

**GOVERNMENT AUTONOMOUS MEDICAL COLLEGE**  
**RATLAM (M.P.) 457001**

<b>PHOTOGRAPH: VERIFIED / NOT VERIFIED</b>	<b>PHOTO</b>
Name..... Designation .....	
Signature..... of Photograph verifying officer	

**PROFORMA OF SCRUTINY**  
**PARTICULARS & DECLARATION OF THE CANDIDATE**  
**FOR MBBS (UG) BATCH-2019-20**

(TO BE FILLED IN BY THE CANDIDATE IN CAPITAL LETTERS)

1. NAME OF THE CANDIDATE \_\_\_\_\_ SEX \_\_\_\_\_
2. DATE OF BIRTH \_\_\_\_\_ Blood Group \_\_\_\_\_ NATIONALITY \_\_\_\_\_
3. PLACE & STATE OF BIRTH \_\_\_\_\_
4. MOBILE NO \_\_\_\_\_ E-Mail \_\_\_\_\_
5. SEAT – STATE / ALL INDIA / GOI NOMINEE \_\_\_\_\_
6. CATEGORY – UR/ EWS/ OBC/ SC / ST \_\_\_\_\_
7. CLASS – MP / FF /PWD/ F /X \_\_\_\_\_
8. FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
MOBILE NUMBER \_\_\_\_\_ E. Mail id \_\_\_\_\_
9. MOTHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
MOBILE NO: \_\_\_\_\_ E. Mail id \_\_\_\_\_
10. LOCAL/ GUARDIAN NAME & ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
PHONE NO: \_\_\_\_\_
11. PERMANENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
& PHONE NO. WITH S.T.D. CODE: \_\_\_\_\_

**DECLARATION**

I hereby solemnly declare that the information given by me in this form and enclosures is true and I am solely responsible for its accuracy. I am fully aware that providing incorrect and false information due to any reason at the time of allotment of the seat and / or at the time of admission or subsequently, is an offence and my admission is liable to be cancelled without any notice at any time by the Director, Medical Education / Dean of the Institution.

I also hereby declare that I have **AVAILED / NOT AVAILED** any **Gap period** during my pre-medical education curriculum.

Name of Parent/Guardian.....

Name of Candidate .....

Signature .....

Signature .....

Date :.....

Date :.....

Contd.....2...

**FOLLOWING ORIGINAL DOCUMENTS ARE BEING SUBMITTED BY THE CANDIDATE-2019-20**

Name of Candidate.....S/O,D/O..... Category .....  
 Willing for up-gradation.....

S.N O	DOCUMENT	Name of issuing body	Document no.	Documents date	Signing Authority of document	Remark
1	Allotment Letter					
2	NEET Mark Sheet/ Rank letter					
3	Admit Card / Roll no:					
4	10 <sup>th</sup> Mark Sheet / Certificate (DOB Certificate)					
5	12 <sup>th</sup> Mark Sheet					
6	Aadhar Card					
7	Domicile Certificate					
8	Caste Certificate					
9	EWS Certificate					
10	Income Certificate (Family)/ Self Declaration of Family Income (Last Financial Year)					
11	Certificate – PWD. / M.P./ F.F.					
12	Affidavit of Proforma 8					
13	Green Card Holder if applicable					
14	Medical Fitness Certificate					
15	Gap Affidavit if applicable					
16	School / College Leaving Certificate					
17	Migration Certificate					
18	Character Certificate					
19	CD of all above documents					
20	Domicile certificate of other State Proforma 7					
21	Concession type:- (पोस्ट्र मैट्रिक छात्रवृत्ति:-SC/ST/OBC) (मुख्यमंत्री मेधावी योजना) (मुख्यमंत्री जनकल्याण योजना) .....					
22	30 recent colored photograph with name, application no. and merit no. with ball point pen at the back + one 4x6 colored photographs.					

Total No. of documents \_\_\_\_\_

Signature of the candidate \_\_\_\_\_

The above mentioned submitted documents were scrutinized by the committee & found in order. candidate is recommended for depositing the fees for admission.

Name & Signature

**Chairman/Co-Ordinator / Nodal Officer  
 Scrutiny Committee  
 Government Autonomous Medical College,**

