

SARDAR PATEL MEDICAL COLLEGE, BIKANER.

Check List -MBBS Admission – 2017

Please note that 2-3 days time is required to complete admission formalities including Medical Fitness Certificate issued by Medical Board of this College hence, candidate are advised to join as early as possible and not to wait for last day of joining due to different schedule of holiday.

Candidate should have 3-4 sets of Attested copy of original documents as the original will not be returned before completion of M.B.B.S. Course.

(Original and self attested copies should arrange as per check list)

1.	NEET Mark Sheet (Two Copy)
2.	Allotment Letter (Two Copy)
3.	Rank Letter/List (Two Copy)
4.	NEET Admit. Card (Orig. and One Attes. copy)
5.	Secondary Mark Sheet (Orig.and Two Attes. copy)
6.	Secondary Certificate (Orig.and Two Attes. copy)
7.	Sr. Secondary Mark Sheet (Orig. and Two Attest. Copy)
8.	Sr. Secondary Certificate (Orig. and Two Attest. Copy)
9.	Domicile Certificate (Orig. and One Attes. copy)
10.	Caste, Sub-category Certificate OBC/SC/ST/STA (Orig. and Two Attes. copy) (If applicable) (OBC NCL Certificate issued on or after 15.07.2016)
11.	Disability Certificate (Orig. and One Attes. copy) (If applicable) PH Certificate:- 1. For SQ seat - Issued by the Board of Govt Medical College duly Re-verified on 23.07.2017 at 09 am at SMS Medical College Jaipur 2. For 15% AIQ seat - Issued by the one of the Board constituted as mentioned in the NEET 2017 Information Bulletin
12.	Service Bond (` 500/-Stamp) amounting to ` 5 Lac.
13.	Printed copy of the Application/Information Form of Entrance (NEET) Examination and Fees Receipt (original) (issued by e-mitra/CSC kiosk containing the Token Number/ Bank challan etc.)
14.	AIQ/State Quota Counseling Registration form & Fees Receipt (original) (issued by e-mitra/ CSC kiosk containing the Token No./ Bank challan etc.)
15.	Copy of Photo ID (Driving licence/ PAN card/ Voter ID/ Govt. or PSU card/ school ID card/ 12 th class admit card/ Aadhar card)
16.	Eligibility Certificate as selected I to XI in Application form (For State Quota Candidate)
17.	WDP/WPP Certificate (Widow / Wards of Defiance/Para Military Personnel Certificate) (If applicable) (For State Quota Candidate) Duly verified by the Admission Board at RUHS College of Dental Sciences, Jaipur on 23.07.2017 at 09 am.
18.	Hardcopy of Online Anti-ragging Affidavit (Self & Parents) website: WWW.ANTIRAGGING.IN / WWW.AMANMOVEMENT.ORG
19.	Relieving Letter (If previously joined any Medical College)
20.	Affidavit regarding Professional Conduct
21.	T.C. (Orig. and One Attes. copy)
22.	Migration Certificate (Orig. and One Attes. copy)
23.	Character & Attempt Certificate (Orig. and One Attes copy) issued by the last Attended School/College in attached proforma
24.	Parents Income Certificate
25.	Biodata form
26.	Passport Size Photo (03 for paste on Joining forms)

Note : After submission of original documents candidate will report to the Medical Board of this college for Medical Checkup and also deposit the college fees after found Medically fit.

- College fees _____ :- ` 1257/- For SC/ST Boys and all Girls Candidate
` 2257/- For other Boys
- Hostel fees _____ :- ` 2560/-

SERVICE BOND / UNDERTAKING FOR ALL INDIA QUOTA & STATE QUOTA
UNDER GRADUATE MEDICAL STUDENTS

STAMP PAPER VALUE
NOT LESS THAN Rs. 500/-

BOND / UNDERTAKING

WE,.....(Name of Student) age.....
D/o / S/o resident at
.....
..... at
present MBBS student in (here in
after called 'the obligor') and (1) Shri.
Designation..... (here after called surety) do hereby
jointly and severally bind ourselves and our respective heirs in execution and administration to pay
the Govt. of Rajasthan (herein after called the Government) on demand the sum . of
Rs.5,00,000/- (Rupees Five lacs only) together with interest thereon from the date of demand at
Govt. rates for the time being in force on Government loans, AND TOGETHER with all costs between
attorney and client and all charges and expenses that shall or may have been incurred by the
Government.

