Standard of Physical Fitness for admission to the MBBS for the Admission year 2025-2026.

Name:……..……. Father's Name ……

NEET Roll No..... NEET Marks.....

Category of Admission (in which selected).....

Photo

OPHTHALMOLOGY DEPARTMENT		
1)	**EYES**	**Signature with Stamp of Assistant Professor and above.**
a)	The absence of one eye shall not be a bar. The vision of the Remaining eye shall not be less than 6/9 with or without glasses.	
b)	The minimum vision of persons in possession of both eyes will be 6/12, 6/18 with or without glass.	
c)	There shall be no fundus diseases adversely defective the vision.	
E.N.T. DEPARTMENT		
2)	**EARS**	
	The hearing power shall be such as to enable a candidate to use his stethoscope effectively.	
MEDICINE DEPARTMENT		
3)	**HEIGHT** (A candidate may be of any height)	
4)	**PULSE :**- Regular	
5)	**BLOOD PRESSURE :-** Normal	
6)	**HEART :-** No organic disease	
7)	**LUNGS :-** No organic disease	
8)	**LIVER, SPLEEN, KIDNEY AND LYMPHATIC :-** No permanent abnormality	
9)	**NERVOUS SYSTEM:-** Candidate should be mentally sound.	
SURGERY DEPARTMENT		
10)	**Surgical Check up.**	
ORTHOPAEDICS DEPARTMENT		
11)	**EXTREMITIES**	
a)	Any one with bad deformity or an absent limb shall be debarred.	
b)	There shall be no deformity of lower limb or spine to hinder normal locomotion.	
c)	There shall be no active or infectious disease of any system.	
RADIO-DIAGNOSIS DEPARTMENT		
12)	Every candidate shall have X-ray screening of the chest to excluded active Pulmonary Tuberculosis.	
CLINICAL PATHOLOGY DEPARTMENT		
13)	**URINE :-** Free from albumen or sugar.	
OBST. & GYNAE DEPARTMENT		
14)	Gynae check-up for girls	
BLOOD BANK DEPARTMENT		
15)	**BLOOD GROUP**	
	Identification Mark	
Left Thumb Impression (for Boys) **Right Thumb Impression (for Girls)**		

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….

Name : _____

Father's Name : _____

Mother's Name : _____

Category (in which selected) _____

Under Quota (State or AIQ) : _____

NEET Roll No. : _____**Marks** _____**Out of**_____

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.	10+2 Migration Certificate		
7.	Character certificate by the Principal of the Institution last attended		
8.	Category certificate (In which selected)		
9.	Gap Undertaking		
10.	Punjab Resident Certificate		
11.	Certificate from the Head of the Institute where from passed 10+1 and 10+2		
12.	NEET Admit Card		
13.	NEET Result		
14.	Fee Receipt (State Quota) or Demand Draft (AIQ Candidate)		
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. **Name (In Block Letter)** **(as per matric certificate)** :

2. **Father's Name (In Block Letter)** **(as per matric certificate)** :

3. **Mother's Name (In Block Letter)** **(as per matric certificate)** :

Photograph

4. **Date of Birth (as per matriculation certificate)** : **Day** **Month** **Year**

5. **NEET Roll No.** :

6. **NEET Marks** :

7. **Aadhar Card No.** :

8. **Category (in which selected)** :

9. **Annual Income of parents from all sources** :

10. **Father's Occupations** :

11. **Sex** : **Male** ☐ **Female** ☐

12. **Complete Correspondence Address (with phone no.)** : ……

……

……..

13. **Complete permanent address** : ……

……

……..

14. Academic Qualifications Equivalent 10+2 details)

Class	Name of Board/ Council	Name of school with city and state	Year & Session	Roll No.	Date of declaration of result	Subject	Marks		
							Max. Marks	Marks Obtd.	% age
10+2						Physic			
						Chemistry			
						Biology			
						Total			
						English			
						G. Total			

15. Undertaking and pledge by the candidate:-

a) I hereby certify that the entries made by me in this form are correct to the best of my knowledge and belief and I have not concealed any information in any manner.

b) I agree to observe and abide by all the rules and regulations of the institution in which I have been admitted, including those with regard to programme of studies syllabus, scheme of examination, examination rules and the hostel rules that may be laid from time to time by Baba Farid University of Health Sciences, Faridkot and / this institutions/Punjab Government during the period of my studies and I will not associate myself with any activities prejudicial to discipline of institutions.

c) I fully understand that for any violation or infringement of these rules and regulations disciplinary action can be taken against me by the authorities which may include cancellation of the candidate.

d) I certify that I have not been involved in any illegal activity and no criminal case is pending against me in any court of law.

e) I understand that if at any stage, it is found that I have provided any wrong information to seek admission my admission shall stand cancelled automatically and shall have no claim whatsoever, on the seat or the dues paid to the institution.

