

**Checklist for submission of documents for admission to MBBS courses in BARASAT
GOVERNMENT MEDICAL COLLEGE & HOSPITAL (BGMCH), North 24 Parganas
in 2024-29 academic session**

Name of the candidate: _____

NEET-UG Roll Number: _____ **All-India rank:** _____

Admission category: All-India State | SC ST OBC PWD EWS

Mobile: _____ **E-mail:** _____

AADHAAR No: _____

Checklist

1	This checklist	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Acknowledgement slip generated online after successful payment (for SQ only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Domicile certificate (a1/a2/b) or E-Domicile Certificate (for SQ only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	College Admission Form duly filled in and signed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Four copies of recent color passport size photograph, labeled on the back with name, NEET roll number and date of birth, and placed in an envelope stapled to admission form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Photo ID proof (Voter Card / AADHAAR Card / Passport / Driving License)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Date of birth proof (Birth Certificate or Secondary or Higher Secondary examination admit card / marksheet issued by a recognized Board or Council stating date of birth)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Seat allotment letter.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	NEET-UG 2024 Admit card.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	NEET-UG 2024 Rank letter.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Certificate of passing 10+2 Board Examination. Provisional certificate acceptable if original not yet in possession of student passing 10+2 Board Examination in 2024. ORIGINAL WILL BE RETAINED BY COLLEGE	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Marksheet of 10+2 Board Examination. Provisional marksheet acceptable if original not yet in possession of student passing 10+2 Board Examination in 2024. ORIGINAL WILL BE RETAINED BY COLLEGE	<input type="checkbox"/> Yes <input type="checkbox"/> No
13*	Caste certificate as proof of SC / ST status	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
14*	OBC Certificate (sub-caste must tally with central list and in the format mentioned in the certificate)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
15*	Disability (PwD) Certificate (issued by one of the recognized disabilities certifying centres as notified by MCC)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
16*	EWS Certificate in appropriate format.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
17	Premature discontinuation bond on non-judicial stamp paper (not less than Rs. 100/-), duly filled in and notarized. ORIGINAL WILL BE RETAINED BY COLLEGE	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Responsible conduct certificate. ORIGINAL WILL BE RETAINED BY COLLEGE	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Medical fitness certificate. ORIGINAL WILL BE RETAINED BY COLLEGE	<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Proof of online fee payment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
21	Fee payment declaration filled in and signed by candidate.	<input type="checkbox"/> Yes <input type="checkbox"/> No

* Format provided by MCC. Old / outdated certificates will not be accepted.

I have retained good quality hardcopies and softcopies of all original certificates that will be kept in the custody of the College Office since it is difficult for the latter to supply such documents every now and then for copy purpose.

Signature of Candidate with date

Signature of Verifying Officer with date



AADHAAR No.

E-mail:

OFFICE OF THE PRINCIPAL
BARASAT GOVERNMENT MEDICAL COLLEGE & HOSPITAL
BANAMALIPUR, BARASAT, NORTH 24 PARGANAS, 700124

Paste recent color
passport size
photograph here

FORM FOR ADMISSION TO MBBS COURSE ACADEMIC SESSION: 2024 – 2029

1. NEET Roll No. _____ 2. NEET Rank _____ 3. NEET Score _____ 4. Percentile _____

5. Admission through AIQ SQ Round 1 Round 2 Mop-up (Central) Mop-up (College level)

6. Name in full (**BLOCK LETTERS**)

First Name _____

Candidate's mobile

Middle name _____

Surname _____

7. Date of Birth (DD / MM / YYYY): _____ / _____ / _____

8. Sex Male Female Other

9. Age (As on 31.12.2023): _____ years

10. Category UR SC ST OBC-A OBC-B EWS

11. Admission under PWD category: Yes No

12. If **YES**, mention disability category _____

13. Nationality: _____

14. Religion: _____

15. Mother tongue: _____

16. Permanent Address (**BLOCK LETTERS**) _____

P.O.: _____ P.S.: _____

Dist.: _____ State: _____ Pin Code: _____

17. Present Address (**BLOCK LETTERS**)

SAME AS ABOVE

(If yes, please Tick)

