Standard of Physical Fitness for admission to the MBBS	for the
Admission year	
Name: Father's Name	Photo
NEET Roll No NEET Marks	1 110 00
Category of Admission (in which selected)	

with Stamp

Signature of the candidate

Chairman of Medical Board, Govt. Medical College, Patiala.

List of documents received at the time of joining MBBS/BSC MED/BSC/BMLT course Under State Quota (85%) & AIQ (15%)Quota for the session 20....

NEET Roll No.	:	Out of
Under Quota (State or AIQ)	:	
Category (in which selected)		
Mother's Name	:	
Father's Name	:	
Name	:	

Sr. No.	List of documents to be given at the time of joining (Please append the documents in)	Submitted by student	Received by GMC, Patiala official
1.	Medical Certificate		
2.	Provisional Allotment Letter		
3.	Date of Birth certificate (10th class certificate)		
4.	Detail marks card 10+1		
5.	Detail marks card 10+2		
6.	Certificate from the Head of the Institute where from passed 10+1 and 10+2		
7.	Character certificate by the Principal of the Institution last attended		
8.	NEET Admit Card		
9.	NEET Result		
10.	Fee Receipt (State Quota) or Demand Draft (AIQ Candidate)		
11.	Gap Undertaking		
12.	Migration Certificate		
13.	Punjab Resident Certificate		
14.	Category certificate (In which selected)		
15.	Affidavit (not availed any residence benefit in any other state)		
16.	Aadhar Card		

Signature of candidate (with date)

S.No.	Member Name	Signature
1		
2		
3		
4		
5		
6		
7	•	
8		
9	Representative of Social Welfare Deptt	

Chaiperson Signature (with date)

GOVERNMENT MEDICAL, COLLEGE, PATIALA

Application Form for admission to MBBS course Under State Quota (85%) & AIQ (15%) for the session 20....

1.		(In Block Letter natric certificate)	:							
2.	Father	's Name (In Blo	: ck						Th otom	ranh
3.		(as per matric certi r's Name (In Blo		<u> </u>				'	Photogi	rapn
	Letter)	(as per matric certi	-	nth Ye	ar					
4.		f Birth (as per ulation certifica	ate)							
5.	NEET I	Roll No.	:							
6.	NEET I	Marks	•							
7.	Aadha	r Card No.	:							
8.	Catego selecte	ory (in which ed)	:							
9.		I Income of par	: ents							
10.	Father	's Occupations	:							
	Sex		: Male	Female						
11.										
12.		ete Correspond ss (with phone								
12.										
13.										
	Comple	ete permanent								
14.	Acade	mic Qualificatio	ons Equivalent 10+2 de	tails)				•••••		
	Class	Name of	Name of school with	Year	Roll No.	Date of	Subject		Marks	,
		Board/ Council	city and state	& Session		declaration of result		Max. Marks	Marks Obtd.	% age
							Physic			
	10+2	·					Chemistry			
							Biology			
							Total English	1		
							G. Total			
1	5. Unde a) b)	I hereby certify the concealed any in I agree to observe with regard to prolaid from time to	bledge by the candid that the entries made by me formation in any manner. The and abide by all the rules togramme of studies syllabitime by Baba Farid Univers	e in this form and regulations, scheme of ity of Health	ons of the in of examination	estitution in which on, examination i aridkot and / this	I have been a rules and the h institutions/Pur	dmitted, in ostel rules njab Gover	cluding th	nose / be
	c)	I fully understand	studies and I will not associ that for any violation or infities which may include can	ringement of	these rules a	and regulations of	•		taken aga	ainst
	d)	•	e not been involved in any				ding against me	in any co	urt of law.	
	e)	I understand that	if at any stage, it is found to automatically and shall have	hat I have pro	ovided any w	rong information	to seek admis	sion my ac	lmission s	
						Signature o	f the candida	te (with	date)	
	<u>Un</u>	dertaking by l	Parent/Guardian							
	I ce with	rtify that my son/o	Parent/Guardian daughter/ward Mr./Ms nd consent and that I hold n luring the stay at institution	nyself respon	sible for his/	her good conduc	has submitted at and his/her m	aintenanc	e and	

Signature of the parent/Guardian (with date)