_____

Signature of the candidate (with date)

Undertaking by Parent/Guardian

I certify that my son/daughter/ward Mr./Ms. _____ has submitted this application with my knowledge and consent and that I hold myself responsible for his/her good conduct and his/her maintenance and any payment of fee during the stay at institution. The entries made by him/her in the admission form are correct to the best of my knowledge and belief.

_____

Signature of the parent/Guardian (with date)

UNDERTAKING BY THE CANDIDATE IN AFFIDAVIT SHAPE

1. **I, _____ S/o, D/o Mr./Ms. _____ have carefully read and fully understood the law prohibiting ragging and the directions of the Supreme Court and the Central/State Government in this regard.**
2. **I have received a copy of the MCI regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009**
3. **I hereby undertake that:-**

    - **I will not indulge in any behavior or act that may come under the definition of ragging.**
    - **I will not participate in or abet or propagate ragging in any form.**
    - **I will not hurt anyone physically or psychologically or cause any other harm.**

4. **I have agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the MCI Regulations mentioned above and/or as per the law in force.**

Signed this _____day of _____month of _____ year

_____

Signature

Address of witness

(1) Witness:- _____

Name:_____ _____

Signature_____ _____

(2) Witness:- _____

Name:_____

Signature_____ _____

_____

UNDERTAKING BY THE PARENT/GUARDIAN IN AFFIDAVIT SHAPE

1. **I, _____ F/o, M/o, G/o Mr./Ms. _____ have carefully read and fully understood the law prohibiting ragging and the directions of the Hon'ble Supreme Court and the Central/State Government in this regard as well as the MCI Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.**

2. **I assure you that my son/daughter/ward will not indulge in any act of ragging.**

3. **I hereby agree that if he/she is found guilty of any aspect of ragging, he/she may be punished as per the provisions of the MCI Regulations mentioned above add/or as per the law in force.**

Signed this _____day of _____month of _____ year

_____

Signature

Address of witness

(1) Witness:- _____

Name:_____ _____

Signature_____ _____

(2) Witness:- _____

Name:_____

Signature_____ _____

_____

AFFIDAVIT OF THE PARENTS

I, …… Father of …….. resident of …… ……. do hereby solemnly state and affirm as under:-

1. That I am a citizen of India.
2. That neither the deponent nor the child/ward of the deponent have obtained the benefit of residence in any other state.

Place:…….. Deponent
Dated…….

VERIFICATION:

Verified that the contents of my above affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therefore.

Place:……..
Dated……. Deponent

.....

Gap Undertaking

I, ……..…… S/o, D/o Shri…….. resident of …… ……. do hereby solemnly state and affirm as under:-

1. That I have passed 10+2 examination held in ……. from ……. …… (name of the college/school).
2. That I have not joined any college/institution after passing 10+2.

OR

That I have joined the course of …… at ……. (name of institution) from …… and will leave the same before joining the MBBS course

Place:……..
Dated……. Deponent

VERIFICATION:

Verified that the contents of my above affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therefore.

Place…….
Dated……. Deponent

GOVT. MEDICAL COLLEGE, PATIALA.

To

Deputy Controller (F & A)
Government Medical College,
Patiala.

No. Date

Subject Regarding admission fee for MBBS admission session-20….

On the subject cited above.

Please accept admission fee of Mr/Ms_____

S/o, D/o Sh._____ NEET Roll No. _____

Rank _____selected in MBBS under _____category seat session 20…..

Incharge Training Branch,
Government Medical College, Patiala

GOVT. MEDICAL COLLEGE, PATIALA.

To

Deputy Controller (F & A)
Government Medical College,
Patiala.

No. Date

Subject Regarding admission fee for MBBS admission session-20…..

On the subject cited above.

Please accept admission fee Mr/Ms_____

S/o, D/o Sh._____ NEET Roll No. _____

Rank _____selected in MBBS under _____category seat session 20….

