DOCUMENTS TO BE SUBMITTED:-

| SR. NO. | DOCUMENT | VERIFYING CLERK | VERIFYING OFFICER | STUDENT |
|------------|--|--------------------|----------------------|---------|
| 1. | NATIONALITY & DOMICILE CERTIFICATE | 4 . | | |
| 2. | S.S.C CERTIFICATE | | | |
| 3. | H.S.C MARK LIST | | | |
| 4. | CASTE CERTIFICATE | | | |
| 5. | CASTE VALIDITY CERTIFICATE | | | |
| 6. | NON-CREAMY LAYER CERTIFICATE (For VJ,NT-1,2,3 and OBC,SBC) | | | |
| 7. | COLLEGE LEAVING CERTIFICATE | | | |
| 8. | PHYSICAL FITNESS CERTIFICATE | | | |
| 9. | MIGRATION CERTIFICATE | | | |
| 10. | GAP CERTIFICATE | | | |
| | | | | |
| | | | | |

SIGNATURE OF STUDENT

SIGNATURE OF CLERK

SIGNATURE OF VERIFYING OFFICER

SIGNATURE OF DATA ENTRY CLERK

DETAILS OF FEES TO BE PAID BY POST GRADUATE STUDENTS AT THE TIME OF ADMISSION TO GOVT. MEDICAL COLLEGE, NAGPUR FOR THE YEAR <u>2023-24</u>.

| SR. NO. | PARTICULARS | FOR OPEN,OBC,VJ,NT,AII Category | Categories(SC, ST) | |
|------------|--|---------------------------------------|-----------------------|--|
| 01. | Admission Fee (to be paid by Cash) | Rs.1500=00 | Rs.1500=00 | |
| 02. | Tuition Fees-Annual | Rs.56800=00 | NIL | |
| 03. | Ashwamegh Fees (MUHS Welfare Fund) | Rs.150=00 | Rs.150=00 | |
| 04. | College Caution Money - Deposit | Rs.3000=00 | Rs.3000=00 | |
| 05. | Library - Deposit | Rs.2000=00 | Rs.2000=00 | |
| 06. | MUHS Development Fund | Rs.50=00 | Rs.50=00 | |
| | FOR Open ,OBC,NT,VJ,EWS, Reserve : (By DD in Fever of) DEAN GOVERNMENT MEDICAL COLLEG, NAGPUR Rs. 56800=00 DEAN GOVERNMENT MEDICAL COLLEG, NAGPUR Rs. 5200=00 SC-ST CATEGORY(By DD in Fever of) DEAN GOVERNMENT MEDICAL COLLEG, NAGPUR Rs. 5200=00 | | | |

GOVT. MEDICAL COLLEGE, NAGPUR.

शासिकय वैद्यकिय महाविद्यालयं, नागपुर.

Admission Order

2. Cashier, G.M.C., Nagpur.

| Ref. No. GMVN/SS/Adm./BSc.PMT/ | /2023. Dated | / /2023. |
|---|---|-------------------------------|
| То, | | , , , = 3.2. |
| | | |
| | | |
| Subject : Admission to BSc.PMT Course | for the year 2023-2024 | 4. |
| Reference: Selection List from the Dean ,0 Vide, Round. | Govt. Medical College, Nag , Dated: | jpur ——— |
| You have been provisionally [| Course at Govern on the terms and condition | nment Medical ns mentioned in |
| You have been allotted Roll No. B | Sc.PMT / | |
| | | |
| | Dean, Govt. Medical College, I | Nagpur. |
| Copy to: 1. Professor & Head, Depts. of | , G.M.C., Nagpi | ur. |

| | LATEST PHOTOGRAPH |
|-----|-------------------|
| 1 | |
| | |
| | |
| - 1 | |

FORM-B

COLLEGE ROLL NO._

GOVT. MEDICAL COLLEGE, NAGPUR.

ADMISSION TO FIRST B.Sc.PMT COURSE FOR THE YEAR 2023-2024

| | Shri/Ku |
|----|--|
| | EMAIL ID :(M.NO.) |
| B) | FATHER'S NAME :Shri |
| | EMAIL ID:(M.NO.) |
| C) | MOTHER'S NAME : Mrs |
| | EMAIL ID:(M.NO.) |
| D) | PERMENANT ADDRESS : |
| | ADDRESS FOR CORRESPONDANCE : |
| E) | DATE OF BIRTH : PLACE OF BIRTH : |
| | DOB IN WORDS :TALUKA : |
| | DISTRICT : STATE : |
| F) | MOTHER TONGUE:CATEGORY:RELIGION: |
| G) | CASTE :CATEGORY :RELIGION : |
| H) | COLLEGE FROM WHICH H.S.C. PASSED : |
| | ADDRESS OF COLLEGE: |
| | HSC PASSING YEAR & MONTH: |
| ۲) | H.S.C. AGGREGATE MARKS :/ PCB/ |
| • | Awards : |
| ĸ) | Scholarship: |
| L) | Sports (If represented state / District) Name & Year : |

PARENT SIGNITURE

STUDENT SIGNITURE

VERIFING OFFICER

DOCUMENTS TO BE SUBMITTED:

