

ADMISSION-UG

AIQ QUOTA

LIST OF CERTIFICATE SUBMITTED AT THE TIME OF ADMISSION TWO XEROX COPY

1. Admission order / Allotment Letter.
2. Admit Card.
3. Mark Sheet of NEET Exam.
4. Cast / Cremiler Certificate.
5. MarkSheet of 10th std.
6. Passing certificate of 10th std.
7. Marksheet of 12th std.
8. Passing certificate of 12th std.
9. Bond / Bank Guarantee of Rs.05-00 lakh
and 15.00 lakh Undertaking.
10. PH candidate Handicap certificate.
11. School leaving / Transfer certificate
from School.
12. I.D. Proff or Adhar card copy.
13. Two passport Size Photographs.
14. **Provisional Eligibilities certificate from
the Saurashtra University Rajkot.
Website:- saurashtrauniversity.edu
(H.S.C Passed out from Central Board)**

10. Marks Obtained in Qualifying Examination

Subject	Total Marks	Marks Obtained
Physics (Theory)		
Chemistry (Theory)		
Biology (Theory)		
English		
Grand Total as in Marksheet		

11. NEET Exam Seat No.

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12. Marks Obtained in NEET

NEET	Total Marks	Marks Obtained	Percentage
Total			

13. Category

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Cast: -

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Sub Cast

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14. Mobile NO**1.**

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15. E Mail ID

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16. Adhaar Card No.

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17. Bank Name.

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18. Account No.

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19. IFSC CODE

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❖ List of Document in 2 Xerox copy.

1. Admission Order.
2. Fee Receipt.
3. Medical Fitness certificate or Prescribed proforma.
4. S.S.C. (10th) Marksheet & Passing Certificate.
5. H.S.C. (10+2) Marksheet. & Passing certificate.
6. School Leaving certificate.
7. NEET Marksheet.
8. Caste certificate of S.C., S.T., S.E.B.C. & EWS from the authority in prescribed proforma.
9. Non-Creamy layer certificate of family from the competent authority in prescribed proforma(SEBC category only) for issued after 1st April 2020 (2 Xerox copy)
10. Pro.Eligibility Certificate (Central Board) from Saurashtra University Rajkot at the time of Admission.
11. Certificate for Orthopedically handicapped candidate for admission in handicapped quota in prescribed as per Annexure-A.
12. Other Document for AIQ as per DGHS New Delhi.

★ Declaration by the candidate: ★

I hereby declare that the particulars furnished in the application form are correct to the best of my knowledge and understanding. I have verified my eligibility to apply against the category to which I am entitled. In case of incomplete information, I understand that my candidature is likely to be cancelled and in case any information furnished in the form is found to be incorrect or false, at any stage, my candidature/admission shall be cancelled, I further declare that I shall abide by the provisions of the Act and the rules made thereunder or any directions/instructions of the Admission Committee.

★ Under – taking ★

I am also aware that:

1. Ragging is an offence, I shall not indulge in any such activity and if I am found guilty, I shall be liable for punishment as per the law in force.

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Signature of parents

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Date and Place

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Signature of Candidate

ALL INDIA U.G. ADMISSION 2023

PROFORMA FOR WILLINGNESS FOR UPGRADATION IN ROUND 2ND AND 3RD.

I bearing ALL India Rank No..... are WILLING / NOT WILLING for up-gradation in Round 2nd and WILLING /NOT WILLING FOR participation in Round 3rd.

In case I am allotted any other seat, I will vacate the seat allotted to me at Shri M. P. Shah Govt. Medical College Jamnagar.

.....

Signature

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Dt.

Place :

I hereby certify that all documents and information submitted by me is true and genuine.

If at any point of time the information/certificate is found to be incorrect my Admission would stand cancelled and the institution would in fact appropriate action against me.

I hereby also certify that as per Govt. of Gujarat Rules I will submitted Bond Solvency / Bank Guarantee of Rs. 05 lakh on or before date :

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Signature

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Dt.

