

DR. LAXMINARAYAN PANDEY GOVERNMENT AUTONOMOUS MEDICAL
COLLEGE, RATLAM (M.P.) 457001
MD/MS (PG) BATCH-2026-27

<u>PHOTOGRAPH: VERIFIED / NOT VERIFIED</u>	PHOTO (As on NEET PG admit card)
Name.....Designation	
Signature..... of Photograph verifying officer	

PROFORMA OF SCRUTINY
PARTICULARS & DECLARATION OF THE CANDIDATE
FOR MD/MS (PG) 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. ALLOTTED CATEGORY_____
8. CLASS – MP (SN) / FF /PWD/ F /X/IN SERVICE _____
9. FATHER’S NAME _____ OCCUPATION _____
MOBILE NUMBER _____ E. Mail id _____
10. MOTHER’S NAME _____ OCCUPATION _____
MOBILE NO: _____ E. Mail id _____
11. TOTAL ANNUAL FAMILY INCOME _____
12. INCOME CERTIFICATE ISSUING AUTHORITY _____

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:
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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	*NEET PG Result/Rank letter issued by NTA					
5	*Proof of identity (Photocopy: Aadhar/Pan/Driving Licence/Passport)					
6	*10 th Mark Sheet & Certificate (DOB Certificate)					
7	*12 th Mark Sheet					
8	*12th certificate					
9	Mark Sheets of All M.B.B.S.- I Prof.					
10	II Prof.					
11	III Prof. (Part-I)					
12	III Prof. (Part-II) Final					
13	Internship Completion Certificate.					
14	Degree of MBBS					
15	Permanent / Provisional Registration					
16	*Domicile Certificate (Optional for All India Quota Students)					
17	*Caste Certificate (ST, SC, & OBC, Hindi/English) For All India Candidate format as per central format					
18	EWS Certificate: (स्टेट कोटे के अभ्यर्थियों 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)					
19	Certificate –S.N. / F.F. / PWD. दिव्यांगजन प्रवर्ग हेतु: DGHS द्वारा नामित डिसएबिलिटी सर्टिफिकेशन सेंटर के Medical Assessment Board द्वारा जारी *Eligibility Certificate तथा *UDID Card					
20	Proforma-2 (क) सीट लिविंग बॉण्ड					
21	Proforma-2 (ख) ग्रामीण सेवा बॉण्ड					
22	Proforma-6 स्टेट कोटे के अभ्यर्थियों हेतु (मुल निवासी) (200/- Rs. Stamp)					
23	Proforma-7 (अनुशासन संबंधी वचन पत्र) (200/- Rs. Stamp)					
24	Bond for Upgradation (500/- Rs. Stamp)					
25	Gap Affidavit if applicable					
26	*Migration Certificate					
27	N.O.C. for Asstt. Surgeon / Demonstrator					
28	Sponsorship certificate (for Asst. Surgeon & Demonstrators)					
29	Pen drive of all above documents					
30	*15 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.					
31	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