

**GOVERNMENT AUTONOMOUS MEDICAL COLLEGE**  
**RATLAM (M.P.) 457001**

<b>PHOTOGRAPH: VERIFIED / NOT VERIFIED</b>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto;">PHOTO</div>
Name.....Designation .....	
Signature..... of Photograph verifying officer	

**PROFORMA OF SCRUTINY**  
**PARTICULARS & DECLARATION OF THE CANDIDATE**  
**FOR MBBS (UG) BATCH-2020-21**

(TO BE FILLED IN BY THE CANDIDATE IN CAPITAL LETTERS)

1. NAME OF THE CANDIDATE \_\_\_\_\_ SEX \_\_\_\_\_
2. DATE OF BIRTH \_\_\_\_\_ Blood Group \_\_\_\_\_ NATIONALITY \_\_\_\_\_
3. PLACE & STATE OF BIRTH \_\_\_\_\_
4. MOBILE NO \_\_\_\_\_ E-Mail \_\_\_\_\_
5. SEAT – STATE / ALL INDIA \_\_\_\_\_
6. CATEGORY – UR/ EWS/ OBC/ SC / ST \_\_\_\_\_
7. CLASS – MP (SN) / FF /PWD/ F /X \_\_\_\_\_
8. FATHER’S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
MOBILE NUMBER \_\_\_\_\_ E. Mail id \_\_\_\_\_
9. MOTHER’S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
MOBILE NO: \_\_\_\_\_ E. Mail id \_\_\_\_\_
10. LOCAL/ GUARDIAN NAME WITH RELATION & ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
PHONE NO: \_\_\_\_\_
11. PERMANENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
& PHONE NO.: \_\_\_\_\_

**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 of the Institution.

I also hereby declare that I have AVAILED / NOT AVAILED any Gap period during my pre-medical education curriculum.

Name of Parent/Guardian.....  
(RELATION).....  
Signature .....

Name of Candidate .....  
Signature .....

Date: .....

Date:.....

Contd. ....2...

**FOLLOWING ORIGINAL DOCUMENTS ARE BEING SUBMITTED BY THE CANDIDATE-2020-21**

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

Category .....

Willing for up-gradation (Yes/No) .....

S.N O	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 <sup>th</sup> Mark Sheet /Certificate (DOB Certificate)					
5	11 <sup>th</sup> Mark sheet					
6	12 <sup>th</sup> Mark Sheet					
7	12 <sup>th</sup> certificate					
8	Aadhar Card (photocopy)					
9	Domicile Certificate					
10	Caste Certificate					
11	EWS Certificate					
12	Income Certificate (Family)/ Self Declaration of Family Income (Last Financial Year)					
13	Certificate – PWD. / M.P. / F.F.					
14	Affidavit of Pro forma 8					
15	Green Card Holder (if applicable)					
16	Medical Fitness Certificate					
17	Gap Affidavit if applicable					
18	School/ College Leaving Certificate					
19	Migration Certificate					
20	Character Certificate					
21	Pen drive of all above documents					
22	Domicile certificate of other State Pro forma 7					
23	Concession type:- (पोस्ट मैट्रिक छात्रवृत्ति:-SC/ST/OBC) (मुख्यमंत्री मेधावी योजना) (मुख्यमंत्री जनकल्याण योजना) .....					
24	30 recent colored photograph (2.5 X 2.5 cm) and write the name, NEET application no. and merit no. with ball point pen on the back on one 4x6 colored photographs. 2 Sets of Self Attested Color photocopy and 2 sets of Self Attested black and white photocopy of all above documents is required					

Total No. of documents submitted \_\_\_\_\_ 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.

Name & Signature

Name & Signature

Name & Signature

Name & Signature

Name & Signature

Name & Signature

**Chairman/Coordinator/ Nodal Officer  
Scrutiny Committee  
Government Autonomous Medical College, Ratlam**