

Instructions to candidates taking admission to Under-Graduate Course.

Candidates should complete the following :-

1. Particulars of candidates
2. Check-list for documents
3. Medical Certificate
4. Admission / Fees letter of Dean
5. Affidavit for Bond on Non judicial stamp of Rs. /- , which is made by authorized notary in the premises of the District court located on M.G. Road. (Approximate distance 2 k.m.)
6. Gap Affidavit, if any, on non judicial stamp of Rs.10/- which is made by Notary in the premises of the District court on M.G. Road.
7. A/C. Payee Demand Draft should be in the name of Dean, M.G.M. Medical College, Indore, payable at Indore.
8. Kindly keep ready three colored photocopy sets of all the required documents including checklist and one set of original documents.
9. Admission will be finalized only on production of all Original documents & Medical fitness certificate.
10. After completing all formalities with scrutiny committee, please obtain admission letter and deposit fees by Payee order or Demand Draft in the Account Section / State Bank of India M.Y.H. Branch, .
11. After deposition of fees & documents kindly obtain a Eligibility Certificate / Enrolment form. The application form of eligibility certificate / Enrolment form is available on M.P.M.S.U. web site Completed form for eligibility certificate / Enrolment form, should be deposited in Student Section for further office work.
12. Get a plastic folder for your Original documents.
13. For Girls Hostel please contact Dr. -----, Dr. -----
14. For Boys hostel please contact Dr. ----- ,Dr. -----

M.G.M. MEDICAL COLLEGE INDORE M.P.
(2019-20)

**PLEASE ARRANGE YOUR DOCUMENTS STRICTLY IN THE
FOLLOWING ORDER ONLY:**

(ORIGINAL + 3 SETS OF PHOTOCOPY)

- 1. CERTIFICATE OF SCRUTINY COMMITTEE**
- 2. ALLOTMENT LETTER / MEMO**
- 3. N.E.E.T. MARKSHEET / RANK LETTER (colored copy)**
- 4. 10 TH MARKSHEET & CERTIFICATE**
- 5. 12 TH MARKSHEET & CERTIFICATE**
- 6. BONAFIDE RESIDENT (DOMICILE) CERTIFICATE**
- 7. INCOME CERTIFICATE (FAMILY)**
- 8. ADHAR CARD**
- 9. CASTE CERTIFICATE (FOR S.C./ S.T. / O.B.C.)**
- 10. GAP AFFIDAVIT (IF APPLICABLE)**
- 11. TRANSFER CERTIFICATE (School leaving)**
- 12. MIGRATION CERTIFICATE**
- 13. FREEDOM FIGHTER CERTIFICATE (IF ANY)**
- 14. MILITARY PERSONNEL CERTIFICATE (IF ANY)**
- 15. PHYSICAL HANDICAPPED CERTIFICATE (IF
ANY)**
- 16. MEDICAL FITNESS CERTIFICATE**
- 17. BOND (SEAT LEAVING)**
- 18. BOND (RURAL SERVICE)**
- 19. AFFIDAVIT**
- 20. CHARACTER CERTIFICATE**
- 21. "30" RECENT COLOURED PHOTOGRAPH
WITH NAME , APPLICATION NO. & MERIT NO.
WRITEN WITH BALL POINT PEN AT THE BACK**
- 22. 10 SELF ADDRESSED STAMPED ENVELOPS.**

M.G.M. MEDICAL COLLEGE INDORE

PHOTO (as
on NEET
admit card)

BIOMETRIX / PHOTOGRAPH : VERIFIED / NOT VERIFIED
Name & signature of Photograph verifying officer

CERTIFICATE OF SCRUTINY COMMITTEE
PARTICULARS & DECLARATION OF THE CANDIDATE
FOR MBBS
BATCH-2019-20

(TO BE FILLED IN BY THE CANDIDATE IN BLOCK LETTERS)

1. NAME OF THE CANDIDATE _____
2. DATE OF BIRTH _____ Blood Group _____ NATIONALITY _____
3. PLACE & STATE OF BIRTH _____
4. MOBILE NO & E. Mail _____
3. SEAT - STATE / ALL INDIA / GOI NOMINEE / _____
4. CATEGORY - ST / SC / OBC / UR. ----- ALLOTTED CATEGORY _____
5. CLASS - MP / FF / F / PH / EWS / X (NO CLASS) _____
6. SCHOLARSHIP SCHEME - MMVY / JANKALYAN / POST METRIC / NONE
7. FATHER'S NAME _____
8. E. Mail I.D. & MOBILE NUMBER _____
9. MOTHER'S NAME _____
MOBILE NO: _____
10. LOCAL ADDRESS & PHONE NO: _____

GUARDIAN'S NAME & ADDRESS _____
WITH PHONE NO _____
11. PERMANENT ADDRESS _____
& PHONE NO. WITH S.T.D. CODE: _____
12. OCCUPATION: FATHER _____ MOTHER _____

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 / Principal of the Institution.

I also hereby declare that I have **AVAILED**/NOT **AVAILED** any **Gap period** during my pre-medical education curriculum.

Signature & Name of Parent

Signature & Name of Candidate

.....
Date :.....

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Contd.....2....

"2"

FOLLOWING ORIGINAL DOCUMENTS ARE BEING SUBMITTED BY THE CANDIDATE.

Name of Candidate.....S/o, D/o.....

S.NO	DOCUMENT	Name of issuing body	Document no.	Documents date	Signing Authority of document	Remark
1	Allotment Letter					
2	NEET Mark Sheet/ Rank letter					
3	Admit Card / Roll no:					
4	10 th Mark Sheet / Certificate					
5	11 th Mark Sheet					
6	12 th Mark Sheet with %age					
7	Domicile & Nationality Certificate / Photo ID					
8	Income Certificate					
9	Aadhar Card					
10	Caste Certificate					
11	Gap Affidavit					
12	School / College Leaving Certificate					
13	Migration Certificate					
14	Certificate – F.F. / M.P. / P.H. / EWS					
15	Proof of below poverty line / Sambal Card					
16	Green Card Holder					
17	Medical Fitness Certificate					
18	Bond (Seat Leaving & Rural Service)					
19	Affidavit					
20	Character Certificate					
21	18 self addressed stamped envelopes					
22	Any Other certificate					
23	CD of all above documents					
24	10 recent colored photograph with name, application no. and merit no. with ball point pen at the back + one 4x6 colored photographs.					