



महाराष्ट्र शासन  
शासकीय वैद्यकीय महाविद्यालय, अकोला.  
**GOVT. MEDICAL COLLEGE, AKOLA.**

No.: - (Office:- (0724) 2431960/2437078 (Website: www.gmcakola.in)  
Fax No.:- (0724) 2437078 (E-mail : acadgmca@hotmail.com)

**Admission Application Form**  
**ALL INDIA QUOTA**

**DATE: /03/2018**

**Recent Passport  
size Photograph**

Student's Name: \_\_\_\_\_

Address (In Capital): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone No.(Res.) .....

Mobile No. ....

To,  
The Dean,  
Govt. Medical College,  
Akola.

Sub: - Joining as J.R.-1 in the subject of ..... From  
**ALL INDIA QUOTA**

Ref:- All India Quota PG Allotment Result- 2018 (NEET-2018-19) Dated, / /2018  
( ..... Round.)

R/Sir,

I the undersigned Dr. \_\_\_\_\_ (Full Name in  
Capital) have been selected for postgraduate Degree/Diploma course in the subject of

\_\_\_\_\_ as per the selection order/List  
Dated: \_\_\_\_\_ Kindly enroll me in your college as J.R-1 in the subject of  
\_\_\_\_\_ for the academic year 2018-2019 on / /2018.

I have been informed that I have to submit bond for one year Maharashtra Govt. Service once admission is confirmed, other wise to pay penalty of Rs.50,00,000/- (Fifty Lakh Only) as per the rules and regulations of PG Admission process of NEET-2018-19.

Thanking you.

Yours sincerely,

(Dr. \_\_\_\_\_)

