



AIPGMEE-2024

GOVERNMENT MEDICAL COLLEGE, SURAT

Outside Majura Gate, Surat-395 001

**ALL INDIA****NEET P. G. ENTRANCE EXAM-2024****REPORT FOR ADMISSION IN POST GRADUATE COURSE
(To be submitted in duplicate)**

Date of Report: _____

Name: _____

Address: _____

E-mail I.D. _____

3rd Round**2024-25 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) Aadhar Card/Voter ID/Pan Card/Driving License : (Xerox) Attested
 - (11) 12th MARK SHEET. : (Original)+(Xerox) Attested.
 - (12) Disability Certificate. (If Applicable) : (Original)+(Xerox) Attested.
- I hereby undertake that the information given above and documents submitted are correct.
- (13) Relieving order from MCC.

Place :-Surat.

Date :- _____

Yours Faithfully,

(Signature of Student)

Please accept FIRST YEAR DEGREE Residency Deposit.

PLA DEPOSIT :-

Rs. _____

P.T.O.

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. _____