

NANDKUMAR SINGH CHOUHAN GOVERNMENT MEDICAL COLLEGE, KHANDWA

BIOMETERIX / PHOTOGRAPH : VERIFIED / NOT VERIFIED

Name & Signature of Photograph verifying officer

PHOTO

CERTIFICATE OF SCRUTINY COMMITTEE
PARTICULARS & DECLARATION OF THE CANDIDATE FOR PG (MD/MS)
BATCH 2024-2025

(TO BE FILLED IN BY THE CANDIDATE IN BLOCK LETTERS)

1. NAME OF THE CANDIDATE _____
2. DATE OF BIRTH _____ Blood Group _____ NATIONALITY _____
3. PLACE & STATE OF BIRTH _____
4. MOBILE NO. & EMAIL _____
5. SEAT - STATE / ALLINDIA / GOI NOMINEE/ _____
6. CATEGORY - UR /ST/SC/OBC/EWS/IN _____
7. CLASS - MP/ FF/F /PH / X/NO CLASS _____
8. FATHER'S NAME _____
9. FATHER'S E.MAIL & MOBILE NO. _____
10. MOTHER'S NAME _____
11. MOTHER'S E.MAIL & MOBILE NO. _____
12. LOCAL ADDRESS & PHONE NO : _____

GUARDIAN'S NAME & ADDRESS _____

WITH PHONE NO _____
13. PERMANENT ADDRESS _____

& PHONE NO. WITH S.T.D CODE _____
14. OCCUPATION ; FATHER _____ MOTHER _____

DECLARATION

I hereby solemnly declare that the information given by me in this form and enclosure is true and I am solely responsible for its accuracy. I am fully aware that providing incorrect and false information due to any reason at the time of allotment of the seat and / or at the time of admission or subsequently, is an offence and my admission is liable to be cancelled without any notice at any time by the Director, Medical Education /Dean /Principal of the institution.

Signature & Name of parent

.....

Date :-

Signature & Name of Candidate

.....

FOLLOWING ORIGINAL DOCUMENTS ARE BEING SUBMITTED BY THE CANDIDATE

Name of Candidate _____ S/O OR D/O _____

Note :- OPTED FOR UPGRADATION – YES/NO

| S.NO | Documents | Name of Issuing Body | Documents No | Documents Date | Signature Authority Of Documents | Remark |
|------|--|----------------------|--------------|----------------|----------------------------------|--------|
| 1. | The Confirmation Page of Registration for Neet 2024-25 | | | | | |
| 2. | Allotment letter | | | | | |
| 3. | NEET mark sheet/Rank letter | | | | | |
| 4. | Admit Card | | | | | |
| 5. | Mark sheet of 10th, 11th and 12th | | | | | |
| 6. | Mark sheet of MBBS (1, 2, 3, & 4 Prof.), MBBS Attempt Certificate | | | | | |
| 7. | MBBS Passing Certificate & Internship Completion Certificate | | | | | |
| 8. | Transfer Certificate (T.C.), Migration Certificate & Character Certificate Permanent MBBS Registration | | | | | |
| 9. | MBBS Degree | | | | | |
| 10. | Permanent Registration | | | | | |
| 11. | Birth Certificate | | | | | |
| 12. | Rural Service Completion Certificate | | | | | |
| 13. | In Service Quota Employer NOC | | | | | |
| 14. | Domicile Certificate | | | | | |
| 15. | Caste Certificate. (If Applicable) | | | | | |
| 16. | Gap Certificate. (If Applicable) | | | | | |
| 17. | Income Certificate (If Applicable) | | | | | |
| 18. | Aadhar Card/Photo ID (Photocopy) | | | | | |
| 19. | Proforma-2 (Seat Leaving Bond & Rural Bond) (संशोधित) | | | | | |
| 20. | Proforma-6 (M.P. Domicile Affidavit) मध्य प्रदेश के स्थानीय निवासी/मूल निवासी अभ्यर्थी के द्वारा दिया जाने वाला शपथ पत्र | | | | | |
| 21. | Proforma.7 (वचन पत्र) | | | | | |
| 22. | EWS Certificate. (If Applicable) | | | | | |
| 23. | PWD/PH Certificate. (If Applicable) | | | | | |
| 24. | "30" recent passport size colored photograph (front view with both the ears clearly visible) with name,application no. and merit no. written with blow point at the back of the photograph and One 4 × 6 cm size colored photograph (front view with both the eras clearly visible). | | | | | |

Total No Of Documents _____ Signature of Candidate _____

The above mentioned submitted documents were scrutinized by the committee & found in order candidate is recommended for depositing the fees for admission

MEMBER

MEMBER

MEMBER

Chairman/Co-Ordinator/Nodal Officer Scrutiny
Committee NSC GMC, Khandwa(MP)



