ALL INDIA QUOTA 15%

GOVT. MEDICAL COLLEGE, AKOLA.

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FORM B **Particular of Student** **Pro. Roll.No____________**

1. **Name of the candidate** *(BLOCK LETTER)* as **per 12th Marksheet.**

Last Name **Candidate Name** **Father's Name**

2. **Gender** Male ☐ Female ☐.

3. **Date of Birth** D D ☐☐ M M ☐☐ Y Y Y Y ☐☐☐☐

4. **Nationality:** Indian

5. **Candidate is Domicile of: -** ☐ Maharashtra ☐ OMS

6. **Constitutional Reservation: -** SC ST VJ(A) NT(B) NT (C) NT(D) OBC SBC NONE
(Caste recognized in Maharashtra State)

Parallel Reservation MKB HA DEF 1 2 3 None

7. **Caste: -** ☐☐☐☐☐☐☐☐☐☐

8. **Name of College from which HSSC Examination passed:** --

9. **Total Annual Family Income** Upto 1 Lac ☐ Rs. 100001 to Rs. 6 lacs, ☐ Above 6 Lacs. ☐

ABOUT NEET-2017

A. AIEE Details

All India Rank …………………… *AIEE Roll NO.* ……………………

Category …………………………… *Category Rank* ……………………………

1) AIEE- 2017 MARKS (OBTAINED)			/		7	2	0	*Percentege AIEE*	%
2) HSC aggregate Marks DETAILS			/					*Percentege 12th Std.*	%

B. 12th Mark Statement

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

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

01. Nationality Certificate		11. Migration Certificate	
02. SSC Board Certificate		12. Gap Affidavit (Self Name-Education Period (June-2017)	
03. HSC (12th) Mark List		13. Caste Certificate	
04. Passing Certificate (HSC 12th)		14. Caste Validity Certificate	
05. AIEE-2017 Mark list		15. Non Creamy Layer Certificate (1 April 2018 Onwards)	
06.Admit Card		16. Defense Certificate	
07. Rank Letter		17. Physically Handicapped Certificate	
08. Provisional Allotment Letter		18. Certificate/MKB/HA	
09. Leaving Certificate **(TC)**		19. Adhar Card Zerox Copy.	
10. Medical Fitness Certificate		20. Any other certificate (… ……………………………….)	

Total number of certificates submitted in original – (   ) *In Word* ……………………………………………

Signature of Student *Signature of Verifying Clerk* *Signature of Verifying Officer*

Date: /07/2017

GOVT. MEDICAL COLLEGE, AKOLA.

Form-C.

(2017-18 Batch)

Students Personal Information

Photo

(1) Name of Students : ____________________
(Surname) (First name) (Middle name)

Name of Fathers : ____________________
(Surname) (First name) (Middle name)

Name of Mothers : ____________________
(Surname) (First name) (Middle name)

(2) Date of Birth : / /

(3) Permanent Address : ____________________

: ____________________

: **City** -------------------------**Village**--------------------**District**-------------------------

Telephone No. *(STD Code)*--------------------------- **Mob No.**-------------------------------

(4) Name of Local : ____________________

Guardians & Address : ____________________

Telephone No. *(STD Code)*--------------------------- **Mob No.**-------------------------------

(5) a) Occupation/Service : (Father) __________ (Mother) __________

b) Place of occupation/ Service & Name of Employer : ____________________

c) Income (Annually) : __________ __________

(6) Blood Group : __________

(7) Adhar Card No : | | | | | | | | | | | | |

....
(Parents Signature)

....
(Students Signature)

....
Signature of Verifying Clerk

....
Signature of Verifying Officer

Date: /07/2017