

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

PHOTOGRAPH: VERIFIED/ NOT VERIFIED

Name.....Designation .....

PHOTO

Signature..... of Photograph verifying officer

**PROFORMA OF SCRUTINY**

**PARTICULARS & DECLARATION OF THE CANDIDATE**  
**FOR PARAMEDICAL COURSES BATCH-2021-22**

(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. DOMICILE- CITY \_\_\_\_\_ STATE \_\_\_\_\_
6. CATEGORY – UR/ EWS/ OBC/ SC / ST \_\_\_\_\_
7. CLASS – MP (SN) / FF /PWD/ F /IS \_\_\_\_\_
8. FATHER’S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
MOBILE NUMBER \_\_\_\_\_ E. Mail id \_\_\_\_\_
9. MOTHER’S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
MOBILE NO: \_\_\_\_\_ E. Mail id \_\_\_\_\_
10. LOCAL/ GUARDIAN NAME WITH RELATION & ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
PHONE NO: \_\_\_\_\_
11. PERMANENT ADDRESS \_\_\_\_\_  
& PHONE NO.: \_\_\_\_\_

**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.....  
(RELATION) .....  
Signature .....  
Date: .....

Name of Candidate .....  
Signature .....  
Date: .....

**FOLLOWING ORIGINAL DOCUMENTS ARE BEING SUBMITTED BY THE CANDIDATE-2021-22**

Name of Candidate.....S/O, D/O.....

Category .....

Willing for upgradation (Yes/No) ..... Choice of Course (1) ..... (2) .....

Sr. No.	DOCUMENT	Name of issuing body	Document Sr. no.	Documents date	Signing Authority of document	Remark
1	10 <sup>th</sup> Mark Sheet /Certificate (DOB Certificate)					
2	12 <sup>th</sup> Mark Sheet					
3	Aadhar Card (photocopy)					
4	Domicile Certificate					
5	Caste Certificate					
6	EWS Certificate					
7	Income Certificate (Family)/ Self Declaration of Family Income (Last Financial Year)					
8	Certificate – PWD. / M.P. / F.F./IS					
9	Affidavit of Proforma 4 (Seat leaving bond)					
10	Gap Affidavit if applicable					
11	School/ College Leaving Certificate					
12	Migration Certificate					
13	Character Certificate					
14	Medical Fitness Certificate					
15	Concession type:- (पोस्ट मैट्रिक छात्रवृत्ति:-SC/ST/OBC) (मुख्यमंत्री मेधावी योजना) (मुख्यमंत्री जनकल्याण योजना) .....					
16	08 recent stamp size (2.5 X 2.5 cm) colored photograph. 2 sets of Self Attested photocopy of all above documents (1 coloured set + 1 black & white set)					

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

Name & Signature

Name & Signature

Name & Signature

**Chairman/Coordinator/ Nodal Officer  
Scrutiny Committee  
Government Autonomous Medical College, Ratlam**