

**Recent
Passport size
Photograph**

Student's Name: _____

Address (In Capital): _____

Mobile No Student _____

Email ID Student _____

Mobile No. Parent _____

Email ID Parent _____

To,
The Dean,
Govt. Medical College,
Jalna. (MS) 431213.

Sub: - Joining the 1st MBBS Course at Govt. Medical College, Jalna (M.S.)

Ref:- Selection letter/Allotment Letter/List by MCC/State

R/Sir,

I the undersigned Mr./Miss (Full Name in Capital) _____
_____ has been selected for the
1st MBBS Course in Govt. Medical College, Jalna as per the Selection letter of All India/ State list
(Copy Attached).

Kindly get me joined as 1st MBBS student for the Academic Year 2024-2025.

Thanking you.

Yours faithfully,

Signature of candidate
(Name: _____)

STUDENT INFORMATION

GOVT. MEDICAL COLLEGE, JALNA 431213 **ADMISSION FOR THE YEAR 2024-25**

RECENT
PAN
SIZE PHOTO

1	Name of the Student as mentioned on HSC Mark sheet (in Capital)	
	Guardian/ Father's Full Name	
	Name of Mother	
	Full Name of the Candidate in Devanagari (Marathi/Hindi)	
2	Complete Residential Address with PIN code	
	Mobile No. of Student	
	Mobile No. of Parent	
3	E-mail Address of the Student	
	E-mail Address of the Parent	
4	a) Date of Birth	
	b) Place of Birth	
5	Aadhaar No.	
6	Gender (Male/Female)	
7	Date of Admission	
8	Category: SC/ST/VJ/NT-1/NT-2/NT-3/OBC/OPEN/EWS	
	Caste	
	Sub-Caste	
	Category of Admission	
9	Domicile State (belongs to which state)	
10	Academic Record	
A	S.S.C. Year of Passing:	
B	Name of the HSC/10+2 Board	
C	Marks Obtained in H.S.C. (10+2)	
	Name of Board in HSC Exam	
	(E)English: Marks Obtained	/100
	(P)Physics: Marks Obtained	/100
	(C)Chemistry: Marks Obtained	/100
	(B)Biology: Marks Obtained	/100
	Total marks (Phy +Chem +Bio)	/300(P+C+B)
D	NEET-UG-2024 Roll No.	
E	NEET-UG-2024 Marks	/720
F	NEET-UG-2024 AIR No.	
11	Blood Group	
	Mark of Identification (two)	1)
		2)
	Guardian/Father's Occupation	
12	*Willingness about organ donation after Accidental Death.	Yes/No

*As per the Maharashtra University of Health Sciences eligibility form. Date: / /2024

Place: JALNA

Signature of Candidate



शासकीय वैद्यकीय महाविद्यालय, जालना

Government Medical College, Jalna.

कार्यालय पत्ता :- ग्लोबल गुरुकूल शाळा, सुशिलादेवी लॉन समोर, अंबड मंठा रोड, जालना, पिन 431213

कार्यालय ईमेल पत्ता- deangmcjalna@gmail.com

कार्यालय दुरध्वनी क्र-

No.GMCJ/ACAD/UG-Admission 24-25/

/2024

Date :-

ORIGINAL DOCUMENTS HOLDING CERTIFICATE

Received following original documents from Miss/ Mr _____ admitted through All India quota/ State quota to 1st MBBS course on _____ for the academic year 2024-25 at Govt. Medical College, Jalna (Maharashtra).

This Certificate is the Proof that all original documents as below are submitted by the student to the institute. Once admitted, original documents will not be given to the student. Original documents will be retained by the institute till the student completes MBBS & Compulsory Bond service.

Sr. No.	Original Documents Required	Available YES/No
1	Nationality Certificate OR Valid Passport (xerox)	
2	Domicile Certificate	
3	Aadhar Card (Xerox)	
4	SSC (10th) Passing Certificate	
5	HSC (10+2) Mark sheet	
6	HSC (10+2) Passing Certificate	
7	Admit card: NEET-UG-2024 issued by NTA	
8	Result: NEET-UG-2024 issued by NTA	
9	Proof of identity (PAN/Driving License/Passport)-Photocopy	
10	Provisional allotment letter generated online (for All students). For state quota Candidates, the Allotment letter/Selection list page.	
11	Caste Certificate (if applicable)	
12	Caste Validity Certificate (if applicable) For outside Maharashtra students (OMS) Letter from the magistrate that your State does not issue a caste validity certificate will be compulsory.	
13	Non-Creamy Layer Certificate...Valid up to 31/03/2025(if applicable)	
14	EWS certificate (Annexure-A) by Competent Authority issued for 2024-2025 (If applicable)	
15	School Leaving OR Transfer Certificate	
16	Defence claim (D1/D2/D3): All certificates as per NEET-UG-2024 Information Brochure... (For State quota students only)	
17	PWD Certificate from Authorized Medical boards only (If applicable)	
18	MKB: Disputed area certificate, Mother tongue certificate, SSC/HSC from MKB area.... (For State quota students only)	
19	Hilly Area Certificate (for State quota students only)	
20	Medical Fitness Certificate in prescribed Performa	
21	Income certificate issued by the competent authority of the financial year 2023-2024(For Maharashtra candidates only- Claiming EBC for fees)	
22	Migration Certificate For outside Maharashtra state (OMS) candidates and 12 th CBSE board Maharashtra state students only	
23	Self-Education Gap Certificate (Affidavit on Rs.100/-Bond) if applicable	
24	Hostel accommodation & Other declaration formats (compulsory for all)	
Tuition Fees Demand draft:		
D.D. No:	of Rs. Dt. / /	
Other Fees: D.D. No:	Of Rs. Dt. / /	
Original Document & Xerox set to be prepared exactly as per the above sequence.		

