

GOVT. MEDICAL COLLEGE, AKOLA

FORM B**Particular of Student****Pro.Roll.No****MBBS Course**1. **Name of the candidate** (BLOCK LETTER) As per 12th Marksheet.

Last Name	Candidate Name	Father's Name
Mother's Name		
Father's Name		
Last Name	First Name	Middle Name

2. **Gender** Male Female .3. **Date of Birth**

D D	M M	Y Y Y Y

4. **Address for correspondence:**

City -----Village-----District-----
 Telephone No. (STD Code)----- Mob No.-----

5. **Nationality:**
 Indian
6. **Candidate is Domicile of: -**
 Maharashtra OMS
7. **Constitutional Reservation: -**
(Caste recognized in Maharashtra State)
 SC ST VJ(A) NT(B) NT(C) NT(D)

 OBC SBC None
8. **Name of the Sub Caste: -**

9. **Name of College from which
HSSC Examination passed:**

10. **Total Annual Family Income** Upto 1 Lac Rs. 100001 to Rs. 4.5 lacs, Above 4.5 Lacs. **ABOUT MH-CET 2015**I. **MH-CET- 2015 ROLL NO.**

II. **MH-CET- 2015 MARKS
OBTAINED**

	2	0	0	Percentage MH-CET				%

III. **HSSC aggregate Marks
DETAILS**

	Percentage 12 th Std.						%

IV. **Marks obtained
in HSSC Exam.**

Subject	Physics	Chemistry	Biology	(PCB) Total	English	(PCBE) Grand Total
Maximum Marks						
Obtained Marks						

V. **Details of Merit**

	State Merit List No	Regional Merit List No
OPEN		
Category		

Originals with 2 attested photo copies of the following Certificates are to be submitted as applicable
(Tick the Certificates submitted)

1. Nationality Certificate	9. Medical Fitness Certificate
2. SSC Board Certificate	10. Migration Certificate
3. HSSC (12 th) Mark List	11. Gap Affidavit (Self Name-Education Period (June-2015))
4. MH-CET -2015 Mark list	12. Defense Certificate
5. Caste Certificate	13. Physically Handicapped Certificate
6. Caste Validity Certificate	14. Certificate/MKB/HA
7. Non Creamy Layer Certificate	15. Admit Card MH-CET-2015

GOVT. MEDICAL COLLEGE, AKOLA

Form-C.

**(2015-16 Batch)
Students Personal Information**



- (1) Name of Students : _____
 (Surname) (First name) (Middle name)
- (2) Date of Birth : _____
- (5) Permanent Address : _____

- (6) Local Guardians Address: _____

- (7) Phone No (STD Code) : (R) _____ Mob. No. _____
 (Father) (Mother)
- (8) a) Occupation/Service : _____
 b) Place of occupation/ Service & Name of Employer : _____
 c) Income (Annually) : _____
- (9) Blood Group : _____

(Parents Signature)

(Students Signature)

Name of Students _____
 Date of Admission: / /2015

To,
 The Dean,
 Govt. Medical College, Akola

Sub: - Undertaking for submission of certificate.

Respected Sir,

I the undersigned Mr./Miss..... is unable to submit the following certificate at the time of admission. I here by undertake to submit these certificates within fifteen days.

- 1) 2) 3)
 4) 5) 6)