

# **MGM MEDICAL COLLEGE, INDORE**

## **IMPORTANT INSTRUCTIONS FOR CANDIDATES SEEKING ADMISSION THROUGH ALL INDIA NEET PG COUNSELLING 2021**

1. Admission process will be conducted as per instructions of medical counselling committee
2. For online reporting the candidates are instructed to send their scanned copies of relevant documents along with duly filled Candidate Information Sheet and undertaking on college mail id – [mgmcmci@gmail.com](mailto:mgmcmci@gmail.com)
3. The list of documents and undertaking required are mentioned in the Candidate Information Sheet (enclosed)
4. Fees deposited as per enclosed proforma and instructions.
5. For offline reporting candidates should report to PG Counselling Hall, New Academic Block of MGM Medical College, Indore along with original documents, 02 color photocopy set and 01 black & white photocopy set.
6. All the rules governed by MCC from time to time is applicable to the candidates.
7. College has power to amend the changes as per requirement.

Opt for up-gradation (Yes / No)  
**M.G.M. MEDICAL COLLEGE INDORE**

**CANDIDATE INFORMATION SHEET**

(FOR PG DEGREE ADMISSION BATCH ----- SUBJECT----- ( All India / State )  
PHOTOGRAPH : VERIFIED / NOT VERIFIED

Verifying Officer's Name \_\_\_\_\_ SIGNATURE \_\_\_\_\_

SELF ATTESTED  
PHOTO  
AS UPLOADED  
ON NEET PG  
EXAM 2021

(TO BE FILLED IN CAPITAL LETTERS)

1. NAME OF CANDIDATE .....
  2. NEET MARKS \_\_\_\_\_ NEET PERCENTILE \_\_\_\_\_ NEET ALL INDIA RANK \_\_\_\_\_
  3. FATHER'S NAME & Mobile no:.....
  4. MOTHER'S NAME & Mobile no:.....
  5. OCCUPATION FATHER .....MOTHER.....
  6. DATE OF BIRTH & PLACE .....
  7. PRESENT ADDRESS .....
  8. PERMANENT ADDRESS.....
  9. TELEPHONE NO. .... MOBILE NO. ....
  10. SEAT THROUGH – M.P. STATE / ALL INDIA QUOTA
  11. WHETHER - SPONSORED INSERVICE/ ASSTT. SURGEON/ DEMONSTRATOR (YES/ NO)
  12. CANDIDATE CATEGORY- UR / S.C. / S.T. / O.B.C. / EWS / PwD
  13. ALLOTTED CATEGORY - UR / S.C. / S.T. / O.B.C. / EWS / PwD
  14. CASTE ..... SUB CASTE .....CASTE NO.....
  15. NAME OF COLLEGE ( FROM WHERE MBBS DONE ).....
  16. INTERNSHIP COMPLETION DATE \_\_\_\_\_
  17. Medical Council Registration no:..... Date:..... Council Name.....
  18. AADHAAR CARD NO: .....
  19. E. mail id .....
- Date:.....

SIGNATURE OF CANDIDATE

**CANDIDATE INFORMATION SHEET**

Candidate Name _____		Father's Name _____		
Subject Allotted _____		Admission Year - 2021 _____		
S.no: DOCUMENTS	No.	Issuing Date	Issuing Authority	Remark
1). Admission Memo./ Allotment letter				
2). Pre. P.G. Mark Sheet & Rank Letter				
3). Admit Card ( of P.P.G. Exam)				
4). Aadhar Card				
5). Indian Nationality Certificate / Domicile Certificate				
6). 10 <sup>th</sup> MARK SHEET ( for date of birth) / 12 <sup>th</sup> MARK SHEET				
7). Mark Sheets of All M.B.B.S. I Prof.				
II Prof.				
III Prof. (Part-I)				
III Prof. (Part-II) Final				
8). Internship Completion Certificate.				
9). Degree of M.B.B.S.				
10). Migration Certificate.				
11). Medical Council Permanent Registration / Provisional Registration/				
12). Combined Rural Service Bond and Seat Leaving Bond <b>Candidate who do not opt for upgradation / final admission</b> Open - Degree : 20,000 Rs Stamp In-service - Degree : Rs.40,000 Rs Stamp				
13). Combined Rural Service Bond and Seat Leaving Bond <b>Candidate who opt for upgradation - 500 Rs Stamp</b>				
14). Photographs (10)				
15). Undertaking of Domicile (for MP State quota) 100 Rs Stamp				
16). Disability Certificate (for PWD candidate)				
17). Sponsorship certificate ( for Asst. Surgeon & Demonstrators ).				
18). N.O.C. for Asstt. Surgeon / Demonstrator				
19). Certificate of SC / ST/OBC / EWS				
20). Income Certificate				
21). Declaration on oath about P.G. course 100 Rs Stamp (For State quota only)				
22). Softcopy of all documents in form of CD or DVD				
23). Fee Details :- Bank Name ..... Draft No..... dated .....				
Rs. ....				

