



**OFFICE OF THE PRINCIPAL,
GOVERNMENT MEDICAL COLLEGE, PURNEA**

Line Bazar Purnea – 854301 (Bihar)

(An Institution of Govt. of Bihar)

write us : govt.mc.purnea@gmail.com

Visit us : <https://gmchpurnea.com>



Letter No.

Date :/...../2025

-:सूचना:-

सभी छात्र/छात्राओं को सूचित किया जाता है कि राजकीय चिकित्सा महाविद्यालय, पूर्णियाँ में MBBS नामांकन में सभी वर्ग के छात्र/छात्राओं के लिए मो० 40,800/- (चालीस हजार आठ सौ) रुपये नामांकन शुल्क निर्धारित है, जो की **PRACHARYA RAJKIYE CHIKITSA MAHAVIDYALAYA PURNEA** {Payble at Purnea} के नाम से बैंक ड्राफ्ट स्वीकार किया जायेगा या महाविद्यालय के **पंजाब नेशनल बैंक के खाता संख्या-7883000100047396, IFSC Code- PUNB0001130** में भुगतान कर पावती रसीद कार्यालय में समर्पित करना सुनिश्चित करें।

विशेष जानकारी हेतु नामांकन शाखा प्रभारी, डॉ० अवधेश कुमार झा, सह प्राध्यापक, राजकीय चिकित्सा महाविद्यालय, पूर्णियाँ से सम्पर्क स्थापित करें।

(डॉ० अवधेश कुमार झा)

नामांकन शाखा प्रभारी

सह प्राध्यापक

राजकीय चिकित्सा महाविद्यालय, पूर्णियाँ।

मोबाईल नं०-8448351891

प्राचार्य

राजकीय चिकित्सा महाविद्यालय, पूर्णियाँ।

GOVERNMENT MEDICAL COLLEGE, PURNEA (BIHAR)

(DECLARATION BY THE CANDIDATE)

MBBS

(USE BLOCK LETTER)

Name of the Candidate: _____

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 _____ Percentile _____

English: Mark Obt. _____ Out of _____ Percentile _____

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, Purnia 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 judgment of the case.

I am not Doing any course anywhere.

Signature of Parents/Guardian

Mobile No. _____

Signature of Candidate

Mobile No. _____

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

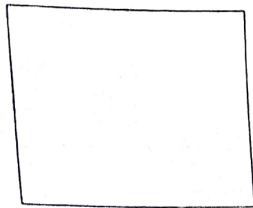
"ALL VERIFICATIONS TO BE MADE FROM ORIGINAL DOCUMENTS"

- | | | |
|---|--------------------|--------|
| 1. Photo (10 in Pieces)/Address Identity Proof (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. Migration last attended Institution | _____ | Yes/No |
| 9. Character Certificate | _____ | Yes/No |
| 10. Residential Certificate (Current) | _____ | Yes/No |
| 11. Cast certificate/ EWS (Current) | _____ | Yes/No |
| 12. Gap certificate (students who have passed 12 th before 2024) | _____ | Yes/No |
| 13. DQ certificate | _____ | Yes/No |
| 14. Identification Mark, if any | _____ | Yes/No |
| 15. Signature & Photograph of the Candidate
(to be verified by the members of the board) | _____ | Yes/No |
| 16. Deficiencies, if any | _____ | Yes/No |
| 17. Document Verification Date | _____ | Yes/No |

Signature of the verifying Team 1. _____

2. _____

Recommendation of prof. I/c Admission:



Order of the principal