Place :

ANNEXURE I
FORMAT OF UNDERTAKING BY THE STUDENT

1. I _____
(Full Name in Block Letters)
Son/ Daughter of Mr./Mrs./Ms. _____
(Full Name in Block Letters)
- admitted to the course of _____ with Admission
No. _____
(Name of Course)
- at _____
(Name of College / Institution)
- affiliated to _____
(Name of University)
- have received a copy of the REGULATIONS FOR PREVENTION AND PROHIBITION OF RAGGING IN MEDICAL COLLEGES/INSTITUTIONS, 2021 of the National Medical Commission(NMC).
2. I have carefully read and fully understood the provisions in these Regulations
3. I have particularly perused CHAPTER II SECTION 3 and have fully understood what constitutes "Ragging"
4. I have also in particular perused Chapter IV and read and understood the Administrative and Penal actions that may be taken against me in case I am found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging
5. I hereby undertake that-
- (i) I will not indulge in any behavior or act that may come under the definition of ragging as may be constituted under Section 3 of these regulations
 - (ii) I will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under Section 3 of these regulations
 - (iii) I will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the NMC Regulations mentioned above and/or as per the law in force
7. I also declare that I have never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, my admission is liable to be cancelled / withdrawn .

Signed on this _____ day of _____ month of _____ year

Signature

Name:

Address :

Signature of Witness 1

(Name of Witness 1)

Signature of Witness 2

(Name of Witness 2)

Tel/ Mobile No:

Address

Address

ANNEXURE II

FORMAT OF UNDERTAKING BY PARENT / GUARDIAN OF THE CANDIDATE/STUDENT

1. I _____
(Full Name in Block Letters)
Father / Mother/ Guardian of Mr./Mrs./Ms. _____
(Full Name of Student in Block Letters)
admitted to the course of _____ with Admission No. _____
(Name of Course)
at _____
(Name of College / Institution)
affiliated to _____
(Name of University)

Hereby declare that I have received a copy of the REGULATIONS FOR PREVENTION AND PROHIBITION OF RAGGING IN MEDICAL COLLEGES/INSTITUTIONS, 2021 of the National Medical Commission(NMC).

2. I have carefully read and fully understood the provisions in these Regulations
3. I have particularly perused CHAPTER II SECTION 3 and have fully understood what constitutes "Ragging"
4. I have also in particular perused Chapter IV and read and understood the Administrative and Penal actions that may be taken against my son/ daughter/ward in case he /she is found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging
5. I hereby undertake that my son/ daughter/ ward -
 - (iv) Will not indulge in any behaviour or act that may come under the definition of ragging as may be constituted under Section 3 of these regulations
 - (v) Will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under Section 3 of these regulations
 - (vi) Will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that if my son/ daughter/ ward is found guilty of any aspect of ragging, he/ she may be punished as per the provisions of the NMC Regulations mentioned above and/or as per the law in force
7. I also declare that he/she has never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, his/her admission is liable to be cancelled / withdrawn .

Signed on this _____ day of _____ month of _____ year

Signature

Name:

Signature of Witness 1

Signature of Witness 2

Address :

(Name of Witness 1)

(Name of Witness 2)

MEDICAL CERTIFICATE OF FITNESS

I have examined Shri / Kumari / Smt , Son
/ daughter of Shri , aged ...Years,
resident of

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.....,

and certify that, he / she is free from deafness, defective vision (including colour vision) or any other infirmity, mental or physical, likely to interfere with the efficiency of his / her work and found him / her possessing good health.

Marks of identification :
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(Signature of Candidate) (Impression of left-hand thumb of
Candidate) (To be done in presence of the Medical Officer)

Signature of Medical Officer :

Name of Medical Officer : Dr.

Registration No

Date :

Seal

This certificate is being given to him / her for the purpose application for admission in Medical Educational Courses under Admission Committee for Professional Graduate Medical Educational Courses (ACPUGMEC), Govt. of Gujarat.

Note : Medical certificate granted by a qualified medical practitioner holding at least M.B.B.S. Degree and registered with Medical Council of India, shall only be valid, The date of issue of the medical certificate should be within one year from date of application.