



AIPGMEE-2023

GOVERNMENT MEDICAL COLLEGE, SURAT

Outside Majura Gate, Surat-395 001

**ALL INDIA****NEET P. G. ENTRANCE EXAM-2023****REPORT FOR ADMISSION IN POST GRADUATE COURSE**

(To be submitted in duplicate)

Date of Report: _____.

Name: _____

Address: _____

E-mail I.D. _____

1st Round**2023-24 Year**

To,
The Dean,
Govt. Medical College,
Out side Majura Gate,
SURAT-395 001.

AIR-Merit No. _____ NEET PG Roll No _____

Mobile No.(self) _____ Whatsapp No.(self) _____

Whatsapp Mo. No. (Father) _____ Mo.No.(Mother) _____

Sir,

I the undersigned here by report for admission in Postgraduate course at your College,

I submit herewith the following Certificate/documents.

- (1) Subject: _____ Degree _____
- (2) Date of Internship Completed : _____
- (3) Name of the University : _____
From which MBBS passed with the: _____
- (4) Name of State. : _____

Following Documents are attach with the application form

- (1) Provisional Allotment Letter issued by MCC. : (Original)+(Xerox) Attested.
- (2) Cast Certificate. (Validity Certificate)-(ST/SC/OBC/EWS) : (Original)+(Xerox) Attested.
- (3) Admit Card issued by NBE. : (Original)+(Xerox) Attested.
- (4) Result/Rank letter issued by NBE. : (Original)+(Xerox) Attested.
- (5) Mark Sheet MBBS 1st, 2nd, 3rd Professional Examinations. : (Original)+(Xerox) Attested.
- (6) Degree Certificate. (Provisional / Permanent). : (Original)+(Xerox) Attested.
- (7) Internship Completion Certificate. (College & University) : (Original)+(Xerox) Attested.
- (8) U.G. State Registration Certificate. (Provisional/Permanent). : (Original)+(Xerox) Attested.
- (9) Birth Date Proof. (As per 10th Mark sheet/Passing Certificate.) : (Original)+(Xerox) Attested.
(Birth Certificate/Leaving Certificate).
- (10) Appendix-1 for INSURANCE (In Duplicate). : (Original)
- (11) Aadhar Card/Voter ID/Pan Card/Driving License : (Xerox) Attested
- (12) 12th MARK SHEET. : (Original)+(Xerox) Attested.
- (13) Disability Certificate. (If Applicable) : (Original)+(Xerox) Attested.

I hereby undertake that the information given above and documents submitted are correct.

Place :-Surat.

Date :- _____.

Yours Faithfully,

(Signature of Student)

Please accept FIRST YEAR DEGREE Residency Deposit.

PLA DEPOSIT :-

Rs. _____.

P.T.O.

..2..

I shall produce the Following Certificate / Documents within 15 Days.

- (1) **Certificate of Provisional Registration from Gujarat Medical Council, Ahmedabad.**
- (2) _____
- (3) _____
- (4) _____
- (5) _____

I know that, if I fail to produce the above remaining certificate / documents within 15 days, my admission will be cancelled.

Place :-Surat.

Date :-

(Signature of Student)

PLEASE RIGHT IN BLOCK LETTER

Date of Report :- _____

Name :- _____

Address :-

Merit No. _____

Mobile No. _____