



Form No.

**APPLICATION FORM FOR ADMISSION TO MBBS
DEGREE COURSE (FOR THE ACADEMIC YEAR.....)**

Instruction: Candidate should fill in the form neatly and legibly in English in own Hand Writing in **BLOCK LETTERS** Using Blue / Black Pen Only.

Affix
Passport
Size
Photograph
Here

Personal Information

1. Candidate Name (as per 12th Std. Certificate and Mark sheet)

[illegible]

Name in Devnagari (देवनागरी लिपीत संपूर्ण नाव) :

2. Date of Birth : 3. Gender: Male Female

[illegible]

c) Religion:

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 d) Caste:

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e) Category:	Open	OBC	SC	ST	(VJ) DT-A	NT1(B)	NT2(C)	NT3(D)	EBC	EWS
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a) Aadhar Card:

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 b) Blood Group:

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[illegible]

5. Address for Correspondence: _____ e) Passport No.: _____

[illegible]

City : State :

[illegible][illegible]

For Office Use Only

Date of Admission:

Type of CET - NEET

SML No. : AIR No.: Total Marks:

Scrutinized By

Checked By

Rechecked By

Dean

6. a) I have passed the Higher Secondary Certificate (Std. XII Examination conducted by
Board of Maharashtra State with not less than 50 % marks (For BC 40 %) in the subject of Physics,
Chemistry & Biology (PCB) taken together and also in the subject of Physics, Chemistry, Biology and
English taken together at one and the same sitting Yes / No

OR

- b) I have passed the Higher Secondary Certificate (Std. XII) Examination conducted by
Board of Outside Maharashtra State with not less than 50 % marks (For all candidate including BC)
in the subject of Physics, Chemistry, Biology & English taken together at one and the same sitting
Yes / No

7. Domicile of Father: Maharashtra / Other Mother: Maharashtra / Other
8. Details of Institute where studied and examination passed.

Examination	Month and year of Passing	Name and Address of Board	Name of the State in which the institute is located

9. Details of qualifying examination: (If the marks are not out of Maximum Marks as specified below
then they should be converted accordingly.

	SSC	H.S.C / equivalent aggregate	Marks obtained in subject at H.S.C. Or equivalent				Marks out of 300 (PCB)		Marks out of 400 (PCBE)
	Total Marks		Physics	Chemistry	Biology	English	Marks	%	
Marks Obtained									
Max Marks									

10. Details of qualified NEET Examination:

Month Year Marks Scored Percentile

11. Parents / Guardian's Information

(Please provide information of earning parents for insurance purpose)

a) Full NameAge

b) Relation with Candidate

c) Occupation Annual Income..... PAN No.

d) Name and address of work place

..... PIN

Mobile Email

e) Present Residential Address:

.....

..... PIN

TEL (STD) Mobile.....

f) **Local Guardian's Address:**

.....

..... PIN

TEL (STD) Mobile.....

Relation With Ward -

12. a) I hereby declare that,
- i) I have NOT been debarred from appearing at any examination held by any Government Constituted or Statutory examination authority in India.
 - ii) I will abide all rules and regulations regarding Anti-Ragging.
 - iii) The information given above is true to the best of my knowledge and belief.
- b) I hereby undertake that
- i) I will abide by the DRGMC Code of Conduct policy for students, rules and regulations in force at present or that may hereafter be made for the institute and so long as I am a student of the institute. I will do nothing either inside or outside the institute that will interfere with the ordinary governance and discipline.
 - ii) I am aware that tobacco, liquor or any sort of intoxicant is strictly prohibited in this institute. The storage / consumption / supply of the same will be dealt with severely, including prosecution.
 - iii) At the time of admission to MBBS course, I will Sign the requisite bond as prescribed by the Management, if any

Date: (Signature of the Candidate)

Place: Name :

13. Declaration to be signed by candidate belonging to Reserved Categories.

I understand that the admission given to me against the quota for reserved category is purely provisional and will be cancelled if caste certificate & caste validity certificate is cancelled / rejected by the Caste Scrutiny Committee / Concerned Authorities, Govt. of Maharashtra at any stage during the course.

