**AISSMEE-2024**





**GOVERNMENT MEDICAL COLLEGE,SURAT**

**Outside Majura Gate,Surat-395 001**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ALL INDIA NEET - S.S. ENTRANCE EXAM-2024**

**REPORT FOR ADMISSION IN SUPER SPECIALITY COURSE**

**(To be submitted in duplicate)**

**Date of Report: .**

 **Name:**

 **Address**:

**To,**

**The Dean, E-mail I.D.**

**Govt. Medical College,**  **Stray Vacanacy Round**

**Out side Majura Gate, 2024-25 Year**

**SURAT-395 001.**

**AIR-Merit No. NEET S.S. Roll No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

 **Mobile No.(self) Whattsapp No.(self)**

 **Whattsapp Mo. No. (Father) Mo.No.(Mother)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sir,**

 **I the undersigned here by report for admission in Super Specialty course at your College,**

 **I submit herewith the following Certificate/documents.**

**(1) Subject: Degree**

**(2) Date of Post graduate Completed :**

**(3) Name of the University :**

 **From which MD/MS/DNB 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) Admit Card issued by NBE.**  **:(Original)+(Xerox)Attested.**

**(3) Result/Rank letter issued by NBE. :(Original)+(Xerox) Attested.**

**(4) Mark Sheet MBBS 1st, 2nd, 3rd Professional Examinations. :(Original)+(Xerox) Attested.**

**(5) MBBS Degree Certificate. (Permanent). :(Original)+(Xerox) Attested.**

**(6) MBBS Registration Certificate. (Permanent). :(Original)+(Xerox) Attested.**

**(7) MD/MS/DNB Degree Certificate in the Concerned Specialty :(Original)+(Xerox) Attested**

**(8) MD/MS/DNB Registration Certificate. (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.**

**Place :-Surat. Yours Faithfully,**

**Date :- .**

 **(Signature of Student)**

 **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.