P.O.: _____ P.S.: _____

Dist.: _____ State: _____ Pin Code: _____

18. Father's Name (**Capital Letters**): _____

19. Father's Contact No / Mobile No.: _____

20. Mother's Name (**Capital Letters**): _____

21. Mother's Contact No / Mobile No.: _____

22. If father or mother is not guardian then, Guardian's Name: _____

23) Relation with the student: _____

24) Guardian's Contact No / Mobile No.: _____

25. Occupation of Father / Mother / Guardian: _____

26. Approximate average family income: Rs. _____ per month

27. Whether receiving Scholarship / Stipend from any source: Yes No

28. If YES, then mention source: _____

29. Subjects pursued in 10+2 Board Examination with percentage of marks obtained:

Subject	First language ()	Second language ()	Physics	Chemistry	Biology	TOTAL
Full Marks						
Marks obtained						

Year of Passing: _____ Roll No. _____ Percentage score: _____

Name of the Board: _____

30. Course last studied: _____

Name & Address of the Institution where last studied: _____

P.O.: _____ P.S.: _____

Dist.: _____ State: _____ Pin Code: _____

31. WBUHS Registration No. (If Applicable) _____ Session: _____

I / we hereby agree to abide by the rules and regulations in force at present or that may hereafter be made by the administration of the college and undertake that so long as the applicant is a student at the college, he / she will do nothing either inside or outside the college that will interfere with its administration and discipline.

I / we have not provided any false information in this Form; if subsequently any information is found to be false, misleading, or concealed, we understand that the admission may be cancelled.

I / we undertake to update within 30 days, the information in this Form if any changes occur after the submission of the Form, failing which appropriate disciplinary action, as deemed fit by the administration, may be taken.

I / we understand that admission to the MBBS Course does not guarantee hostel accommodation.

Signature of Guardian

Date: _____

Signature of Applicant

Place: _____

Medical Certificate for NEET UG 2024 qualified candidates

Roll No.....

Application No

NEET UG 2024 combined merit rank

I, Dr have examined Sri/Smt

Son/daughter of , residing at

..... [Verified from Aadhar card/passport/voter card/school or college ID card], a candidate for admission into the Medical/ Dental UG degree colleges in West Bengal for 2024- 25 admission session and observed as follows:-

1. Personal mark of identification.....
2. Apparent age..... years
3. Any history of Pulmonary Tuberculosis yes/no (put tick to appropriate one)
4. Chest measurement:
 - a. Normal respiration..... cm
 - b. In Full inspiration..... cm
 - c. In Full expiration cm
5. Height..... cm
6. WeightKg
7. BMI
8. Eye sight visual acuity:
 - a. Right eye
 - b. Left eye
 - c. Colour blindness present/absent (put tick to appropriate one)

9. Immunization status (whether up to date as per latest National Immunization Schedule)

10. General physique

11. Heart

12. Lungs

13. Abdominal viscera

14. Blood Group

15. Any neurological deficits

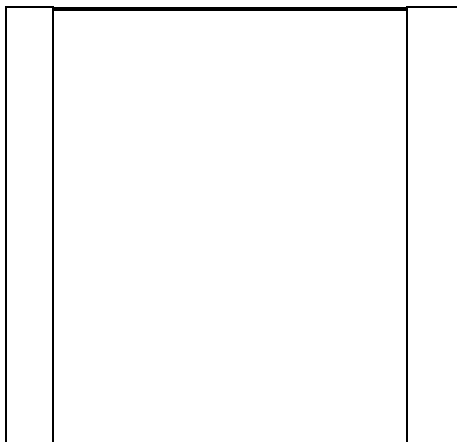
16. Any orthopedic disability

I do hereby certify that I cannot discover that he/she has any disease physical and or mental that makes him/her unsuitable to continue s t u d y i n g UG Medical / Dental c o u r s e.

I consider the above candidate FIT / UN FIT to join his/her Medical or Dental UG institution.

Date

Place



Signature of Registered Medical Practitioner

Registration No.....

Council of registration.....