That in consideration of the Government of Rajasthan, selecting vide Allotment letter/ order
no. Date..... the MBBS course in during the academic
Year....., the MBBS student and his surety covenant with the Government as follows: -

1. Candidates who are selecting Government seats for the MBBS course shall not resign the course before the completion;
2. Candidates who are selecting Government seats for the MBBS course shall serve the Government for a minimum period of two years after completion of the course, if Government so desires;
3. That in case the MBBS students, who fails to fulfill the above conditions, the surety of the MBBS students shall be jointly and separately liable for penalty of Rs.5,00,000/- as per this Bond / Undertaking.

In witness whereof the Obligor and the surety above mentioned have here unto set their hands this day and the year first above written.

1. Signature of **Witness**
Name.....
Address.....
.....Pin.....
Mobile No.....

Signature of the MBBS **student**
Name.....
Address.....
.....Pin.....
Mobile No.....

2. Signature of **Witness**
Name.....
Address.....
.....Pin.....
Mobile No.....

Signature of **Surety**
Name.....
Address.....
.....Pin.....
Mobile No.....

Attested by Notary

----- Name of Institution attended Last -----

CHARACTER & ATTEMPT CERTIFICATE

It is certify that

Son/daughter of Who has studied in this
Institution from to bears a good moral character.

He/She passed his/her Examination held
in Month (.....) Year (.....) in attempt.

**His/her behavior was good with teachers and students. He/she has neither
displayed persistent violent or aggressive behavior nor any desire to harm others.**

Authorized Signature
With Seal

Medical Council of India(Prevention and Prohibition of Ragging in Medical College/Institutions) Regulations, 2009

Point No. 6.1.6 : The Application for admission shall be accompanied by a document in the form of the school leaving certificate/ transfer certificate/migration certificate/character certificate which shall include a report on the behavioral pattern of the applicant, so that the institution can thereafter keep intense watch upon a student who has a negative entry in this regard.

Do not fold this sheet

SARDAR PATEL MEDICAL COLLEGE, BIKANER

STUDET'S BIO-DATA FORM – 2017

FILL IN CAPITAL LETTERS

(Selected Under: AIQ / SQ / CENTRAL POOL)
Allotted in I/ II/ III Round of Counseling

PHOTO
Same as paste on
NEET Form

1. Name : Mr./Ms. _____
2. Mobile No. _____ e-mail _____
3. Date of Birth : _____ Place of Birth _____
4. Age as on 31.12.2017 : _____ (year) _____ (month) _____ (day)
5. NEET Roll No. _____ Marks _____ / _____ No. of Attempts _____
(Obt) (Max)
6. Overall Rank _____ Category Rank _____ Percentile _____
7. Category (With PH if applicable) _____ Caste _____ Religion _____
8. Name & Add. of last attended School _____
9. Name of Board _____
10. SR.SEC. Passing Year _____ Total Marks _____ / _____ % _____
Eng. _____ / _____ % _____ (Obt) (Max)
Phy. _____ / _____ Chem. _____ / _____ Bio _____ / _____ PCB Total _____ / _____ % _____
(Obt) (Max) (Obt) (Max) (Obt) (Max) (Obt) (Max)
11. Name of nominee for student's Insurance :
Sh./Smt. _____ Relation with student _____
12. Postal Address _____
_____ Pin _____
13. Permanent Address _____
_____ Pin _____
14. **Father's Details :**
 - (a) Name : _____
 - (b) Designation / Occupation : _____
 - (c) Yearly Income : _____
 - (d) Name & full Address of Department/ Firm : _____

 - (e) Tele./ Mob. No. : _____ e-mail _____
15. **Mother's Details :**
 - (a) Name : _____
 - (b) Designation / Occupation : _____
 - (c) Yearly Income : _____
 - (d) Name & full Address of Department/ Firm : _____

 - (e) Tele./ Mob. No. : _____ e-mail _____

Date _____

Signature

Thumb Impression
(Male Left Thumb/ Female Right Thumb)

SELF ATTESTED
(No need on Stamp Paper)

AFFIDAVIT

I, S/o, D/o Sh.
aged aboutyear, Resident of
..... do hereby
take oath and state and as under :

1. That solemnly pledge myself to concentrate my life to service of humanity.
2. That I will maintain the utmost respect for human life at the time of conception.
3. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
4. That I will practice my profession with conscience and dignity.
5. That the health of my patient will be my first consideration.
6. That I will respect the secrets, which are confined in me.
7. That I will maintain by all means in power, the honour and noble traditions of medical profession.
8. That I will treat my colleagues with all respect and dignity.
9. That I shall abide by the Code of medical ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.

DEPONENT

Place :

Date :

VERIFICATION

I, the above named deponent do hereby verify that the contents of para No. 1 to 9 of my above noted affidavit. I make these promises solemnly, freely and upon my honour. So help me God.

DEPONENT

Place :

Date :