



Indira Bahuuddeshiya Shikshan Sanstha
Dr. Rajendra Gode
Medical College, Amravati



University - Mardi Road, Ghatkheda, Amravati. 444 602

MD/MS ADMISSION FORM -202 - 2

Name of Subject

Affix Passport Size
Photograph Here

Personal Information:

Full Name (In Capital) Last Name First Name Middle Name

Name in Devnagari (देवनागरी लिपीत संपूर्ण नाव)

Fathers Name Mothers Name

Date of Birth Gender Male Female TG

Nationality Indian NRI Foreign National Category Caste

AADHAR NO. Voter ID

PAN Card Passport No.

Educational Qualifications:

Date of Passing MBBS Percentage %

PG NEET Marks / SML No

PG NEET Percentile AIR

Present Residential Address (Address for Communication)

City / Village Pin

Landmark

District State

Student Mobile No. Blood Group

Parents Mobile No./ Contact No.

Student Email Id

Parents Email Id

Place

Signature of Candidate

For Office Use only

Date of Admission :

SML No. : AIR No. : Total Marks :

Scrutinized By

Checked By

Rechecked By

Dean

DECLARATION TO BE SIGNED BY THE CANDIDATE

I declare that :

I have read the Criteria for admission, the rules and conduct of admission for the current year and after understanding these I have filled this form of application for admission

- a) The information given by me in this application form is true to the best of my knowledge.
- b) I here by agree to abide by to any rule,act and law enforced by Government authorities and I hereby undertake that I will do nothing either inside or outside the college campus which may result in disciplinary action against me under the rules acts and laws laid down by Govt./University/College authorities.
- c) I fully understand that the Dean of the college will have the right to expel / rusticate me from the college for any infringement of the Rules, Code of Conduct and discipline prescribed the Govt./ college/ University (if any) and the undertaking given above.I will sign the requisite agreement bond as prescribed by the Government./College

Date

Place

Signature of Candidate

a) I hereby declare that,

- i) I have NOT been debarred from appearing at any examination held by any Government Constituted or Statutory examination authority in India.
- ii) I will abide all rules and regulations regarding Anti-Ragging.
- iii) The information given above is true to the best of my knowledge and belief.

b) I hereby undertake that

- i) I will abide by the DRGMC Code of Conduct policy for students, rules and regulations in force at present or that may hereafter be made for the institute and so long as I am a student of the institute. I will do nothing either inside or outside the institute that will interfere with the ordinary governance and discipline.
- ii) I am aware that tobacco, liquor or any sort of intoxicant is strictly prohibited in this institute. The storage/consumption / supply of the same will be dealt with severely, including prosecution.

c) I hereby undertake that if I will discontinue the course after cutoff date, I will pay the entire course fee irrespective of my discontinuation or failure of Medicine Course.

Date

Place

Signature of the Candidate

Name :

DECLARATION TO BE SIGNED BY THE PARENT /GUARDIAN

- a) I declare that the particulars furnished by my son/daughter/ward in this application form are correct to the best of my knowledge.
- b) I understand and agree to pay on behalf of my son/daughter /ward such fees,charges etc which Govt. of Maharashtra / University /College may levy from time to time by due date. In the event of failure of payment on my part/ or on the part of my son or daughter, the Dean of the college may take such action my son/daughter/ward as he /she may deem fit.
- c) I also assure the college authority that my son/daughter /ward will exhibit the conduct as per the rules of college /Govt.and university. I fully understand that my son/daughter/ward will have to face the disciplinary action if his/her conduct is not upto the mark.

Date

Place

Signature of Parent/ Guardian

Documents: (Originals with 2 Sets of Photocopy)

Nationality Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Domicile Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NEET PG Marksheet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NEET allotment Letter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aadhar Card Photocopy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MBBS Passing Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MBBS Degree Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Internship completion Certificate from University or the Head of the institution. Internship completion should not be later than 31/07/2025.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permanent /Provisional Registration certificate of Maharashtra Medical Council or other State Medical Council in India/ MCI/Renewal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Caste Certificate (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Caste Validity Certificate (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Non Creamy- Layer (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
College Leaving Certificate (UG)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Migration Certificate (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical Fitness Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Educational Gap Certificate (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certificate from Head of Institute showing that the Medical College / Institute from which the candidates has passed MBBS examination is recognized by Medical Council of India/National Medical Commission	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NEET PG Admit Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Online Downloaded Application form of state NEET PG-2025	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of Receipt of online fee payment to CET Cell for Rs. 3000/-.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bond Release Certificate (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PAN Card Photocopy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of Gazette, Marriage Certificate & Affidavit in case of change in name (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physically Handicapped Certificate (as per the format given in the Brochure of State CET Cell, Mumbai i.e. Annexure – "D") (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eligibility Certificate for EWS Category (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hilly Area Certificate as per Information Brochure (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Minority Documents as per Information Brochure (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Character Certificate from previous college	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10 Passport size Photo	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other (Specify _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Scrutinized By	Checked By	Rechecked By	Provisional Admission Granted / Not Granted

