

Affix Passport size photograph, preferably computerized dully signed by the candidate

Academic Session : 2022-2023

Please Turn Over

i) Father : _____

ii) Mother : _____

iii) Guardian : _____

c) Approx Income of Father R Mother Rs. Guardian Rs.
Total income Rs. Per Month

d) Source of maintenance of the student _____

14 Whether any ☐ Scholarship or ☐ Stipend received from any source ☐ No ☐ Yes

If **YES**, then mention source:

15 a) Subject passed in Higher Secondary or equivalent Examination with percentage of marks obtained :
Compulsory Additional

Subject	Compulsory				Additional	
Marks/ Grade obtained						

Year of passing					Roll						No			
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Name of the Board

b) Name & Address of the Institution where from XII standrad passed :

[illegible]

WBUHS Registration No

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Dated

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made for the administration of the College, and undertake that so long as the applicant is a student of the College, will do nothing either inside or outside the College that will interfere with its administration and discipline.

We have not provided any false information in the Form; if subsequently found to be so, we understand that the applicant's studentship may be cancelled.

We undertake to update within 15 days, the information in this Form if any changes occur subsequent to the submission of this Form, failing which appropriate disciplinary measures as deemed fit by the administration may be taken.

We understand that Hsotel Accommodation is not certain at this time and can not be promised.

Signature of Guardian _____ Signature of the applicant _____

Date :

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 Place: _____

To
The Principal
Midnapore Medical College,
Paschim Medinipur.

Sir,

I like to apply for admission to Students' Hostel (Boys' / Girls'), Midnapore Medical College for the session _____.

My details are given herein below :-

1. Name (In Block letters) :: _____
2. Permanent Address :: _____

3. Age : _____ Nationality : _____ Religion : _____
4. Name & Address of Father/
Guardian who will bear the
Expenses during the stay in
the Hostel (In Block letters)
with Phone No. _____

5. Name of the Local Guardian
(In Block letters) with address
& Contact No. _____

6. i) Year of Admission in MBBS _____
Course in Midnapore Medical College. _____
7. Father/ Guardian's occupation _____
& monthly income. _____

DECLARATION OF STUDENT / GUARDIAN

I, Sri / Smt. _____ do hereby declare
that I am responsible for payment of the hostel charges by 10th of every month and shall abide by
the rules & regulations of the hostel.

Signature of Father/ Guardian

Signature of the applicant

N.B. : Guardian/ Local Guardian will be informed in case of emergency or illness, who will have to cooperate with the authorities and take charge of the boarder, if necessary.
Boarders will have (i) to clear up all dues before going home for the vacation and when leaving the hostel for good and (ii) to submit an application also when leaving the hostel for good.



Government of West Bengal
Office of the Principal
Medinipur Medical College, Paschim Medinipur
Phone: - 03222-222400 Fax: -03222-274321 E-Mail: - prin_midmch@wbhealth.gov.in

Documents Required for admission in MBBS Course-2022

**Affix Passport
size Photograph
signed by the
candidate**

Following original documents in respect of Sri/Smt.....having rank.....are kept under the custody of Student Section of Midnapore Medical College as per norms of the admission in MBBS course 20.....-20.....in the state and all India quota and these original documents will be returned to the candidate only after the successful completion of the said course as per Govt. rules.

	Document Required	Original	Xerox with self attested
1.	Allotment Letter NMC/MCC		
2.	NEET UG 2022 Rank Letter		
3.	NEET UG 2022 Admit Card		
4.	NEET UG 2022 Result		
5.	Age Proof Class X Admit Card		
6.	Class 12(10+2) or equivalent mark sheet		
7.	Class 12(10+2) or equivalent Certificate		
8.	SC/ST/ OBC/EWS/Certificate (if applicable)		
9.	Physically Handicapped Certificate (if applicable)		
10.	Domicile (a1/a2/b)/Nationality Certificate		
11.	Migration Certificate (Other state)		
12.	Medical Certificate		
13.	Gap Certificate		
14.	Any ID Card two(Aadhaar card/voter ID card/Passport		
15.	Acknowledgment slip and payment of counselling fees proof		
16.	Bond (1 Lak)		
17.	6 Copy passport size recent color photograph		
18.	Two plastic folder file		

Verified by:.....(Signature of faculty in full)Date:-

- 1.candidate Copy
- 2.College copy

Signature of the candidate

Principal
Midnapore Medical College
Paschim Medinipur

Execution of bond by the candidate for Under Graduate Medical/Dental
degree seat at

Sri/Smt S/O, D/O, W/O
..... residing at

..... Dist. Pin..... having
been selected for Under Graduate Medical/Dental degree course at

..... Do hereby affirm and solemnly declare
that I shall deposit a sum of Rs 1, 00,000/- (Rupees one lakh) only as prescribed by the
Government in pursuance of G.O. No. HF/O/MERT/1542/Admn/ME/STM-28-10/2 (10)
dated 25.10.2010, if I resign/discontinue the course before completion of tenure of the
course.

Moreover it shall be obligatory on my part to observe or perform all terms and conditions
prescribed by the Government for the aforesaid purpose.

The original documents which are in the custody of the
..... will not be returned to me unless and until I
pay the penalty of Rs 1, 00,000/- (Rupees one lakh) only to the authority of

.....
This bond is imposed as there will be no further provision on behalf of the W.B.M.C.C.
(West Bengal Medical Counseling Committee), Department of Health and Family Welfare
Govt. of West Bengal to allot another candidate for the same seat in the next round/s of
counseling.

Signature of the candidate.....

Name of the candidate.....

Date.....

Place.....

Signature of the witness.....

Name of the witness.....

Date.....

Place.....