नंदकुमार सिंह चौहान शासकीय चिकित्सा महाविद्यालय खण्डवा

लव-कुश नगर, मूंदी रोड़, खण्डवा (म.प्र.), दूरभाष-0733-2245000, Fax-0733-2245001

Email: deangmckhandwa@gmail.com, Website: www.gmckhandwa.org

क्रमांक / / छात्र शाखा / नं.सि.चौ.शा.चि.महा / 2024

खण्डवा, दिनांक :- / / 2024

प्रवेश के समय अभ्यर्थी द्वारा संस्था में जमा किये गये मूल दस्तावेजों से संबंधित प्रमाण पत्र प्रमाणित किया जाता है कि अभ्यर्थी द्वारा आवंटित पीजी पाठ्यक्रम 2024-25 में प्रवेश के समय निम्नालिखित मूल दस्तावेज आज दिनांक / / 2024 को इस संस्था में जमा किये गये हैं-

| S.NO | Description | Original /Xerox | Remark |
|------|--|-----------------|--------|
| 1 | Certificate of Scrutiny Committee | | |
| 2 | प्रमाण पत्र/अभिलेखों की स्कूटनी संबंधी प्रोफार्मा भाग-(अ/ब) | | |
| 3 | The Confirmation Page of Registration/ Application for Neet 2024-25 | | |
| 4 | Allotment Letter (Colored Copy) | | |
| 5 | Neet 2024 Mark sheet/Rank Letter | | |
| 6 | Admit card | | |
| 7 | Certificate Of Eligibility Xerox | | |
| 8 | 10 th Mark Sheet & Certificate | | |
| 9 | 11 th Mark Sheet | | |
| 10 | 12 th Mark Sheet & Certificate | | |
| 11 | Mark sheet of MBBS (1, 2, 3, & 4 Prof.), MBBS Attempt Certificate | | |
| 12 | MBBS Passing Certificate & Internship Completion Certificate | | |
| 13 | Transfer Certificate (T.C.), Migration Certificate & Character Certificate Permanent MBBS Registration | | |
| 14 | MBBS Degree | | |
| 15 | Permanent Registration | | |
| 16 | Birth Certificate | | |
| 17 | Rural Service Completion Certificate | | |
| 18 | In Service Quota Employer NOC | | |
| 19 | Domicile Certificate | | |
| 20 | Caste Certificate. (If Applicable) | | |
| 21 | Gap Certificate.(If Applicable) | | |
| 22 | Income Certificate (If Applicable) | | |
| 23 | Aadhar Card/Photo ID (Photocopy) | | |
| 24 | Proforma-2 (Seat Leaving Bond & Rural Bond) (संशोधित) | | |
| 25 | Proforma-6 (M.P. Domi. Affid.) मध्यप्रदेश के स्थानीय निवासी / मूल निवासी अभ्यर्थी के द्वारा दिया जाने वाला शपथ पत्र | | |
| 26 | Proforma-7 (वचन पत्र) | | |
| 27 | EWS Certificate. (If Applicable) | | |
| 28 | PWD/PH Certificate. (If Applicable) | | |
| 29 | Document Retention Certificate | | |
| 30 | Bank Pass Book (Of Candidate/Parent) Xerox | | |
| 31 | Fees Receipt | | |

Total No of Original documents :- _____

Total No of Xerox documents :- _____

हस्ताक्षर
अभ्यर्थी

हस्ताक्षर
नोडल अधिकारी
डॉक्यूमेंट कलेक्शन एंड कंपाइलेशन समिति
नं.सि.चौ.शासकीय चिकित्सा महाविद्यालय
खण्डवा (म.प्र.)

अधिष्ठाता / प्राचार्य
संस्था का नाम एवं संस्थान
नं.सि.चौ.शासकीय चिकित्सा महाविद्यालय
खण्डवा (म.प्र.)

Nandkumar Singh Chauhan Government
Medical College, Khandwa (M.P.)
To be filled the Application on his own Writing
Admission Year 2024-25



Name:- _____

Father's Name:- _____ DOB _____

Address:- _____

Aadhar Card No: _____ Roll No. _____

Alloted Quota AIQ/State _____ Marks: _____ Rank: _____ Category: _____

Finger Prints:-

| | Thumb | Index Finge | Middle Finge | Ring Finger | Little Finger |
|-----------------------------|---------------|-------------|--------------|--------------|---------------|
| <u>Right</u> <u>Hand</u> | | | | | |
| | Little Finger | Ring Finger | Middle Finge | Index Finger | Thumb |
| <u>Left</u> <u>Hand</u> | | | | | |
| Left Hand | Left Thumb | Right Thumb | Right Hand | | |
| | | | | | |

Date: _____

NSCGMC, Khandwa (M.P.)

Signature of Applicant