

GOVERNMENT MEDICAL COLLEGE, PURNEA (BIHAR)

(DECLARATION BY THE CANDIDATE)

(MBBS BATCH-2023)

Name of the Candidate: _____
(use BLOCK LETTER)

Name of The Course: **M.B.B.S Through-AIQ / State / Central Nominee**

Roll No. (NEET UG) _____ Rank (AIQ) _____ (state) _____ (C.N) _____

Marks Obtained in 10+2 PCB: Mark Obt. _____ Out of _____

English: Mark Obt. _____ Out of _____

Score Card of NEET: Mark Obt. _____ Out of _____ Percentile: _____

I Solemnly affirm that I shall strictly abide by the rules of the Government Medical College, purnea failing which I am liable to be deposed to disciplinary action and all amount paid by me shall be forfeited.

I do hereby also declare that if any of the statement/certificate on the basis of which I have been admitted is discovered to be false at any subsequent time I am liable to be removed from the course and legal actions will be initiated against me. I will not be allowed to attend the classes and sit for any examination till final judgment of the case.

I am not Doing any course anywhere.

Signature of Parents/Guardian

Signature of Candidate

Mobile No. _____

Mobile No. _____

(For the use by Officials at the time of verification of documents)

"ALL VERIFICATIONS TO BE MADE FROM ORIGINAL DOCUMENTS"

For MBBS Courses

- | | | |
|---|--------------------------|--------|
| 1. Photo(8 in Pieces)/Adress Identity (Aadhar) | _____ | Yes/No |
| 2. Admit card (qualifying Examination) | _____ | Yes/No |
| 3. Allotment Order for MBBS Course | _____ | Yes/No |
| 4. Rank card of NEET | _____ | Yes/No |
| 5. Matriculation Certificate&Marksheet (For DOB) | _____ | Yes/No |
| 6. I.sc/10+2Admit card,Marksheet&certificate | _____ Passing year _____ | Yes/No |
| 7. CLC/SCL Form last attended Institution | _____ | Yes/No |
| 8. Character Certificate | _____ | Yes/No |
| 9. Residential Certificate (Current) | _____ | Yes/No |
| 10. Cast certificate/ EWS (Current) | _____ | Yes/No |
| 11. Gap certificate(students who have passed 12 th before 2022) | _____ | Yes/No |
| 12. DQ certificate | _____ | Yes/No |
| 13. Identification Mark , if any | _____ | Yes/No |
| 14. Signature & Photograph of the Candidate
(to be verified by the members of the board) | _____ | |
| 15. Deficiencies, if any | _____ | |

Signature of the verifying Team 1. _____ 2. _____

3. _____ 4. _____ 5. _____

Recommendation of prof. I/c Admission:

Order of the Principal