1. A set of two colored photocopy and one Black & White photocopy of Original Documents Required and One plastic folder for Documents (At the time of Physical Verification at College)

I hereby solemnly declare that the information and documents 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 / Principal of the Institution.

(Signature of Candidate)

----- FOR OFFICE USE ONLY -----

1. MEMBER

2. MEMBER

3. MEMBER

4. MEMBER

5. MEMBER

CHAIRMAN / CO-ORDINATOR / NODAL OFFICER  
SCRUTINY COMMITTEE

# M.G.M.MEDICAL COLLEGE INDORE (M.P.)

## Details of fees ( For P.G.) 2021-22

---

MD/MS	
TUTION FEES	Rs. 1,00,000/- PA
STUDENT FUND FEES	Rs. 1500/- PA
CAUTION MONEY (Refundable)	Rs. 3,000/-
SECURITY DEPOSIT ( Refundable )	Rs. 10,000/-
LIBRARY DEPOSIT	Rs. 1,000/-
VEHICLE STAND FEES	Rs. 350/- PA
STUDENT WELFARE FUND	Rs. 500/-
<hr/>	
Total	Rs.1,16,350/-

Amount to be deposited by the candidate who is **not opting for up-gradation.**  
( Rupees One lakh Sixteen Thousand Three Hundred & Fifty Only. )

Amount to be deposited by the candidate who is **opting for up-gradation** Rs. 10,000/-  
(Rupees Ten thousand only ) (NON-REFUNDABLE, IF UPGRADED)

**Note :-** The above total fees can be deposited by the candidate through Online / RTGS/ D.D. in the State Bank of India M.Y.H. Campus Branch Indore ( M.P.) Account details are as follows:-

**Dean, M.G.M. Medical College ,Indore**

**Account No: 53003590071**

**State Bank of India, M.Y.H. Campus Indore**

**Branch code: 30359, IFSC –SBIN0030359,**

DEAN  
M.G.M.MEDICAL COLLEGE,  
INDORE



फोटो

प्रारूप-2

(अनुसूची-3-11 (i) (ii) स्नातकोत्तर पाठ्यक्रम हेतु)

चिकित्सा/दंत चिकित्सा महाविद्यालय में स्टेट कोटा अथवा ऑल इण्डिया कोटे से स्नातकोत्तर पाठ्यक्रम में प्रवेशित अभ्यर्थी के लिये)  
बंध-पत्र

सम्यक रूप से स्टापित (बंध पत्र की राशि का 0.5 प्रतिशत)

- 1- मैं, ..... पुत्र/पुत्री/पत्नी श्री .....  
निवासी ..... मध्यप्रदेश के चिकित्सा /दंत चिकित्सा महाविद्यालय में स्नातकोत्तर पाठ्यक्रम में शैक्षणिक सत्र..... में प्रवेश हेतु अभ्यर्थी हूँ ।
- 2- मैंने मध्यप्रदेश शासन चिकित्सा शिक्षा विभाग के मध्य प्रदेश चिकित्सा शिक्षा प्रवेश नियम 2018 एवं संशोधन 19 जून 2019 तथा संशोधन 05 अक्टूबर 2021 को भलीभांति पढ़कर समझ लिया है ।
- 3- मैं एतद्वारा यह बंध पत्र निम्नशर्तों पर निष्पादित करती/करता हूँ कि :-
  - i) सीट लीविंग बॉण्ड-
    - अ मैं चिकित्सा/ दंत चिकित्सा स्नातकोत्तर पाठ्यक्रम में प्रवेश प्राप्त करने के उपरांत अध्ययनरत रहकर पाठ्यक्रम पूर्ण करूंगा/करूंगी ।
    - ब यह कि, मेरे द्वारा राज्य स्तरीय काउंसिलिंग के निर्देशों में विनिर्दिष्ट समय सीमा के पश्चात् एवं पाठ्यक्रम पूर्ण होने से पूर्व किसी भी परिस्थिति में सीट से त्यागपत्र दिए जाने अथवा मेरा निष्कासन किये जाने की स्थिति में, मैं संबंधित शासकीय चिकित्सा/शासकीय दंत चिकित्सा महाविद्यालय की स्वशासी समिति को सीट लीविंग बांध राशि एमडी/एमएस/एमडीएस पाठ्यक्रम के लिये ₹0 30,00,000/- (₹0 तीस लाख ) भुगतान करने का वचन देता हूँ /देती हूँ । निजी चिकित्सा /दंत चिकित्सा महाविद्यालय में प्रवेश की स्थिति में त्याग पत्र दिये जाने/निष्कासन पर पाठ्यक्रम की पूर्ण अवधि/ शेष अवधि का शैक्षणिक शुल्क का भुगतान शासन को करने का वचन देता/देती हूँ।
    - स यह कि सीट लीविंग बॉण्ड राशि जमा न करने की स्थिति में मुझे मेरे द्वारा महाविद्यालय में जमा कराये गये मूल दस्तावेज वापिस नहीं किये जायेंगे।
  - ii) ग्रामीण सेवा बॉण्ड-
    - अ- मैं चिकित्सा स्नातकोत्तर पाठ्यक्रम पूर्ण करने के उपरांत शासन द्वारा निर्दिष्ट स्थानों पर विहित अवधि तक अनिवार्य रूप से चिकित्सा सेवा प्रदान करूंगी/करूंगा ।