Contact No

SEAL

(Candidate to paste recent passport Size photograph on which Medical practitioner has to attest)



OFFICE OF THE PRINCIPAL
BARASAT GOVERNMENT MEDICAL COLLEGE & HOSPITAL
BANAMALIPUR, BARASAT, NORTH 24 PARGANAS, 700124

Undertaking regarding responsible conduct

I Mr. / Ms. / Mrs. _____ son / daughter of Mr. / Ms. / Mrs. _____ with date of birth _____ having been selected for undergraduate medical degree (MBBS) course at Barasat Government Medical College & Hospital (BGMCH), Kolkata 700124, do hereby affirm and solemnly declare that:

- I will abide by the rules and regulations of the college (and hostel if applicable) in true sense, letter, and spirit.
- I will refrain from any activity that may be detrimental to maintenance of peace and harmony on campus.
- I will not indulge in any activity that may lead to a breach of college (and hostel if applicable) discipline in any manner.
- I will not indulge in any sort of activity that may constitute ragging. I will abide by the antiragging regulations, currently in force, of the University Grants Commission (UGC), Government of India, and those of the National Medical Commission (NMC) and will also abide by any amendments to these regulations that may come in future.

I understand that in any situation wherein I am found to be guilty of violation of the above stipulations, I shall be liable to any disciplinary / punitive action that the college authority may deem fit to impose on me at any point of time. In case of any report of ragging against my name, I shall be dealt with according to the guidelines framed by the UGC and the NMC, under the directive of the SUPREME COURT OF INDIA.

Name of the student (in CAPITAL letters)

(Signature of student with date) Date of

admission: _____

Countersigned

Name of the parent / guardian (in CAPITAL letters)

(Signature of parent / guardian with date)

Permanent Residential Address: _____

P.O.: _____ P.S.: _____

Dist.: _____ State: _____ Pin Code: _____

Office Copy

Government of West Bengal
Office of the Principal
Barasat Government Medical College & Hospital
Banamalipur, Barasat



Original Documents' Receipt

The following original documents are submitted by the candidate named _____
NEET Rank _____ NEET Roll No. _____ at the custody of the
undersigned positively.

List of documents:

- 1) Marksheet of 10+2 or its equivalent examination.
- 2) Certificate of 10+2 or its equivalent examination.

Date: ____ / ____ / ____

Principal
Barasat Government Medical College & Hospital
Barasat, North 24 Parganas

Candidate's Copy

Government of West Bengal
Office of the Principal
Barasat Government Medical College & Hospital
Banamalipur, Barasat



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- 1) Marksheet of 10+2 or its equivalent examination.
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Date: ____ / ____ / ____

Principal
Barasat Government Medical College & Hospital
Barasat, North 24 Parganas

Government of West Bengal
Office of the Principal
Barasat Government Medical College & Hospital
Banamalipur, Barasat



1. Willingness for Participation in 2nd Round Counseling: YES/NO (Please Tick) _____ (write here)

Name of the Candidate: _____

NEET Rank: _____

NEET Roll No. _____

Date: ____ / ____ / ____

Full Signature of the Candidate

Government of West Bengal
Office of the Principal
Barasat Government Medical College & Hospital
Banamalipur, Barasat



2. Willingness for Participation in MOP-UP Round Counseling: YES/NO (Please Tick) _____ (write here)

Name of the Candidate: _____

NEET Rank: _____

NEET Roll No. _____

Date: ____ / ____ / ____

Full Signature of the Candidate

Fee payment declaration from the candidate

To
The Principal
Barasat Government Medical college & Hospital,
Banamalipur, Barasat, North 24 parganas,
Kolkata-700124

Sir,

This is to declare that I, Mr. / Ms. / Mrs.....(son / daughter / wife of Mr. / Ms. / Mrs.....) have paid the requisite fees of Rs. (Rupees..... [in words]) only, online (IMPS)/Demand Draft, to the designated payment portal notified on the website of the Institute vide Transaction No. dated

Draft NO. Dated Bank Name.....

I have read and understood the regulations regarding the refund process for eligible candidates.

In case I am upgraded to different college in 2nd round, or if I surrender my seat while the admission process is still ongoing, the fees deposited may be refunded to the following bank account, details of which are declared below.

Account No.	Account Name / Holder
Bank Name	Branch
IFS Code	MICR Code

Thanking you,

Signature of the Declarant with date

NEET-UG Roll No: _____

NEET-UG Rank: _____

Mobile No. _____

E-mail: _____