chairman/Co-Ordinator / Nodal Officer**

 **Scrutiny Committee**

 **Government Autonomous Medical College,**

### GOVERNMENT AUTONOMUS MEDICAL COLLEGE ,RATLAM

**Medical Certificate**

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| **RECENT****PHOTOGRAPH VERIFIED BY THE MEDICAL DOCTOR** |

Name of the Candidate :-

Age/ Sex :-

Father’s / Husband’s Name :-

Mother’s Name :-

Neet UG Roll/No :-

All India Rank / State Rank :-

Signature of the Candidate:

01. Height (in inches/cms) 02. Weight in Kgs

03. Chest measurement in cms: After inspiration After expiration

04. CVS :

05. Respiratory System:

06. GIT: Abdomen: Hydrocele / Piles or any other abnormality.

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 / Nose / Throat

11. Obstetrics & Gynecologist opinion:

12. Disability (if any)

13. Investigations: 01. Haemogram

02. Urine

We hereby declare that the candidate Shri / Kum. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ selected for MBBS Course on the basis of passing PMT / CPMT examinations, that we have carefully examined this candidate and have found him/her to be physically & mentally **FIT / NOT FIT**.

(MEMBERS OF THE MEDICAL BOARD)

NAME & SIGNATURE OF SPECIALISTS:

Medicine Surgery ENT

Ophthalmology Obstetrics & Gynecology

Date:

**'kkldh; Lo’kklh fpfdRlk egkfo|ky;]jryke**

**dkWmalfyax ’kqYd leLr Nk=ks gsrq A**

1. dkWmalfyax Qhl & 2000@&
2. ykbcszjh Qhl & 1000@&
3. lkbfdy LVsa.M Qhl & 350@&
4. Nk= dY;k.k fuf/k & 1000@&
5. Nk=kokl Qhl & 12000

 **dqy ;ksx** & **16350 @&**

dkWmalfyax ’kqYd leLr Nk=ks dks vfuok;Z #i ls dkWmalfyax ds le; uxn@pSd@Mh- Mh ds ek?;e ls tek djokuk gSA

**DD in favour of “New Government Medical college Autonomous Society Ratlam” payable at RATLAM.**

|  |  |  |
| --- | --- | --- |
| 1. | Without Hostel | Rs.4350 /- |
| 2. | With Hostel | Rs.16350/- |

 **vf/k"Bkrk ,ao eq[; dk;Zikyu vf/kdkjh**

 **’kkldh; Lo’kklh egkfo|ky; jryke**

**Fresh / First Time Allotment vH;kFkhZ;ksa ds fy, izos'k izfdz;k**

1. vVsaUMsal MsLd ij viuh mifLFkfr ntZ dj vVsaUMsal dh ,d dkWih vVsaUMsal uksMy vf/kdkjh ds gLrk{kj lfgr ysosA

1. LdwzVuh QWkeZ ,oa LdzqVuh dh tkudkjh vVsaUMsal MsLd ls ysosA
2. LdzqVuh QWkeZ esa lEkLr tkudkjh Hkjs ,oa rRi’pkr~ LdqzVuh QkWeZ lEkLr ewy nLrkost dzekuqlkj] ca/ki=@izksQkWekZ 4 ¼vukjf{kr JS.kh gsrq 10]000 :-@&,oa vkjf{kr JS.kh gsrqq 7]500:-@&½] izksQkWekZ dzekad 8 ,oa 9 ¼100 :- ds LVkEi½] ,oa LOkLFkrk izek.k i= ¼esfMdy fQVusl½ iw.kZ dj LogLrk{kfjr QksVksdkWih ¼,d dyj QksVksdkWih ,oa ,d Cysd ,aM OgkbV lsV½ ds lkFk LdzqVuh lfefr ds Lke{k izLrqr gksosA
3. leLr nLrkost ds lsV ds lkFk vH;kFkhZ viuh vk/kkjHkwr tkudkjh LdqzVuh MsLd ij j[ks jftLVj esa ntZ djsA
4. vH;FkhZ LdzqVuh lfefr ds le{k lHkh nLrkostksa ds fujh{k.k mijkar 6 lfefr lnL;ksa ,oa dksvkWfMZusVj ds LdzVUkh QkWeZ ij gLrk{kj djk,A
5. blds mijkar vHk;kFkhZ bZ MksD;wesaV osjhfQds**'k**u MsLd mifLFkr gksdj bZ osjhfQds**'k**u djk,] osjhfQds**'k**u fLYki izkIr djs ,oa MksD;wesaV tek djk,A
6. vH;FkhZ viuh ykWfxu vkbZMh ,oa ikloMZ ls ,e-ih- vkWuykbZu ds ek/;e ls f**'**k{k.k ’kqYd tek djkosA
7. blds Ik**'**pkr vH;FkhZ ,Mfe**'**ku MsLd ij igqapdj ,Mfe**'**ku fLyi tujsV djkosA
8. jftLVj ij gLrk{kj dj ,Mfe**'**ku fLyi izkIr dj jftLVj esa izkfIr dh iqf"V djsA

**vixzsMsM vHk;kfFkZ;ksa ds fy;s izos'k izfdz;k**

1. vVsaUMsal MsLd ij viuh mifLFkfr ntZ dj vVsaUMsal dh ,d dkWih vVsaUMsal uksMy vf/kdkjh ds gLrk{kj lfgr ysosA
2. LdwzVuh QWkeZ ,oa LdzqVuh dh tkudkjh vVsaUMsal MsLd ls ysosA
3. LdzqVuh QWkeZ esa lEkLr tkudkjh Hkjs rRi’pkr LogLrk{kfjr ,d QksVksdkWih lsV ¼iwoZ esa vkoafVr dkWyst esa tek fd;s ewy nLrkost½ ,oa izksQkeZ 4 ¼vukjf{kr JS.kh gsrq 10]000 :-@&,oa vkjf{kr JS.kh gsrqq 7]500:-@&½] ewy nLrkost tek gksus dk izek.k i=] LOkLFkrk izek.k i= ¼esfMdy fQVusl½ lfgr mijksDr nLrkostksa dh ,d dyj ,oa ,d Cysd ,aM OgkbV QksVksdkWih tek djsA
4. LkeLr nLrkost dks iw.kZ djus ds i**'**pkr~ vH;kFkhZ dkmflafyax gkWy esa LdzqVuh lfefr ds le{k izLrqr gksdj viuh vk/kkjHkwr tkudkjh jftLVj esa ntZ djsA
5. vH;kFkhZ LdzqVuh lfefr ds le{k lHkh nLrkostksa ds fujh{k.k mijkar 6 lfefr lnL;ksa ,oa dksvkWfMZusVj ds LdzVUkh QkWeZ ij gLrk{kj djk,A
6. blds i'pkr vH;kFkhZ ,Mfe’ku MsLd ij mifLFkr gksdj ,Mfe’ku fLyi fudyok;sA
7. jftLVj ij gLrk{kj dj ,Mfe’ku fLyi izkIr dj jftLVj esa izkfIr dh iqf"V djsA