- a) Certificates Submitted (Original Set +2 Sets of Xerox copies duly attested)
 - 1) NATIONALITY & DOMICILE CERTIFICATE
 - 2) S.S.C CERTIFICATE
 - 3) H.S.C MARK LIST
 - 4) SELECTION LETTER AIEE & GOI
 - 5) CASTE CERTIFICATE
 - 6) CASTE VALIDITY CERTIFICATE
 - 7) NON-CREAMY LAYER CERTIFICATE (For VJ,NT-1,2,3 and OBC,SBC)
 - 8) COLLEGE LEAVING CERTIFICATE
 - 9) PHYSICAL FITNESS CERTIFICATE
 - 10) MIGRATION CERTIFICATE
 - 11) GAP CERTIFICATE
 - 12) UNDERTAKING FORM/ JOINT UNDERTAKING
 - 13) EWS Cert./PWD Cert.

DECLARATION OF STUDENT

I HAVE READ THE INSTRUCTIONS FOR STUDENTS REGARDING ADMISSION & EXAMINATION.

SIGNATURE OF THE STUDENT

SIGNATURE OF THE PARENTS

GOVERNMENT MEDICAL COLLEGE, NAGPUR

INSTRUCTION FOR STUDENTS REGARDING EXAMINATION

Reference: Letter from MUHS Nashik No. MUHS / S / X-1 / 40 / 9376, dated 16-9-2009.

- 1) Internal Assessment examinations are compulsory for all the students.
- Internal Assessment marks are calculated on the basis of marks scored in Internal Assessment.
- 3) The student who fails in MUHS Nashik examination can improve the Internal Assessment marks by appearing in Internal Assessment examination which will be conducted before the next MUHS Examination.
- 4) The students will have to sign sheet of Internal Assessment marks prior to examination to be conducted by the MUHS Nashik before the last date which will be notified by the Respective Departments.
- 5) If student fails to appear for any of Internal Assessment examination, he should apply for the examination within 7 days of completion of respective examination to the Chairman of Grievance Committee, GMC Nagpur (Head of the Department of Forensic Medicine and Toxicology, GMC, Nagpur) with a copy of the same to the Head of the respective department.
- 6) The students should enclose the proof of the reason of his / her absence in the respective examination. Without proof, application will be rejected.
- 7) Re-examination in case of candidate remaining absent in Internal Assessment Examination will be conducted after the Preliminary examination. If candidate remains absent for more than one Internal Assessment examination only one reexamination will be conducted.
- 8) Student should score more than 35% marks in Internal Assessment examination to quality for MUHS examination.
- 9) Students should have more than 75% attendance in Theory and more than 80% in Practical which will be conducted during the tenure of First MBBS. Otherwise student will not be permitted to appear for MUHS examination.
- 10) If student remains absent for more than 2 days consecutively, he/she will have to bring letter mentioning reason of absence signed by the Parents / Local guardian. Otherwise he / she will not be allowed to attend remaining classes.
- 11) It will be duty of the Parents / Local Guardians to remain in touch with Heads of various departments for getting information regarding the performance of the student in Internal Assessment examination.
- 12) The students should inform the student section about change of address for correspondence, if any. Student should inform E-mail address of parents / Local Guardians to the student section and parents should check their E-mail daily regarding any notification from administration.
- 13) All the students should inform any activity which comes under "RAGGING" to the concerned officer.

Proforma for Application for re-examination of the absent students in Internal Assessment examination / including post completion examination

| Name of the Student : | | |
|---|--------|--|
| | | |
| Roll No Batch Semester [1 st , 2 nd , 3 rd] | | |
| Mobile No. / Contact Phone No. | | |
| Mailing Address : | _ | |
| Name of the Exam. In which candidate remained absent : | | |
| [Theory / Practical] | | |
| Name of the subject in which candidate remained absent : | | |
| Date of Examination : | | |
| Date of Application : | | |
| Reason for Absence : | | |
| | | |
| Enclosure: | | |
| | | |
| Signature of App | licant | |

- 1) The student should apply within 7 days after the examination is over. This rule will be applicable from the date of notification onwards.
- 2) Application for re-examination should be addressed to the Chairman, Students Grievance Committee, Department of Forensic Medicine, Copy of which should be forwarded to the Professor and Head of the concerned department, along with the Proof of Documentary evidence for his or her absence.
- 3) Concerned HDD should forward his application at the earliest prior to the date of meeting of grievance committee with his remarks.

<u>UNDERTAKING</u>

| Name of the Student | |
|--|---|
| Course in which Admitted | |
| Roll No | |
| As per instructions given by the Competent Author Certificate / Joint Undertaking within one month of admit disciplinary action. | ority, I will submit Character ssion. Otherwise, I will face |
| Signature of the Student | |
| Place: | |
| Date: | |

BPMT -2022-23

| 1) DATE: | (M/A) |
|-------------------------------|-------|
| 2) TOTAL FORMS : | |
| 3)Serial no: | |
| 4)1st Scrutiny done : | Y/N |
| 5)Final scrutiny done : | Y/N |
| 6)DATA ENTRY: | Y/N |
| 7)Verification of Data entry: | Y/N |