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

# **PROFORMA OF SCRUTINY**

# PARTICULARS & DECLARATION OF THE CANDIDATE FOR MBBS (UG) BATCH-2023-24

PHOTO (As on NEET admit card)

### (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.			
5.	SEAT – STATE / ALL INDIA		
6.	CATEGORY – UR/ EWS/ OBC/ SC / ST		
7.	SCHOLARSHIP SCHEME – M.M.V.Y. / JANKALYAN / POST METRIC / NONE		
8.	CLASS – MP (SN) / FF /PWD/ F /X		
9.			OCCUPATION
	MOBILE NUMBER	E. Mail id _	
10.	MOTHER'S NAME		OCCUPATION
	MOBILE NO:	E. Mail id _	
11.	LOCAL/ GUARDIAN NAME WITH RELATION & ADDRESS		
	PHONE NO:		
12.	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		
	Signature  Date:		Date:

Contd. .....2...

#### Name of Candidate......S/O, D/O..... Category ..... Willing for up-gradation (Yes/No) ..... S. **DOCUMENT** Yes/No Remarks NO. **Allotment Letter** 1 2 **NEET Mark Sheet/ Rank letter** 10th Mark Sheet /Certificate (DOB 3 **Certificate**) 4 11th Mark sheet 12<sup>th</sup> Mark Sheet/ certificate 5 6 Aadhar Card (photocopy) 7 **Domicile Certificate Caste Certificate** 8 9 **EWS Certificate** 10 Certificate - PWD. / M.P. / F.F. Pro forma 10 (अ) एवं 10 (ब) शासकीय विद्यालय के विद्यार्थी हेतु प्रमाण-पत्र 11 **Domicile certificate of other State** 12 Pro forma 7 13 Affidavit of Pro forma 8 14 Pro forma 9 (वचन पत्र) **Income Certificate (Family)/ Self** 15 **Declaration of Family Income (Last** Financial Year) 16 School/ College Leaving Certificate 17 **Migration Certificate** 18 Gap Affidavit if applicable 19 Green Card Holder (if applicable) 20 Pen drive of all above documents Concession type:- (पोस्ट्र मैट्रिक छात्रवृत्ति:-SC/ST/OBC) (मुख्यमंत्री मेधावी योजना) (मुख्यमंत्री जनकल्याण योजना) 21 10 recent colored photograph (As on NEET admit card) of 2.5 X 2.5 cm. and one 4x6 colored photographs write the 23 name, NEET application no. and merit no. with ball point pen on the back of photo. 1 set of self Attested Color photocopy and 1 set of Self Attested black and white photocopy of all above documents. Amount: ....., Transaction ID: ....., Date:....., **Fees Receipt Details** 24 Remarks:-**Total No. of documents submitted** Signature of the candidate

FOLLOWING ORIGINAL DOCUMENTS ARE BEING SUBMITTED BY THE CANDIDATE-2023-24

Name & Signature

Name & Signature

Co-ordinator Scrutiny Committee Government Medical College, Ratlam