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 2026-2027

(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 **Signature & Name of Candidate**

…… **……**

Date :- …….

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 2026-27						
2.	Allotment letter						
3.	NEET mark sheet/Rank letter						
4.	Admit Card						
5.	Mark sheets	10th					
		11th					
		12th					
6.	Mark sheet of MBBS	1st					
		2nd					
		3rd					
		4th					
		Attempt					
7.	MBBS Passing Certificate & Internship Completion Certificate						
8.	Transfer Certificate (T.C.), Migration Certificate & Character Certificate						
9.	MBBS Degree						
10.	Permanent Registration MBBS						
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)						
20.	Proforma-6 (M.P. Domicile Affidavit)						
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 ordercandidate is recommended for depositing the fees for admission

MEMBER MEMBER MEMBER

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

नंदकुमार सिहं चौहान शासकीय चिकित्सा महाविद्यालय खण्डवा (म.प्र.)
लव–कुश नगर मूदी रोड 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./2026 खण्डवा दिनांक :–

प्रवेश के समय अभ्यर्थी द्वारा संस्था में जमा किये गये मूल दस्तावेजों से संबंधित प्रमाण पत्र प्रमाणित किया जाता है कि अभ्यर्थी ..... पिता ..... द्वारा आवंटित पीजी पाठ्यक्रम 2026–27 में प्रवेश के समय निम्नालिखित मूल दस्तावेजों आज दिनांक ...../...../2026 को इस संस्था को जमा किये गये हैं

S.NO	Description		Original /Xerox	Remark
1	Certificate of Scrutiny Committee			
2	प्रमाण पत्र/अभिलेखों की स्क्रूटनी संबंधित प्रोफार्मा भाग (अ–ब)			
3	The Confirmation Page of Registration/ Application for Neet 2026-27			
4	Allotment Letter (Colored Copy)			
5	Neet 2024 Mark sheet/Rank Letter			
6	Admit card			
7	Certificate Of Eligibility Xerox			
8	10th Mark Sheet & Certificate			
9	11th Mark Sheet			
10	12th Mark Sheet & Certificate			
11	Mark sheet of MBBS (1, 2, 3, & 4 Prof.), MBBS Attempt Certificate	1st		
		2nd		
		3rd		
		4th		
		Attempt		
12	MBBS Passing Certificate & Internship Completion Certificate	Passing Cer.		
		ICC		
13	Transfer Certificate (T.C.), Migration Certificate & Character Certificate	TC		
		Migr.		
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)			
25	Proforma-6 (M.P. Domi. Affid.) म.प्र. के स्थानीय निवासी/मूल निवासी अभ्यर्थी के द्वारा दिया जाने वाला शपत्र 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.शा.चि.महा खण्डवा

अधिष्ठाता
नं.सि.चौ.शा.चि.महा खण्डवा

Nandkumar Singh Chauhan Government Medical College, Khandwa (M.P.)

To be filled the Application on his own Writing

Admission Year 2026-27

Photo same as Admit Card (Self Attested)

Name:-_____

Father's Name:- _____DOB _____

Address:-_____

Aadhar Card No: _____Roll No._____

Alloted Quota AIQ/State_____Marks:_____Rank:_____Category:_____

Finger Prints:-

	Thumb	Index Finger	Middle Finger	Ring Finger	Little Finger
Right Hand					
	Little Finger	Ring Finger	Middle Finger	Index Finger	Thumb
Left Hand					
Left Hand		Left Thumb	Right Thumb	Right Hand	

Date:_____

NSCGMC, Khandwa (M.P.)

Signature of Applicant