Incharge Training Branch,
Government Medical College, Patiala

MBBS Admission-2025
DECLARATION

We……(Candidate) Son/daughter of……

R/o…… And……(Guardian) son/daughter

of …… R/o……

declare as under;

A. By The Candidate

1. **I have applied for admission to MBBS Course 2025 of Government Medical College Patiala after having read & understood all the terms and condition given in the prospectus of BFUHS.**

2. **If admitted to MBBS Course 2025, I agree to abide by the terms and condition of the prospectus.**

3. **I understand that the duration of course of instruction for the degree of Bachelor of Medicine and Bachelor of surgery (MBBS) including Compulsory Rotatory Medical Internship, shall be five and a half years.**

4. **I understand that if all the certificates submitted are not approved by the authorities concerned, my admission shall be cancelled.**

5. **If admitted to the college, I agree that my admission shall be cancelled if I am found to have submitted incorrect or incomplete information to the college authorities. I agree that in such case, and fee paid shall not be refunded to me, Decision of the Director Principal in such case will be final. I confirm that I have not been disqualified from any university.**

6. **I also understand that the decision of the admission committee will be final and that my admission made will be subject to approval by the Baba Farid university of Health Sciences, Faridkot.**

7. **I understand that the fee paid by me on being admitted to the course is as per the prospectus and that the fee is payable either by RTGS/NEFT or bank demand draft in the name of " Government Medical College Patiala" against a proper receipt, and cash/cheques will not be accepted. I know and agree that the fees once paid is/are not refundable.**

8. **I agree to pay all the dues as notified by the college authorities from time to time and on the dates fixed for the purpose and understand that fees/dues paid once are not refundable, I agree that my outstanding dues against me, as and when I leave the college, shall be adjusted by the authorities concerned from my security deposit and the balance, if any, claimed for me.**

9. **If I, directly or indirectly, take part in movement to create any kind of disturbance during the period of the above mentioned course, including Compulsory Rotatory Medical Internship period, in the College/Hospital/Hostel or hold on address a meeting in the College/Hospital/Hostel or participate in any other activity which, in the opinion of the Principal/Medical Superintendent/ will undermine the College/Hospital/Hostel discipline indulge in taking alcoholic beverages or hallucinogenic drugs, I agree that my name shall be removed from the rolls of the College authorities, I agree that the decision of the college authorities in such matter shall be final and binding on me.**

10. I understand that I will be permitted to take the 1st Prof. MBBS Examination one year after my admission provided I put in the minimum required attendance in the theory and Practical classes along with minimum required marks in Internal Assessment as per rules of the University and NMC.

11. If the college authorities find, On the basis of my results in the college examinations or my failure to take such examinations, that I am not a fit candidate to be promoted to the next higher class or be debarred from appearing in the professional examination.

12. I have fully understood that as per rules and regulations of Government Medical College Patiala, the parking facility is available only for two wheelers and I am not permitted to park any four wheeler inside the college campus. I have further understood that in case of violation of any rules and regulations of Government Medical College Patiala, I shall be liable for punishment which may include rustication from the college.

B By Parent/ Guardian

13 I have fully understood that as per rules regulations of Government Medical College Patiala, the parking facility is available only for two wheelers and my ward is not permitted to park any four wheeler inside the college campus. I have further understood that in case of violation of any rules and regulations of Government Medical College Patiala, my ward shall be liable for punishment which may include rustication from the college.

14 I hereby declare that if ……..is admitted he/she shall abide by the rules of Government Medical College Patiala, given in the prospectus and those made by the authorities hereafter.

15 I hereby declare that I hold myself responsible for the timely payment of all the dues i.e. tuition fee, fines, canteen, mess and other charges etc. payable to Government Medical College Patiala in respect of my son/daughter/ward name…….. during the period of his/her studies in Government Medical College Patiala.

16 I declare he/she has never been disqualified by any University or Board.

…… Signature of the Student

…… Signature of Parents/Guardian
Guardian's relationship with the Candidate……..

Witness: (with full name, address and signature)

1. ……
…….
……

2 ……
…….
…….

Course	Session	Quota (State/AIQ)
	2025-26	

Reg. No.			**APAAR ID**	
Name			**ਨਾਮ**	
F'Name			**ਪਿਤਾ ਦਾ ਨਾਮ**	
M'Name			**ਮਾਤਾ ਦਾ ਨਾਮ**	
DOB			**Gender**	
Address			**State**	
			Distt.	
Mobile No.	Student.		**Email**	
	Parents.			
Aadhar No.			**Nationality**	

Selection Details

Selection Category	Selection Quota (State/AIQ)	Selection Date

10+2 Details

Examination Session		Examination Year		10+2 Examination Roll No.
State of School		Name of Board		

Subject Wise Details

Subject	Marks Obtained	Maximum Marks
Physics		
Chemistry		
Biology		
Total		
English		
Grand Total		

NEET Details

Name of Entrance Test	NEET UG	NEET Roll No.	
Marks Obtained		Total Marks	
Percentile		Open Rank	