घोषणापत्र

मी _____ याद्वारे घोषित करतो की ,

1. माझा प्रवेश प्रथम वर्ष एम. डी./एम. एस. अभ्यासक्रमासाठी डॉ. राजेंद्र गोडे वैद्यकीय महाविद्यालय, अमरावती येथे घेत आहे.
2. माझा प्रवेश हा सद्यस्थितीत तात्पुरता प्रवेश असून तो महाराष्ट्र आरोग्य विज्ञान विद्यापीठ ,प्रवेश नियामक प्राधिकरण आणि राष्ट्रीय वैद्यक आयोग यांच्याकडून होणाऱ्या पडताळणी व मान्यतेनंतरच निश्चित प्रवेश समजला जाईल याची मला कल्पना आहे.
3. मी यापूर्वी कुठल्याही परीक्षा मंडळाकडून अपात्र ठरविला गेलेलो /गेलेली नाही.
4. मी रॅगिंग कधीही सहन करणार नाही ,मी कधीही कोणाची रॅगिंग करणार नाही तसेच मी रॅगिंग प्रतिबंधक नियमांचे कसोशीने पालन करीन .
5. मी या संस्थेची विद्यार्थ्यांकरिता असलेली आचारसंहिता (कोड ऑफ कंडक्ट) वाचली आहे व ती मला समजलेली असून मला संपूर्ण मान्य आहे.
6. या संस्थेच्या आवारात व आवाराबाहेर तंबाखू,गुटखा ,सिगारेट ,मद्य वा इतर कुठल्याही तंबाखूजन्य पदार्थ आणि अंमली/नशेच्या पदार्थांचे सेवन,बाळगणे अथवा साठा करणे निषिद्ध आहे .अशा प्रकारात सहभाग आढळल्यास त्यासाठी कठोर कायदेशीर कार्यवाही केली जाते याची मला जाणीव आहे व मला ते मान्य आहे.
7. मी माझ्या अभ्यासक्रमाशी संबंधित सर्व प्रकारची फीस / शुल्क विहित वेळेत भरेन .फी भरण्यास विलंब झाल्यास संस्थेच्या नियमाप्रमाणे विलंब शुल्क भरण्यास माझी तयारी आहे. अभ्यासक्रमाशी संबंधित फीस/ शुल्क न भरल्यास माझे विरुद्ध संस्था योग्य ती कार्यवाही करू शकते हे मला मान्य आहे.
8. एम. डी./एम. एस. अभ्यासक्रमासाठी राखीव प्रवर्गातील कोट्यातून मला दिलेला प्रवेश हा पूर्णपणे तात्पुरता आहे. माझे जात आणि जातवैधता प्रमाणपत्र माझ्या अभ्यासक्रमादरम्यान कोणत्याही टप्प्यावर जात प्रमाणपत्र पडताळणी समिती/संबंधित प्राधिकरण अथवा शासनाने रद्द केल्यास अथवा ते चुकीचे आढळून आल्यास माझा प्रवेश आपोआप रद्द होईल /केला जाईल याची मला स्पष्ट कल्पना आहे.
9. मी संस्थेचे ,महाराष्ट्र आरोग्य विज्ञान विद्यापीठ आणि शासनाचे प्रचलित व वेळोवेळी घोषित करण्यात येणाऱ्या सर्व नियमांचे कसोशीने पालन करीन अन्यथा माझेविरुद्ध योग्य ती दंडात्मक कार्यवाहीस मी पात्र राहीन याची मला स्पष्ट कल्पना आहे.
10. करीता हे घोषणापत्र आज दिनांक _____ वार _____ रोजी माझ्या स्वाक्षरीनिशी व स्वेच्छेने सादर करीत आहे.

विद्यार्थ्यांचे नाव व स्वाक्षरी :

**पालकाचे नाव, विद्यार्थ्यांशी नाते
व स्वाक्षरी :**