

GOVT. MEDICAL COLLEGE, NAGPUR.
APPLICATION FORM FOR ADMISSION
1st B.Sc.P.M.T. COURSE FOR THE ACADEMIC
YEAR 2021-22

DATE : _____

LAST DATE OF SUBMISSION OF APPLICATION FORM : 30/09/2021

1) Name in full in Block letter :- _____

2) Present Address in full:- _____

with phone and mobile no.-----

3) Gender : Male / Female

4) Date of Birth:

5) Nationality : _____

6) Domiciled of Maharashtra : Yes / No

7) Std. 12th Marks : (Total aggregate IN %) _____ (PCB in %) _____

8) Number of Attempt for passing Std. 12th Exam: _____

9) Std. 10th Marks: (Total aggregate IN %) _____

10) 10th & 12th College / Institute : from Maharashtra / out-side of Maharashtra

11) Do you belong to reserve category of SC/ST/VJ/NT-1/NT-2/NT-3/OBC/EWS : YES/NO _____

PREFERENCES: 1)

2)

3)

4)

5)

6)

7)

8)

9)

10)

11)

12)

(Note: BPMT course in which you are the most interested put it on first preference; if you didn't get it which course you will prefer accordingly put them on second or third place respectively.)

Signature of Applicant

Date:

(For Office Use Only)

Received application form of _____ for admission to
First Year B.Sc. P.M.T. Course 2021-22 Dated _____

Signature of receiver with
stamp of college

**Paste
passport
size
photo**

DOCUMENTS TO BE ATTACHED WITH THE APPLICATION FORM :

- | | | |
|---|----|----------|
| 1. Nationality Cert. | :: | YES / NO |
| 2. Domicile Cert. | :: | YES / NO |
| 3. 12 th Mark-sheet | :: | YES / NO |
| 3. 10 th Passing Cert. (for date of birth) | :: | YES / NO |
| 4. Medical Fitness cert. | :: | YES / NO |
| 5. Caste Cert. | :: | YES / NO |
| 6. Caste Validity Cert. | :: | YES / NO |
| 7. EWS Certificate (if applicable) | :: | YES / NO |
| 8. Non-Creamy Layer Cert. (Valid up to 31/03/2021
- Compulsory for VJ / NT-1, 2, 3 / OBC / SBC) | :: | YES / NO |

Signature of Applicant.

Mobile No.

E-Mail.

Date :-

Place :-

MEDICAL FITNESS

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below:

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Mr./Ms who is desirous of admission to BSc Paramedical Health Science Courses.

He/she has not given any personal history of any disease incapacitating him/her to undergo the BSc Paramedical Courses. Also, on clinical examination it has been found that he/she is medically fit to undergo the BSc Paramedical Courses.

Certified that he/she fulfills the following criteria.

- (1) Absence of any incapacitating and /or progressive systemic disease/disorder/condition,
- (2) Absence of any disability of upper limb/s.
- (3) Absence of any major visual/ auditory disability.
- (4) Absence of psychosis/neurosis/mental retardation,
- (5) Ability to maintain erect posture,
- (6) Reasonable manual dexterity.

Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career BSc Paramedical Courses.

(Strike, which is not applicable):

1.
2.
3.

Address of the Registered Medical Practitioner

Signature

Name

Registration No.

Seal of Registered Medical Practitioner

Date :