- ब- गैर सेवारत अभ्यर्थी - ग्रामीण सेवा की विहित अवधि स्नातकोत्तर डिग्री हेतु एक वर्ष होगी एवं बॉण्ड के अन्तर्गत सेवा न करने की स्थिति में रू० 10 लाख शासन को भुगतान करने का वचन देता/देती हूँ।
- स- शासकीय स्वशासी चिकित्सा महाविद्यालय में प्रवेशित अभ्यर्थी को ग्रामीण सेवा बॉण्ड संबंधित संस्था के अधिष्ठाता के नाम पर निष्पादित करना होगा। निजी चिकित्सा महाविद्यालय में प्रवेशित अभ्यर्थी को ग्रामीण सेवा बॉण्ड संचालक चिकित्सा शिक्षा मध्यप्रदेश के नाम पर निष्पादित करना होगा।
- द- सेवारत अभ्यर्थी- ग्रामीण सेवा की विहित अवधि स्नातकोत्तर डिग्री पाठ्यक्रम हेतु क्रमशः पांच वर्ष की होगी। बॉण्ड के अन्तर्गत सेवा न करने की स्थिति में रू० 50 लाख शासन को भुगतान करने का वचन देता/देती हूँ।
- ध- चिकित्सा शिक्षा के अन्तर्गत कार्यरत डिमोस्ट्रेटर/ट्यूटर/मेडिकल आफिसर को पाठ्यक्रम पूर्ण करने के पश्चात् 05 वर्ष की अनिवार्य सेवा करनी होगी। बॉण्ड के अन्तर्गत 05 वर्ष की सेवा न करने पर बॉण्ड राशि रूपये 50 लाख जमा करने होंगे।

हस्ताक्षर आवेदक

गवाह :-

1.....

2.....

# UNDERTAKING

(TO BE FURNISHED BY CANDIDATE SEEKING FOR ONLINE REPORTING)

I, Dr. \_\_\_\_\_ S/o, D/o, W/o Shri  
\_\_\_\_\_ resident of \_\_\_\_\_  
\_\_\_\_\_

NEET PG 2021 Roll no. \_\_\_\_\_ All India NEET Rank \_\_\_\_\_ (Batch-2021)

Subject allotted \_\_\_\_\_ Candidate Category \_\_\_\_\_ Alloted Category \_\_\_\_\_ hereby

declare that all the information given/ uploaded by me in the application is factually correct and true to the best of my knowledge and belief. I also undertake that I will submit the original documents, Undertakings and Certificates at the time of physical verification which are mentioned in college Candidate Information Sheet whose scanned copies are uploaded by me in online reporting for admission. I undertake that in the event of any information being found false or incorrect at any stage, my candidature is liable to be cancelled and I will have no claim on the seat allotted to me by the competent authority.

Date: \_\_\_\_\_

Signature

Name of Witness \_\_\_\_\_

Name of Candidate \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Contact: Tel.No. \_\_\_\_\_

Contact: Tel.No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

List of Disability Certification Centres who will issue Disability Certificates as per NMC norms to PwD candidates in support of their claim to avail 5% PwD reservation in UG/ Broad Speciality PG Courses

