

Government Medical College, Purnea

Important Notice for PG/DNB Counselling 2025

All Original Documents along with Self attested Xerox copy are to be submitted at the time of Counselling/Admission.

:-Documents Verification हेतु प्रमाण पत्रों की सूची:-


01. NEET PG Admit Card.
02. NEET PG Entrance Exam Scorecard.
03. MBBS Degree Certificate.
04. Internship Completion Certificate.
05. CASTE Certificate.(if applicable)
06. Domicile Certificate.
07. Medical Council Registration Certificate.
08. Valid Photo ID- Proof, Aadhar Card, Or Voter ID Card.
09. Passport Size Photograph (3.5cm X 4.5cm)- 6pic
10. Allotment Letter.(NEET PG Medical Counselling)
11. College Leaving Certificate/Transfer Certificate.
12. Resignation/Relieving & No dues Certificate from previous Course.
13. MBBS Marksheet (1st to Final Year).
14. Relieving Letter & Charge Report with Countersigned (If in any Service).
15. Marticulation or 10th Certificate (For Date of Birth).
16. Date of Birth Certificate
17. Any other documents required (if any) such as **DQ (PH) /EWS Certificate etc.** Note:- (DQ Certificate must be issued from the Authorized institution list as per the norms of BCECE Board, Patna & MCC).

नोट:-

(क)सभी प्रमाण पत्रों की मूल प्रति उपरोक्त क्रमानुसार में एकत्रित कर रखें।

(ख) सभी प्रमाण पत्रों की दो प्रति फोटोकॉपी में स्व० अभिप्रमाणि स्व० हस्ताक्षरित कर उपरोक्त क्रमानुसार में एकत्रित कर रखें।

(ग) निर्धारित स्थान पर अपने माता/पिता/अभिभावक का हस्ताक्षर कराने के उपरान्त ही प्रवेश करें।


DNB Director In-charge
(Dr. Prem Prakash)
Associate Professor,
GMC, Purnea

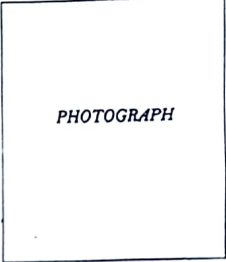

Principal
Government Medical College, Purnea

GOVERNMENT MEDICAL COLLEGE, PURNEA (BIHAR)

MEDICAL TEST REPORT

PG - DNB
[REDACTED] BATCH - 2025

Name of the Candidate
Father's Name
Mother's Name
Roll No. (NEET ^{PG} / Others)
Category and Rank
Date of Birth
Identification Marks
Height
Weight
Chest
Chest Expanded Normal
Heart
Lungs Hearing
Vision R. E. L. E.
Eye disease, if any
Whether fit or unfit
Signature of Candidate



Signature of members of Medical Team :-

1. 2. 3.

4. 5.

PGMAC - 2025
(MD / MS / PGD / DNB)

Biometric Identification Report

PGMAC-2025-ID _____

Date : _____

CANDIDATE'S NAME : _____

NEET(PG)-2025 Rank. : _____

PGMAC-2025 RANK : UR RANK _____ CAT. RANK _____

AADHAR NO.. : _____

PHONE / MOBILE NO. : _____

The biometric data comprising of the thumb impression and photo of the above mentioned candidate appearing for the counselling of PGMAC-2025 for MD / MS / PGD / DNB was collected before the undersigned on dated for establishing his / her identity.



L.T.I./R.T.I. of the Candidate

Signature of the Candidate

Remark if any

Signature of Representative of
SYSTEMAT Solutions Pvt. Ltd.

Signature of Officer Incharge
PGMAC- 2025