UNDERTAKING BY THE CANDIDATE IN AFFIDAVIT SHAPE

	1.	l,		S/o, D/o
		Mr./Ms	ha	ave carefully read
		and fully understood	the law prohibiting ragging and the	e directions of the
		Supreme Court and th	e Central/State Government in this	s regard.
	2.	I have received a cop	y of the MCI regulations on Curbi	ng the Menace of
		Ragging in Higher Edu	ucational Institutions, 2009	
	3.	I hereby undertake that	at:-	
		I will not in	ndulge in any behavior or act that	may come under
		the definiti	ion of ragging.	
		 I will not form. 	participate in or abet or propaga	te ragging in any
		 I will not hear leading 	nurt anyone physically or psychol harm.	ogically or cause
	4.	I have agree that if	found guilty of any aspect of ra	agging, I may be
		punished as per the p	provisions of the MCI Regulations	mentioned above
		and/or as per the law	in force.	
	Signed this	sday of _	month of	year
				Signature
				Signature
			Address of witnes	s
(1)	Witness:-			
` '	Name:			
(2)	Witness:-			
(4)				
	orginaturo			

UNDERTAKING BY THE PARENT/GUARDIAN IN AFFIDAVIT SHAPE

	1.	l,		F/o, M/o,
		G/o Mr./Ms		have carefully
		read and fully understood	the law prohibiting raggir	ng and the directions
		of the Hon'ble Supreme C	ourt and the Central/State	Government in this
		regard as well as the MCI F	Regulations on Curbing th	e Menace of Ragging
		in Higher Educational Insti	tutions, 2009.	
	2.	I assure you that my son	/daughter/ward will not in	ndulge in any act of
		ragging.		
	3.	I hereby agree that if he/s	she is found guilty of an	y aspect of ragging,
		he/she may be punished		the MCI Regulations
		mentioned above add/or as	s per the law in force.	
	Signed this	sday of	month of	year
				Signature
			Address of with	ness
(4)	180			
(1)	Witness:-			
(2)	Witness:-			
	oignature			

AFFIDAVIT OF THE PARENTS

I, Father resident of	
solemnly state and affirm as under:-	do hereby
 That I am a citizen of India. That neither the deponent nor the ch the benefit of residence in any other 	<u>=</u>
Place: Dated	Deponent
VERIFICATION: Verified that the contents of my above a my knowledge and belief and nothing has been	affidavit are true and correct to the best of concealed therefore.
Place: Dated	Deponent
Gap Under	rtaking
I, Shri	·
solemnly state and affirm as under:-	
from	
That I have joined the course of	(name of institution)
Place: Dated	Deponent
VERIFICATION:	
Verified that the contents of my above a my knowledge and belief and nothing has been	affidavit are true and correct to the best of concealed therefore.
Place Dated	Deponent

GOVT. MEDICAL COLLEGE, PATIALA.

То			
	Deputy Controller (F & A) Government Medical College Patiala.	е,	
	No.	Date	
Subject	Regarding admission fee for	MBBS admission ses	sion-20
	On the subject cited above.		
	Please accept admiss	sion fee	-
S/o, D/o Sh		NEET Roll No.	
Rank	selected in MBBS under _		_category seat session
2022.			
			Incharge Training Branch, t Medical College, Patiala
			3 /
	GOVT. MEDICAL C	OLLEGE, PATIALA.	
То			
	Deputy Controller (F & A) Government Medical College Patiala.	⊖,	
	No.	Date	
Subject	Regarding admission fee for	MBBS admission ses	sion-20
	On the subject cited above.		
	Please accept admiss	sion fee	
S/o, D/o Sh		NEET Roll No.	
Rank	selected in MBBS under _		_category seat session
2022.			

Incharge Training Branch, Government Medical College, Patiala

Course		Session			Quota	(State/AIQ)	
			2	20			
Reg. No.							
Name				ਨਾਮ			
F'Name				ਪਿਤਾ ਦਾ ਹ	ਨਾਮ		
M'Name				ਮਾਤਾ ਦਾ ਹ	ਨਾਮ		
DOB				Gende	er		
Address				State	;		
				Distt.	•		
Mobile No.				Emai	l		
Aadhar No.				Nationa	lity		
			Salact	ion Details			
Select	ion Ca	tegory		uota (State/A	IQ)	Sel	ection Date
			10+	2 Details			
Examina	tion			mination			10+2
Sessio	n			Year			Examination
G CG	1 1		NT.	CD 1			Roll No.
State of So	cnool		Name	e of Board			
				Wise Details	5		
	Subjec		Mark	s Obtained		Maxi	mum Marks
	Physics						
	hemist Biology	-					
-	Total						
	English						
		<u>-</u>					
Name of I	Entranc	e Test	NEET UG	T Details NEET	Roll N	о.	
Marks	Obtain	ed		Total	l Marks		
Per	Percentile			Oper	n Rank		