Date: (Signature of the Candidate)

Place: Name :

14. Declaration by the candidate's Father / Guardian:

I do hereby declare that -

- i) The particulars furnished by my son / daughter / ward in this application form are correct to the best of my knowledge.
- ii) I undertake and bind myself to pay on behalf of my son / daughter / ward such fees, charges etc. which this institute to which he / she is finally admitted may levy from time to time by the due date and in the event of failure on my part and / or on the part of my son / daughter / ward, the institute may take any such action against my son / daughter / ward, as he/she may deem fit.
- iii) I will sign the requisite agreement / bond as prescribed by the Management.

Date: (Signature of the Father)

Place: Name :

UNDERTAKING

I, hereby affirm that I have taken admission to the First Year MBBS Degree Course in DRGMC, Amravati on my own and solemnly assure and undertake to abide by all rules and regulations laid down by the management of the aforesaid college, Government and Maharashtra University of Health Science, Nashik to which it is affiliated from time to time and if I fail to do so, I will be liable for punishment, including expulsion from the Institute.

I am fully aware that the Institute is going to charge Rs. per year as tuition & development fees for MBBS Course and I hereby agree to pay the fees.

I am aware that the rules for reservation applicable from time to time will be binding on me. If I will discontinue the course after cutoff date, I will pay the entire course fee irrespective of my discontinuation or failure of Medicine Course.

Name & Signature of Father / Guardian

Name & Signature of Student

Sr. No.	Particulars of Documents	Yes / No
1	Nationality Certificate / Valid Passport / Birth Certificate indicating the Name and Nationality of the candidate	Yes / No
2	Domicile Certificate	Yes / No
3	SSC Passing Certificate (10 th)	Yes / No
4	HSC Mark Sheet (12 th)	Yes / No
5	NEET Examination Mark Sheet	Yes / No
6	Allotment Letter	Yes / No
7	Medical Fitness Certificate (as per prescribed format)	Yes / No
8	Caste Certificate (as applicable)	Yes / No
9	Caste Validity Certificate (as applicable)	Yes / No
10	Non-creamy Layer Certificate (as applicable)	Yes / No
11	College Leaving Certificate / T.C.	Yes / No
12	Migration Certificate (as applicable)	Yes / No
13	Educational Gap certificate self-affidavit (as applicable)	Yes / No
14	Admit card of NEET Examination	Yes / No
15	Copy of Online Application form Submitted to State CET Cell, Mumbai	Yes / No
16	AADHAR Card (Attested Photo Copy)	Yes / No
17	Eligibility Certificate for EWS Category	Yes / No
18	Defense Quota (D1/D2/D3) (if applicable)	Yes / No
19	Hilly Area Certificate as per Information Boucher (as applicable)	Yes / No
20	Affidavit for Duplicate Certificate (as applicable)	Yes / No
21	Income Certificate	Yes / No
22	PAN card of Both Parent (Father & Mother of Candidate) and Student (Attested Photo Copy)	Yes / No
23	Election Card (Voter ID) (Attested Photo Copy)	Yes / No
24	Minority Documents as per Information Boucher (as applicable)	Yes / No
25	Any Other	Yes / No

