

GMERS MEDICAL COLLEGE,

GANDHINAGAR

ADMISSION YEAR: 2020-21

MANAGEMENT/NRI QUOTA

For Office Use Only Registration Entry No.:

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

**An Application Form for Admission in First Yr. M.B.B.S. Course for
Adm. Year. 2020-21**

- 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) []
- (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) []

My relevant details are as per my school record as under:

[1] (a) Candidate's Name (As per 12th Mark Sheet)

Mr./Miss :		
_____	_____	_____
(Surname)	First Name	Father's Name

(b) Candidate's Father's Full Name: (Beginning with Surname First.)

Mr.		
_____	_____	_____
(Surname)	First Name	Father's Name

[2] Candidate's Sex: [M/ F] (1) Male (2) Female []

[3] Father/Guardian's Occupation:

[4] Full Postal Address of Candidate for Correspondence: (With House No./ Village/Street' Name/Taluka/City & District's Name & its Pin code No.)

[5] Date of Birth :

(DD/MM/YEAR)

		/			/				
--	--	---	--	--	---	--	--	--	--

[6] Birth Place (With District & State)

--

[7] Home Town/

Domicile:

--

(With District & State)

[8] Contact No. with S.T.D. Code

No.:

1. Residence.:

2. Personal:

3. Father:

4. Land Line No.:

Student Email Address:

- [9] Admission Category: (Write Proper 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 =QOM (07) CB-EWS= QEWS (8) CB-SC =QSC (09) CB-ST=QST
 (10) CB-SEBC=QSE (11) PH = PH

[10] Admission Merit No. with
 abbreviated Category

Category' Name	&	Merit No.
----------------	---	-----------

[11] As per School Leaving Certificate/Record (a) Religion :
 (b) Cast :
 (c) Sub Cast :

[12] Do you belong to Reserved Category? : Yes/ No.
 If Yes, Mention category, Cast & Sub Cast :

[13] Did you get the admission in Open category : Yes/ No.

[14] Name of H.S.C. Examination Board: : []

1-	G.	S.	E.	B.		2-	C.	B.	S.	E.		3-	I.	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 in H.S.C. Exam. of Board : /300/450/600/___
 (b) Marks Obtained in English: /100 or 70
 (c) NEET Roll No. _____
 (d) Marks Obtained in NEET (Entrance Test) : /720
 (e) NEET All India Rank : _____, Percentile score _____

GMERS MEDICAL COLLEGE, GANDHINAGAR

UNDERTAKING BY PARENT/GUARDIAN

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 Government in this regard as well as the MCI Regulations on Curbing the Menace of Ragging 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 Mr./Mrs./Ms. _____ 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:

GMERS MEDICAL EDUCATION AND RESEARCH SOCIETY
MEDICAL COLLEGE, GANDHINAGAR

I undersigned _____
have got an admission in G.M.E.R.S. Medical college Gandhi
nagar in the first year of M.B.B.S. course for the year 2020-
21 Wide admission Merit No./order No _____
Dt. ____/____/_____

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