Sr.No.	Name of Disability Certification Centre	City/State	Specialities Available for which Disability Certificate can be issued as per category of Disabilities mentioned in Disability Certificate
1.	Vardhman Mahavir Medical College & Safdarjung Hospital (VMC & SJH)	New Delhi	All Disabilities as mentioned in Disability Certificate except Visual disabilities category and Intellectual Disabilities & Behavioural disabilities.
2.	All India Institute of Physical Medicine and Rehabilitation (AIIPMR)	Mumbai	For Locomotor Disability only
3.	Institute of Post Graduate Medical Education & Research (IPGMER)	Kolkata	All Disabilities as mentioned in Disability Certificate
4.	Madras Medical College (MMC)	Chennai	All Disabilities as mentioned in Disability Certificate
5.	Grant Government Medical College, J.J. Hospital Compound	Mumbai, Maharashtra	All Disabilities as mentioned in Disability Certificate
6.	Goa Medical College	Goa	All Disabilities as mentioned in Disability Certificate except Speech Disability
7.	Government Medical College, Thiruvananthapuram	Thiruvananthapuram, Kerala	All Disabilities as mentioned in Disability Certificate. Ophthalmology Tests to be conducted at Regional Institute of Ophthalmology Thiruvananthapuram under GMC Thiruvananthapuram
8.	SMS Medical College	Jaipur, Rajasthan	All Disabilities as mentioned in Disability Certificate except 1. Neurology- Genetic Testing 2. ENT- Speech & Language Disability Testing Orthopaedics/ PMR- Condiometer Adult Plumb Line, Hand Dynamometer Laser
9.	Govt. Medical College and Hospital, Sector 32	Chandigarh	All Disabilities as mentioned in Disability Certificate



10	Govt. Medical College, Agartala, State Disability Board	Agartala/Tripura	Information Still Awaited
11.	Institute of Medical Sciences, Banaras Hindu University.	Varanasi/ Uttar Pradesh	All Disabilities as mentioned in Disability Certificate except Intellectual Disability.
12.	Ali Yavar Jung National Institute of Speech and Hearing Disabilities, Bandra, Mumbai	Mumbai, Maharashtra	For Hearing Disabilities only
13	AIIMS, Nagpur	Nagpur, Maharashtra	All Disabilities as mentioned in Disability Certificate
14.	Atal Bihari Vajpayee Institute of Medical Sciences & RML Hospital, New Delhi (ABVIMS & RMLH)	New Delhi	All Disabilities as mentioned in Disability Certificate except ENT For Visual Disability - Candidates who use LVAs may bring their own LVAs which can be checked
15	Lady Hardinge Medical College & Associated Hospitals (LHMC)	New Delhi	All Disabilities as mentioned in Disability Certificate

# CERTIFICATE OF DISABILITY

# ANNEXURE 2

(As per MCI Gazette Notification No. MCI-18(1)/2018-Med/187262 dated 5<sup>th</sup> Feb, 2019/ 14<sup>th</sup> May, 2019 for admission to Medical Courses in All India Quota)

Certificate No. \_\_\_\_\_ Dated \_\_\_\_\_

Name of the Designated Disability Centre (as per ANNEXURE)  
\_\_\_\_\_

This to certify that Dr. / Mr. / Ms \_\_\_\_\_

Aged \_\_\_\_\_ Years Son/ Daughter of Mr \_\_\_\_\_

R/o \_\_\_\_\_

Recent Passport  
Size Photograph  
of the candidate  
duly attested by  
the issuing  
authority

NEET Roll No \_\_\_\_\_ Rank No \_\_\_\_\_, has the following

Disability (Name of the Specified Disability) \_\_\_\_\_ (in percentage)

of \_\_\_\_\_ (in words) \_\_\_\_\_ (in Figures)

• **Please tick on the "Specified Disability"**

(Assessment may be done on the basis of Gazette of India, Extraordinary, Part II, Section 3 Sub-section (i), Ministry of Social Justice and Empowerment)

Sl.No.	Disability Type	Type of Disability	Specified Disability
1	Physical Disability	A Locomotor Disability* B Visual Impairment* C Hearing Impairment* D Speech & Language Disability	g. Epilepsy/diurnal person, h. Cerebral Palsy, i. Dwarfism, ii. Muscular Dystrophy, iii. Acid attack Victims, f. others such as Amputation, Polio/myelitis  a. Blindness b. Low Vision  a. Deaf b. Hard of hearing  a. Organic/ Neurological causes
2	Intellectual Disability		a. Specific Learning Disabilities(Perceptual disabilities, Dyslexia, Dyscalculia, Dyspraxia & Developmental Aphasia  b. Autism Spectrum Disorders
3	Mental Behaviour		a. Mental illness
4	Disability caused due to	a. Chronic Neurological Conditions	i. Multiple Sclerosis ii. Parkinsonism
		b. Blood Disorders	i. Hemophilia ii. Thalassemia, iii. Sickle Cell Disease
5	Multiple Disabilities including Deaf blindness		More than one of the above specified disabilities

- Conclusion: He/ She is Eligible/ Not Eligible for admission in Medical/ Dental courses as per the MCI Gazette Notification subject to his being otherwise medically fit.
- ◆ Functional competency with the aid of Assistive devices in case of Locomotor\*/ Visual\*/ Hearing\* Impairment, if any \_\_\_\_\_

Sign & Name \_\_\_\_\_  
(Concerned Specialist)

Sign & Name \_\_\_\_\_  
(Concerned Specialist)

Sign & Name \_\_\_\_\_  
(Concerned Specialist)