DR. LAXMINARAYAN PANDEY GOVERNMENT AUTONOMUS MEDICAL COLLEGE, RATLAM (M.P.) 457001

PHOTOGRAPH: VERIFIED / NOT VERIFIED

Name……Designation ……

Signature…… of Photograph verifying officer

PHOTO (As on NEET admit card)

PROFORMA OF SCRUTINY

PARTICULARS & DECLARATION OF THE CANDIDATE
FOR MBBS (UG) BATCH-2026-27

(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. SCHOLARSHIP SCHEME – M.M.V.Y. / JANKALYAN / POST METRIC / NONE
8. CLASS – MP (SN) / FF /PWD/ F /X/GS _____
9. FATHER'S NAME _____ ____ 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……..
(RELATION)……
Signature ……
Date: ……

Name of Candidate ……..
Signature ……
Date: ……

Contd. ……2

FOLLOWING ORIGINAL DOCUMENTS ARE BEING SUBMITTED BY THE CANDIDATE-2026-27

Name of Candidate…….**S/O, D/O**…… …….....
Category …….....
Willing for up-gradation (Yes/No) …….....

S. NO.	DOCUMENT	Name of issuing body	Document no.	Documents date	Signing Authority of document	Remark
1	**Confirmation Letter (Optional)**					
2	***Allotment Letter**					
3	***Admit Card of Exam issued by NTA**					
4	***Result/Rank letter issued by NTA**					
5	***Proof of identity (Photocopy: Aadhar/Pan/Driving Licence/Passport)**					
6	***10th Mark Sheet & Certificate**					
7	**DOB Certificate**					
8	***12th Mark Sheet**					
9	***12th certificate**					
10	**School/ College Leaving Certificate**					
11	**Character Certificate**					
12	***Migration Certificate**					
13	**Gap Affidavit if applicable**					
14	***Domicile Certificate (Optional for All India Quota Students)**					
15	***Caste Certificate (ST, SC, & OBC, Hindi/English)**					
16	**Income Certificate for OBC (Last Financial Year March 31, 2026)**					
17	**EWS Certificate:** (स्टेट कोटे के अभ्यर्थीयों हेतु म0प्र0 शासन के सक्षम अधिकारी द्वारा 31मार्च 2026 को समाप्त हुये वित्तीय वर्ष (Finacial Year 2025-26) के लिए जारी किया गया प्रमाण पत्र)					
18	**Certificate – PWD. / S.N. / F.F.**					
19	**Domicile certificate of other State Pro forma-7**					
20	**Proforma -8** (अ–1) (संशोधित) ग्रामीण सेवा बॉण्ड					
21	**Proforma-8**(ब) सीट लिविंग बॉण्ड					
22	**Proforma-9** (अनुशासन संबंधी वचन पत्र)					
23	**Proforma- 10**(***GS Quota** के अभ्यर्थी हेतु) (शासकीय विद्यालय के प्राचार्य द्वारा उस कक्षा में किये गये अध्ययन के संबंध में जारी किया गया प्रमाण पत्र मान्य होगा)					
24	दिव्यांगजन प्रवर्ग हेतु: **DGHS** द्वारा नामित डिसएबिलिटी सर्टिफिकेशन सेंटर के **Medical Assessment Board** द्वारा जारी ***Eligibility Certificate** तथा ***UDID Card**					
25	**Pen drive of all above documents**					
26	**Concession type:-** (पोस्ट्र मैट्रिक छात्रवृत्तिः–SC/ST/OBC) (मुख्यमंत्री मेधावी योजना) (मुख्यमंत्री जनकल्याण योजना)					
27	***10 recent colored photograph (As on NEET admit card) of 2.5 X 2.5 cm. and one 4x6 colored photographs write the 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.**					
28	**Fees Receipt Details**	**Amount: ……., Transaction ID: ……, Date:……**				
Remarks:-						

Total No. of documents submitted _____ Signature of the candidate_____

The above mentioned submitted documents were scrutinized by the committee members & found to be correct. Candidate is recommended for E-document verification & depositing the fees for admission.

Signature
Name ……
Scrutiny Committee Member

Signature
Name ……
Scrutiny Committee Member

Co-ordinator
Scrutiny Committee
Dr. Laxminarayan Pandey Government Medical College, Ratlam

Signature
Name ……
Scrutiny Committee Member

Signature
Name ……
Scrutiny Committee Member