GMERS MEDICAL COLLEGE,

GANDHINAGAR

ADMISSION YEAR:

MANAGEMENT/NRI QUOTA

For Office Use Only Registration Entry No.:

First Time Reporting	Admission Category &	
Date of Student	Merit No.	
Date of Admission taken	Roll No.:	

An Application Form for Admission in First Yr. M.B.B.S. Course for

Adm. Year.

- 1. Please read the instructions carefully before filling up relevant entries in this Form.
- 2. All Information's should filled by Student Only, Not by any parent.
- 3. Use Capital Block Letters Only. Give right Code No. where it is given.
- 4. Letters should be CLEAN & READABLE Hand writing.
- 5. Fill up all the information as per Last School Record.
- 6. Don't change any Information.

AFFIX HERE YOUR CURRENT COLOURED PASSPORT-SIZE PHOTOGRAPH Don't Staple.

To, The Dean, GMERS Medical College, Gandhinagar.

Sir,

I undersigned kindly inform you that I have been provisionally selected as a student of First Year M.B.B.S. at your college through Chairman, Admission Committee For Professional Under-Graduate Medical Educational Courses (ACPUGMEC) GMERS Medical College, Gandhinagar. I request you to accept fees & Deposits & give me a Final admission in your college.I have attached the following Certificates / Documents with admission form.

- (1) Admission Provisional Letter of ACPUGMEC (Original+ Attested copy) []
- (2) School Leaving Certificate/Transfer Certificate/ Birth Certificate (Original+ Attested copy) []
- (3) Attempt Certificate of HSC Exam. (Attested copy) [
- (4) Provisionally Eligibility Certificate of Guj.Uni. (Only for CBSE/ICSE Out of Gujarat Board)(Original) []

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- (5) Mark Sheet of H.S.C.(Std.12)Exam. (Attested Xerox copy) []
- (6) Mark Sheet of NEET Exam.(Attested Xerox copy) []
- (7) Fees Receipt of Admission Committee (Attested Xerox copy) []
- (8) Aadhar Card (Attested Xerox copy) []
- (9) Domicile Certificate (Attested Xerox copy) []

Mr./Mi	SS :		
	(Surname)	First Name	Father's Name
(b) Cand	idate's Father's Full	Name: (Beginning with Surn	name First.)
Mr.			
(5	Surname)	First Name	Father's Name
Candidate	e's Sex: [M / F] (1) N	/lale (2) Female []	
	ardian's Occupation	.,	
-	-		ith House No./ Village/Street'
		s Name & its Pin code No.)	
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Date of I (DD/MN	Birth : 4/YEAR)		
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Date of I (DD/MN Birth Pla District o Home To Domicilo (With Di Contact N	Birth : //YEAR) [ace (With & State) [bwn/ e: [istrict & State)		
Date of I (DD/MN Birth Pla District of Home To Domicilo (With Di Contact N No.: 1	Birth : 4/YEAR) (with State) wn/ e: istrict & State) No. with S.T.D. Code		
Date of I (DD/MM Birth Pla District of Home To Domicilo (With Di Contact M No.: 1 2	Birth : //YEAR) (ce (With & State) wn/ e: istrict & State) No. with S.T.D. Code . Residence.:		

[9]	Admission Catego	ry: (Write Prop	er Admission (Category No.	like 04 for SEBC)
	(01) OPEN =OM	(02) S.C.=SC	(03) S.T.=ST	(04) S.E.B.C.=	SE (05) EWS=EWS
	(06) CB- OPEN =Q	OM (07) CB-E	WS= QEWS (8)	CB-SC =QSC	(09) CB-ST=QST
	(10) CB-SEBC=QS	E (11) PH = P	Ή		

[10] Admission Merit No. with abbreviated Category	Category' Name	&	Merit No.
[11] As per School Leaving(a) ReligingCertificate/Record(b) Cast	:		
(c) Sub C [12] Do you belong to Reserved Category? If Yes, Mention category, Cast & Sub C	: Yes/ No.		
[13] Did you get the admission in Open cates	gory : Yes/ No.		
[14] Name of H.S.C. Examination Board:	: []		
1- G. S. E. B. 2- C. B.	S. E. 3- I. C	C. S.	E. 4-
[15] Month & Year of H.S.C. Exam. Appeared:			
[16] Exam. Seat No./Roll			
 [17] (a) Marks Obtained in P+C+B Subjects (b) Marks Obtained in English: /2 (c) NEET Roll No	100 or 70 Test) : /720		/300/450/600/

GMERS Medical College, Gandhinagar

No.					Date					
9] Annual Gro	oss Income of	Family (F	ather +Mo	other + oth	ier)	Rs.				
9] Student Aa	dhar Card No									
l Name of Lo	cal Guardian	vith Add	ress & C	ontact N	o. in ca	se of l	Emerg	ency.		

-: DECLARATION:-

All the information given in this Admission Form for Admission -______ is correct and true as submitted previously in the Application Form at Chairman ACPUGMEC, Dean GMERS Medical College, Gandhinagar as per best of my knowledge. We read and understood the rules of Admissions. We agreed/abide to follow all rules of college & University.

Most Important :-

Students & Parents are DIRECTED TO KEEP 10 (TEN) Attested ZEROX COPIES SETS of EACH Under Mentioned ORIGINAL CERTIFICATES/DOCUMENTS For FUTURE REQUIREMENT. ORIGIONAL CERTIFICATES OR ATTESTED ZEROX COPIES will not be provided to STUDENT up to the OF FINAL M.B.B.S.

Date: / /

Sign. of Father/Mother Sign. of Student

<u>GMERS MEDICAL COLLEGE, GANDHINAGAR</u> <u>UNDERTAKING BY PARENT/GUARDIAN</u>

I,	F/o., M/o., G/o.,
	have carefully read and
fully understood the law prohibiting ragging and	the directions of the Hon'ble
supreme Court and the Central/State Governmen	nt in this regard as well as the
MCI Regulations on Curbing the Menace of Ra	gging in Higher Educational
Institutions, 2009.	

I assure you that my son/daughter/ward will not indulge in any of ragging.

I hereby agree that if it he/she is found of any aspect of ragging, he/she may be punished as per the provisions of the MCI Regulations above and/or as per the law in force.

Date:

Signature

Address:_____

Name:

(1) Witness:

(2) Witness:

GMERS MEDICAL COLLEGE, GANDHINAGAR

UNDERTAKING BY STUDENT

1. I, ______ S/o., D/o., of have

carefully read and fully understood the law prohibiting ragging and the directions of the Supreme Court and the Central/State Government in this regard.

- 2. I have gone through the MCI Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009 put on GMERS Medical College Gandhinagar website.
- 3. I hereby undertake that
 - I will not include in any behavior or act that may come under the definition of ragging,
 - I will not participate in or abet or propagate ragging in any form,
 - I will not hurt anyone physically or psychologically or cause any other harm.
- 4. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the MCI Regulations mentioned above and/or as per the law in force.

Date:

Signature:

Address:_____

Name:

(1) Witness:

(2) Witness:

<u>GMERS MEDICAL EDUCATION AND RESEARCH SOCIETY</u> <u>MEDICAL COLLEGE, GANDHINAGAR</u>

At the time of an admission management of this college has intimated the college has intimated the guidelines for the fee structure and rules of G.M.E.R.S. for the discontinuing this course before completion of entire course. I hereby agree and liable to pay fees for the running academic year, if I discontinue this course. After fulfilling this condition I will be to able to avail my original certificates from the college management

Date:

Place :

Student's Signature

GMERS Medical College, Gandhinagar