

## INFORMATION SHEET

Candidates are to read the following instructions with utmost care before filling up the application form and applying for the 1<sup>st</sup> year MBBS Degree course.

- Application Form should be filled up with a **BLACK/BLUE BALL POINT PEN ONLY** in **Block Letters except** the e-mail id and the signature. All letters should be clearly legible and there should not be any over writing. No space for relevant information should be left blank.
- Applicant must have qualified NEET 2016.
- Recent passport size photograph, captured not before 01/01/2016 with the name and date mentioned in the photograph itself, with signature at the space below, should be used in the application form.
- The following self attested photocopied documents / testimonials must be submitted along with the application form:
  - ✚ Valid age proof certificate.
  - ✚ Copies of Mark sheets (10 and 10+2).
  - ✚ NEET'16 score card / result.
  - ✚ One photo identity proof (**any one** of the following : Adhar Card, Voter ID Card, PAN Card, Driving License, Passport, Certificate with attested photo from Head of Institution last studied )
- Applications sent by **POST** should be sent sufficiently ahead of time so as to **REACH** the College Office (Admission Cell) positively within the **last date and time (31 st August'16, within 05:00 pm)**; otherwise, **these will not be entertained.**
- **Utmost care** shall have to be taken by the candidates in **clearly and rightly filling up their application forms** with **all requisite documents** without fail.
- No application will be entertained which is found **incomplete/ incorrect/deficient/ defective** in **any respect**. Such applications are liable to be **rejected** and there shall normally be no scope for the erring candidates for any rectification/correction of their respective applications. Generally, no further communication in this regard will be entertained.



A Unit of **RAHUL FOUNDATION**  
 G.T. Road, Rajbandh, Durgapur,  
 WB Pin-713212  
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 Mobile: 7797661133  
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**APPLICATION FORM OF MBBS FOR ACADEMIC SESSION 2016-2017**

**FOR OFFICE USE ONLY**

APPLICATION NO

**STUDENT DETAILS**

NAME	MR. / MS. /MRS.	PASTE RECENT PASSPORT SIZE PHOTOGRAPH TAKEN NOT BEFORE 01.01.16. PUT YOUR SIGNATURE IN THE SPACE PROVIDED BELOW.
GENDER	MALE <input type="checkbox"/> / FEMALE <input type="checkbox"/>	
DATE OF BIRTH	...../...../ 2016 ( DD / MM / YYYY )	
AGE	( AS ON 31.12.2016 )	
NATIONALITY		
CASTE		
BLOOD GROUP		
MARITAL STATUS	SINGLE <input type="checkbox"/> / MARRIED <input type="checkbox"/>	
E-MAIL ID		

**PARENT / GUARDIAN DETAILS**

NAME	MR. / MRS.
OCCUPATION	
MOBILE NO.	
TELEPHONE NO.( WITH STD )	
E - MAIL	

**RESIDENTIAL ADDRESS**

<b>PRESENT ADDRESS</b>	
<b>PIN CODE</b>	
<b>PERMANENT ADDRESS</b>	
<b>PIN CODE</b>	

**DETAILS OF H.S OR EQUIVALENT EXAMINATION**

<b>NAME OF BOARD / UNIVERSITY</b>					
<b>MONTH &amp; YEAR OF PASSING OF THE QUALIFYING EXAMINATION</b>	MONTH / YEAR : ..... / .....				
<b>SUBJECT</b>	<b>CHEMISTRY</b>	<b>PHYSICS</b>	<b>BIOLOGY</b>	<b>TOTAL</b>	<b>ENGLISH</b>
<b>FULL MARKS</b>					
<b>MARKS OBTAINED</b>					
<b>( % )</b>					
<b>NEET 2016</b>	<b>ALL INDIA RANK :</b>			<b>ROLL NO :</b>	

**DETAILS OF DEMAND DRAFT**

<b>D.D NO.</b>	
<b>IN FAVOUR OF</b>	<b>GOURI DEVI INSTITUTE OF MEDICAL SCIENCES &amp; HOSPITAL, payable at DURGAPUR</b>
<b>AMOUNT ( IN RS )</b>	<b>5000 / - ( RUPEES FIVE THOUSAND ONLY )</b>
<b>DATE OF ISSUE</b>	
<b>ISSUING BANK NAME</b>	

DRAWN ON BRANCH

**APPLICANT'S DECLARATION**

I wish to apply for admission to the Gouri Devi Institute of Medical Sciences & Hospital, Durgapur, MBBS course and declare that all the above particulars are true to the best of my knowledge and belief. I agree that acceptance of this application does not confer on me any right in respect of selection for admission.

DATE : .....

.....

**SIGNATURE**

**THUMB IMPRESSION ( L / R )**

**PARENTS / GUARDIANS DECLARATION**

I am aware of the financial obligations in my child / ward applying to Gouri Devi Institute of Medical Sciences & Hospital, Durgapur and I undertake to pay the tuition and other fees payable to the institution as per the rules of the institution. I also affirm that my child / ward shall follow all the rules and regulations as prescribed by the College from time to time.

DATE : .....

SIGNATURE : .....

**N.B : This form will be used for office purpose only. Application form, incomplete and / or defective in any respect is liable to be rejected.**