

Office of the Principal

Jhargram Government Medical College & Hospital

Jhargram, District – Jhargram, Pin Code: 721507

Dept. of Health & Family Welfare, Govt. of West Bengal.

Email: principal.jhargramgmch@gmail.com M:8017295319

Website: www. jgmch.ac.in



CHEEK LIST FOR SQ ACADEMIC SESSION 2022-23

The	candidate named			_ S/o, D/	o, W/o	
	NEET Rank		STATE	QUOTA	Rank(if any)	
NEET	Roll No	dated on	/_	/ 2022	has been shown Original	
documents (along with attested photocopies of documents) for admission to undergraduate medical courses						
for ad	mission on State Quota required at the	e time of ioi	ning in al	llotted Me	dical / Dental College are as	
	oned below.	v. J v.	g ·			
memer	sied below.					
I.	Acknowledgement slip generated onlin	e after succes	ssful enrol	lment in pr	e-counseling.	
II.	Provisional allotment letter generated from https:// www.wbmcc.nic.in website by allotted Candidate.					
III.	NEET UG 2021 Admit Card.					
IV.	NEET UG 2021 Rank Card.					
V.	Payment of counseling fees proof (generated online)					
VI.	Age Proof (age should be 17 years by 31.12.2021).					
VII.	Class 10+2 Marks Sheet for verification of marks & Certificate					
VIII.	Eight (8) Passport size photograph same as affixed on the application form.					
IX.	Medical Certificate (from Registered Allopathic Medical Practitioner as per prescribe format).					
X.	Proof of identity Aadhar card/ Voter card / Passport of parent/s in case of domicile certificate of parent					
	is given showing address as West Beng				· ·	
XI.	Domicile Certificate (a1, a2, b) or Domicile certificate for e-district website.					
XII.	PWD certificate issued from IPGMER Kolkata if applicable.					
XIII.	Caste Certificate as applicable.(issued in the state of west Bengal)					
XIV.	EWS Certificate as per the prescribe format (if applicable).					
AV.	XV. Execution Bond (Non judicial stamp paper not less than Rs. of 50/-)					
N.B. i	Two sets of documents i.e. one in orig	inal and oth	er in self :	attested ph	otocopy is to be	
Sequenced in proper order mentioned above.						
i	i) No consideration in this regard is all	owed.				
		Signature	of the veri	fying office	er/dealing assistant	
		Designation	on & Dent	t.		
		Date	•			