Scrutinized By

Checked By

Rechecked By

Provisional Admission Granted / Not granted on / /

DEAN
DRGMC, Amravati

घोषणापत्र

मी _____

याद्वारे घोषित करतो की ,

1. माझा प्रवेश प्रथम वर्ष एम बी बी एस अभ्यासक्रमासाठी डॉ. राजेंद्र गोडे वैद्यकीय महाविद्यालय, अमरावती येथे घेत आहे.
2. माझा प्रवेश हा सद्यस्थितीत तात्पुरता प्रवेश असून तो महाराष्ट्र आरोग्य विज्ञान विद्यापीठ ,प्रवेश नियामक प्राधिकरण आणि राष्ट्रीय वैद्यक आयोग यांच्याकडून होणाऱ्या पडताळणी व मान्यतेनंतरच निश्चित प्रवेश समजला जाईल याची मला कल्पना आहे .
3. मी यापूर्वी कुठल्याही परीक्षा मंडळाकडून अपात्र ठरविला गेलेलो/ गेलेली नाही .
4. मी रॅगिंग कधीही सहन करणार नाही ,मी कधीही कोणाची रॅगिंग करणार नाही तसेच मी रॅगिंग प्रतिबंधक नियमांचे कसोशीने पालन करीन .
5. मी या संस्थेची विद्यार्थ्यांकरिता असलेली आचारसंहिता (कोड ऑफ कंडक्ट) वाचली आहे व ती मला समजलेली असून मला संपूर्ण मान्य आहे.
6. या संस्थेच्या आवारात व आवाराबाहेर तंबाखू,गुटखा ,सिगारेट ,मद्य वा इतर कुठल्याही तंबाखूजन्य पदार्थ आणि अंमलीनशेच्या पदार्थांचे सेवन,बाळगणे अथवा साठा करणे निषिद्ध आहे .अशा प्रकारात सहभाग आढळल्यास त्यासाठी कठोर कायदेशीर कार्यवाही केली जाते याची मला जाणीव आहे व मला ते मान्य आहे.
7. मी माझ्या अभ्यासक्रमाशी संबंधित सर्व प्रकारची फीस / शुल्क विहित वेळेत भरेन. फी भरण्यास विलंब झाल्यास,संस्थेच्या नियमाप्रमाणे विलंब शुल्क भरण्यास माझी तयारी आहे. शुल्क न भरल्यास माझे विरुद्ध संस्था / योग्य ती कार्यवाही करू शकते हे मला मान्य आहे
8. एम बी बी एस अभ्यासक्रमासाठी राखीव प्रवर्गातील कोट्यातुन मला दिलेला प्रवेश हा पूर्णपणे तात्पुरता आहे. माझे जात आणि जातवैधता प्रमाणपत्र माझ्या अभ्यासक्रमादरम्यान कोणत्याही टप्प्यावर जात प्रमाणपत्र पडताळणी समितीसंबंधित प्राधिकरण अथवा शासनाने रद्द केल्यास अथवा ते चुकीचे आढळून आल्यास माझा प्रवेश आपोआप रद्द होईल केला जाईल याची मला स्पष्ट कल्पना
9. मी संस्थेचे ,महाराष्ट्र आरोग्य विज्ञान विद्यापीठ आणि शासनाचे प्रचलित व वेळोवेळी घोषित करण्यात येणाऱ्या सर्व नियमांचे कसोशीने पालन करीन अन्यथा माझेविरुद्ध योग्य ती दंडात्मक कार्यवाहीस मी पात्र राहीन याची मला स्पष्ट कल्पना आहे .
10. करीता हे घोषणापत्र आज दिनांक _____ वार _____ रोजी माझ्या स्वाक्षरीनिशी व स्वेच्छेने सादर करित आहे.

विद्यार्थ्यांचे नाव व स्वाक्षरी :

पालकाचे नाव, विद्यार्थ्यांशी नाते

व स्वाक्षरी :

Undertaking

I hereby acknowledge that I have read and understood the following rules and agree to abide by them:

1. Students staying outside the hostel must park their vehicles only in designated parking areas. Vehicles are not allowed inside hostel premises.
2. Students have clinical postings from the 2nd year onwards. Any misconduct or mishap with patients or hospital staff will be viewed seriously and will not be tolerated.
3. Students must maintain professional and respectful behavior at all times. Any form of sexual harassment or misconduct will be dealt with strictly as per institutional and legal provisions.
4. Wearing a helmet is mandatory while entering the college campus on a two-wheeler.

I, the undersigned, agree to comply with all the above conditions and understand that any violation may result in disciplinary action.

Date: -

Place: -

Signature of Student : -

Name of Student : -