

GOVERNMENT MEDICAL COLLEGE, PURNEA (BIHAR)**(DECLARATION BY THE CANDIDATE)****(MBBS BATCH-2023)**

Name of the Candidate: _____

(use BLOCK LETTER)

Name of The Course: **M.B.B.S Through-AIQ / State / Central Nominee**

Roll No. (NEET UG) _____ Rank (AIQ) _____ (state) _____ (C.N) _____

Marks Obtained in 10+2 PCB: Mark Obt. _____ Out of _____

English: Mark Obt. _____ Out of _____

Score Card of NEET: Mark Obt. _____ Out of _____ Percentile: _____

I Solemnly affirm that I shall strictly abide by the rules of the Government Medical College, purnea failing which I am liable to be deposed to disciplinary action and all amount paid by me shall be forfeited.

I do hereby also declare that if any of the statement/certificate on the basis of which I have been admitted is discovered to be false at any subsequent time I am liable to be removed from the course and legal actions will be initiated against me. I will not be allowed to attend the classes and sit for any examination till final judgmengt of the case.

I am not Doing any course anywhere.

Signature of Parents/Guardian

Signature of Candidate

Mobile No. _____

Mobile No. _____

(For the use by Officials at the time of verification of documents)

"ALL VERIFICATIONS TO BE MADE FROM ORIGINAL DOCUMENTS"

For MBBS Courses

1. Photo(8 in Pieces)/Adress Identity (Aadhar)	_____	Yes/No
2. Admit card (qualifying Examination)	_____	Yes/No
3. Allotment Order for MBBS Course	_____	Yes/No
4. Rank card of NEET	_____	Yes/No
5. Matriculation Certificate&Marksheet (For DOB)	_____	Yes/No
6. I.Sc/10+2Admit card,Marksheet&certificate	_____ Passing year _____	Yes/No
7. CLC/SCL Form last attended Institution	_____	Yes/No
8. Character Certificate	_____	Yes/No
9. Residential Certificate (Current)	_____	Yes/No
10. Cast certificate/ EWS (Current)	_____	Yes/No
11. Gap certificate(students who have passed 12 th before 2022)	_____	Yes/No
12. DQ certificate	_____	Yes/No
13. Identification Mark , if any	_____	Yes/No
14. Signature & Photograph of the Candidate (to be verified by the members of the board)	_____	Yes/No
15. Deficiencies, if any	_____	Yes/No

Signature of the verifying Team

1.

2.

3.

4.

5.

Recommendation of prof. I/c Admission:

Order of the Principal