DEAN
Govt. Medical College, Jalna

To:
Shri/Kum. _____
Govt. Medical College, Jalna



शासकीय वैद्यकीय महाविद्यालय, जालना.

Government Medical College, Jalna.

कार्यालय पत्ता :- ग्लोबल गुरुकूल शाळा, सुशिलादेवी लॉन समोर, अंबड मंठा रोड, जालना, पिन 431213
कार्यालय ईमेल पत्ता- deangmcjalna@gmail.com कार्यालय दुरध्वनी क्र-

No.GMCJ/ACAD/UG-Admission 24-25/ /2024 Date :-

OFFICE ORDER

**Sub: - Admission to 1st MBBS Course for the year 2024-25
Govt. Medical College, Jalna (MS) 431213.**

**Ref :- Letter No. _____ Date :-
(Allotment Letter Selection letter/List)**

With reference to the above-cited subject, you are **provisionally admitted** to the 1st-year MBBS course on / /2024 at Govt. Medical College, Jalna for the year 2024-25.

Your admission is subject to the following conditions:

1. You will have to pay the complete prescribed fees (Demands Draft only) during admission. Every year, it will be the Direct responsibility of the student to pay the yearly fees, Hostel Fees, etc. No reminder will be given to the student from the office regarding paying yearly fees. Any student not paying the yearly fees and dues on time will not be allowed to appear in the University examination.
2. Your admission is provisional & subject to final confirmation of eligibility from Maharashtra University of Health Sciences, Nashik.
3. Academic sessions for MBBS Courses will start as per NMC Notification. Students are advised to check NMC website.

DEAN

**Govt. Medical College,
Jalna (MS)**

To:

Shri/Kum. _____

Govt. Medical College, Jalna

DECLARATION: BY STUDENT& PARENTS
Regarding Attendance, fees& In Campus activities

I hereby declare and undertake that, as per Maharashtra University of Health Sciences, Nashik, I am required to Complete Minimum Attendance in Theory (75%) and Practical's-/Clinics (85%) & Other compulsory assignment Is must otherwise He/ She Will not be allowed to Appear in the University exams.

It will be my direct responsibility to pay the yearly fees, Hostel Fees, etc. I am being informed that No reminder will be given to the student from the office for paying yearly fees and other dues. If I am not able to pay the yearly fees and dues on time, I will not be allowed to appear for the University examinations and I will be responsible for the same.

I further declare that, once I Joined as a student in this College, I will not participate in any activities outside campus, like sports, or cultural events, or leave the campus for any events/participation in other cities without official Permission from the Head of the Institute. Any issues arising from such activities of the student without prior permission, the institute will not be responsible for the same and immediate action /Legal action will be initiated by the institute against me.

Signature of Student with date

Name of Student: _____

Address: _____

Mobile Number: _____

Email address: _____

Signature of Parent/Legal guardian with date

Name of Parent/Legal Guardian: _____

Address: _____

MobileNumber: _____

Emailaddress: _____

DECLARATION: BY STUDENT & PARENTS for HOSTEL FACILITY
(To be filled Compulsory by all students irrespective of hostel allotments)

I, _____ is admitted for MBBS course in the academic year _____ at Govt. Medical College, Jalna (Maharashtra).

My parents/Legal guardian have gone through the SOP for hostel accommodation given in the admission manual at the time of Joining. We have clearly understood all the rules and regulations mentioned in SOP.

I her by declare that I am suffering from _____ disease(s) and on treatment. I am receiving following _____

*_____ Drugs for my disease element since _____ days /Months/Years. I also declare that I am not hiding any information related to my health issues. **(Put NA in fill in the blanks incase this para is not applicable)***

I and my parents/ Legal guardian, here by undertake and declare that, if hostel accommodation is allotted on my request, I will abide by all the rules and regulations mentioned in the SOP. If I break any rule mentioned thereof in the SOP, I will be liable for appropriate action.

Signature of Student with date

Name of Student: _____

Address: _____

Mobile Number: _____

Email address: _____

Signature of Parent/Legal guardian with date

Name of Parent/Legal Guardian: _____

Address: _____

Mobile Number: _____

Email address: _____

JOINT UNDERTAKING

(For all newly admitted students)

Name of the Student:-

Roll No:-

Govt. Medical College, Jalna

We have read Maharashtra Provision of **Anti Ragging act 1999 (Maharashtra XXI III of 1999)** and relevant instructions against ragging. We are well aware of punishment under this act.

If my son / daughter / myself have been found guilty, he shall be punished for appropriate action under the act including imprisonment for a term which may extend to two years with **fine up to Rs 10,000/-** (Rs ten thousand) or dismissal from the institute and suspension of student for various periods during inquiry period.

I am also aware of the fact that it will be mandatory for the institute to file First Information Report (FIR) to Local Police Authorities in case Victim of ragging or his / her parents / Guardian is not satisfied with the action taken by the Head of the institution or where head of the institution is of the opinion that the incident ought to be reported.

Place:-

Name & Signature of Student

Date:-

Name & Signature of Parent

Signature of
Member Secretary
Anti Ragging Committee

Signature of
Vice Dean, GMC, Jalna

Note: Student shall submit this undertaking on Rs.100/- stamp paper at the earliest