



# Jhargram Government Medical College & Hospital Jhargram

## APPLICATION FORM FOR ADMISSION TO M.B.B.S COURSE IN ACADEMIC YEAR OF 2023-24



NEET Rank.....State Rank (If any)..... NEET Quota Rank  
(if any)..... NEET Roll No.....

Marks obtained..... Out of..... (NEET Entrance Exam-2023)

Name of the candidate (in capital letter).....

Email Id (if any)..... Mobile No .....

Sex..... Date of birth..... Nationality..... Religion..... Caste..... P.H.  
(YES/NO).....

Permanent Residential Address (in Capital Letter):- .....  
.....Pin.....

Local Address (if any) .....Pin.....

Guardian's Name (Father/Mother/Other):..... Relationship with candidate  
..... Mobile No..... Email Id(if any) .....

Annual Income (Father/Mother/Other)..... Occupation:.....

Mother's Name:..... Mobile No .....

Email Id(if any).....

Local Guardian's Name (For other state candidate): ..... Contact No.....  
..... Email Id(if any).....

Source of maintenance /Financial assistance for study:.....

Name of the school last attended and year of passing: .....

Curriculum Vitae prior to admission to M.B.B.S: **Details of school leaving Examination:-**

Name of the Board in 10+2	Division /Class/ Grade	Year of Passing	Subjects	Full Marks	Marks Obtained	Subjects	Full Marks	Marks Obtained
			Physics			English		
			Chemistry			Vernacular		
			Biology			Grand Total		
			Total					

University Registration No.(if any) with Name of the University: .....

I hereby certify that the above statements of particulars given by me are true and correct to the knowledge and belief. Further, I hereby agree to abide by the rules and regulation at present in force or that may hereafter be made by the Govt. for medical teaching institutions and I undertake that so long as I am a student of the college I will do nothing either inside or outside the college that will interfere with its Governance and Discipline.

Date:\_\_\_\_/\_\_\_\_/2023

Signature of the Applicant

Signature of the Father/Mother/Guardian