



महाराष्ट्र शासन



शासकीय वैद्यकीय महाविद्यालय, मिरज
Government Medical College, Miraj



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MBBS ADMISSION FORM- 2021-2022

		No.GMCM/G/ /2021		Date:- / /2021	
Full Name of the Student (CAPITAL LETTER) (as per HSC Mark Sheet)		- - - - -			
SURNAME		FIRST NAME	FATHER NAME	MOTHER NAME	
English					
हिंदी / मराठी					
Course	Date of admission	Gender (Male/Female)	Date of Birth (DD/MM/YYYY)		
Nationality	Country	Domicile	State		
Category of the Student	Sub-Caste of Student	Admitted under Category (for Admission)	Special Reservation (DEF-1,2,3/PWD/HA/MKB/OTHER)		
CET Type	Neet Marks /720	Pecentile	Parent Occupation		
Name of HSC Board with Place	Name of College which HSC Examination Passed				
State/CBSE): - Place:	- - - - -				
Marks in Physics (HSC) /100	Marks in Chem. (HSC) /100	Marks in Biology (HSC) /100	Total Marks (PCB) /300		
PCB Marks Percentage - %	Marks in English Subject /100	Total Marks (PCBE) /400	PCBE Marks Percentage - %		
State Merit list No	NEET UG All India rank No	Annual income Rs	Willing for organ donor say Y or N		
Admission Fees Rs. 1500/- Receipt No - Date:- / /202		1)D.D. No. Date:- / /202 2)D.D. No. Date:- / /202			
Originals with 3 attested photocopies of the following Certificates are to be submitted as applicable (Tick the Certificates submitted)					
Sr.No	Name of original Certificate	<input type="checkbox"/>	Sr.No	Name of original Certificate	<input type="checkbox"/>
01	Competent Authority Selection letter/List		13	Leaving Certificate (TC)	
02	Nationality Certificate		14	Physically Handicapped Certificate	
03	Domicile Certificate		15	Soldier Certificate	
04	SSC Marksheet		16	MKB Certificate	
05	SSC Board Certificate		17	EWS certificate.	
06	HSC (12th) Mark List		18	Hilly Area Certificate	
07	Passing Certificate (HSC 12th)		19	Adhar Card Zerox Copy	
08	Neet admit card		20	Migration Certificate	
09	Neet Marksheet		21	Medical Fitness Certificate	
10	Caste Certificate		22	Gap Affidavit	
11	Caste Validity Certificate		23		
12	Non Creamy Layer Certificate		24		
Total number of certificates submitted in original – () In Word					
टीप:वरील सर्व आवश्यक मुळप्रमाणपत्र (Single Document Scan Copy, 75 KB to 125 KB, Only PDF File) तयार करुन पेन ड्राईव्हसह तसेच संवर्गनिहाय प्रवेशाच्याकरिता लागणारे मुळप्रमाणपत्रे सादर करणे अनिवार्य राहिल त्याशिवाय प्रवेशाची कार्यवाही करता येणार नाही					

Signature of Student

Signature of Parent

Signature of Verifying Officer
Dr.

Administrative Officer
Govt. Medical College,Miraj

Dated: / /2020

PHOTO

Student Information Details.
2021-22 Batch
(FILL UP THE FORM IN CAPITAL LETTERS ONLY)

LAST NAME	FIRST NAME	MIDDLE NAME	MOTHER NAME
आडनाव	विद्यार्थ्याचे नाव	वडीलांचे नाव	आईचे नाव
Full Name of the Student (capital Letter) (as per HSC Mark Sheet)	- - - - -		
Stud. Mobile No. (Compulsory)	Parent Mob. No. (Compulsory)	Email-ID for Student (Compulsory)	
Allotment Order No.& Date			
Voter ID No.	Adhar Card No. (Compulsory)	Physically Handicapped	Would You Like to Donate Organ (Yes/No)
Full Name of Father :-			
Permanent Address :-			
Temporary Address :-			
Category of the Student	Sub-Caste of Student	Admitted under Category (for Admission)	Special Reservation (DEF-1,2,3/PWD/HA/MKB/SEBC/OTHER)
Caste Certificate (Yes/No)	Caste certificate is ssued from which Sub Divisional Officer	Caste Certificate Number	Caste Certificate date of issue (dd/mm/yyyy)
			Date:- / /202
Caste Validity Certificate (Yes/No)	Validity Certificate Number (i.e.Sr.No.)	Validity certificate date of issue. (dd/mm/yyyy)	Validity Certi. is issued from which District
		Date:- / /202	
Non Creamy Layer Certificate (Yes/No)	NCL Certificate Number (i.e.Sr.No.)	NCL Certificate date of issue. (dd/mm/yyyy)	NCL Certificate date of Valid (dd/mm/yyyy)
		Date:- / /202	Date:- / /
Tution / HostelRent / Gymkhana / Libraray Fee		1)D.D. No. Date:- / /202 --RS..... 2)D.D. No. Date:- / /202 --RS..... 3)D.D. No. Date:- / /202 --RS..... 4)D.D. No. Date:- / /202 --RS.....	
प्रमाणित करण्यात येते की, वर दर्शविलेली माहिती खोटी किंवा शासनाची दिशाभुल करणारी आढळल्यास होणारी कार्यवाही ही बंधनकारक राहील याची मला पुर्णतः जाणीव आहे.			

Signature of Student

Signature of Parent

Signature of Verifying Officer
Dr.

Dated: / /202