

JMF'S
A.C.P.M Medical College & Hospital, Dhule.
Admission Form

Admission Year

For Office Use Only:-
Date Of Admission:-

Roll No:-
All India Rank:-
SML No:-

An Application Form for Admission in First Year. M.B.B.S. Course for Yr. (.....)
(Form to be Submitted in 3 Sets)(1 Original Certificates + 2 Sets With Attested Copies)

1. Please read the instructions carefully before filling up relevant entries in this form.
2. All Information should be filled by student only.
3. Use Capital Block Letters only. Give Right Code No. where it is given.

AFFIX
YOUR
PASSPORT
SIZE
PHOTOGRAPH
Don't Staple

To,
The Dean,

ACPM Medical College & Hospital, Dhule [M.S.]Sir,

I undersigned kindly inform you that I have been provisionally selected as a student of First Year M.B.B.S. at your college through Central Admission Committee for Under Graduate Medical Courses. I request you to accept fees & Deposits & give me admission in your reputed college.

Sign.

personal details

1. (a) Candidate's Name (As Per 12th Mark Sheet):-

Mr/Miss

(Surname)	(First Name)	(Father's Name)

(b) Candidate's Father's Full Name:-

Mr.

(Surname)	(First Name)	(Father's Name)

2. Father / Guardian's Occupation:-

3. Full Postal Address Of Candidate For Correspondence:-

House No:- Village:- City:-
Street Name:- Taluka:-
District's Name & its Pin Code No:-

4. Date Of Birth:-

(DD/MM/YEAR)

		/			/				
--	--	---	--	--	---	--	--	--	--

5. Birth Place With District & State:-

6. Contact No:-

- Residence With STD Code:-
- Mob. No. Student:-
- Mob. No. Father:-

7. Admission Category: -

- Open:- OM
- S.C:-SC
- S.T:- ST
- S.E.B.C:- SE
- MQ-OPEN:-MQ

8. Aadhar No. (Mandatory):-			
9. As per School Leaving Certificate/Record:-			
a) Religion:-	b) Cast:-	c) Sub Cast :-	d) Category:-
10. Name Of H.S.C Examination:-			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Month & Year of H.S.C. Exam. Appeared:-			
<input type="text"/>			
12. Exam Seat No. / Roll No:-			
13. Subject Wise Marks:-			
Eng.	Chem.	Bio.	Phy.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14. a) Marks Obtained in P+C+B Subjects in H.S.C. Exam. Of Board: /300 or 210			
b) Marks Obtained in NEET – 2020 Exam (Entrance Test): /720			
c) Percentile in NEET UG – 2020:			
15. Name Of Last School Attended with place of H.S.C. Exam:-			
16. School Leaving Certificate / Transfer Certificate No. & Date Of Issued Of Certificate:-			
No:-	<input type="text"/>		Date:-
17. Annual Gross Income Of Family (Father + Mother + Other)			
Rs. <input type="text"/>			
18. Do You Require Hostel Yes/ No.			
19. Name & Address Of Local Guardian With Mob. No:-			
			Sign.

**I have attached the following Original Certificates/Documents
with 2 attested Xerox set with admission form.**

Sr. No.	Certificates	Tick
1	Application Form (Attested photocopy)	
2	Preference Form (Attested photocopy)	
3	Nationality Certificate or valid passport	
4	S.S.C. (10 th) Passing Certificate & Mark sheet	
5	H.S.C (12 th) Passing Certificate & Mark sheet	
6	Attempt Certificate (if available)	
7	Bonafide Certificate	
8	NEET UG Admit Card	
9	NEET UG Mark sheet	
10	Caste Certificate	
11	Caste Validity Certificate	
12	Non-Creamy layer Certificate	
13	Migration Certificate	
14	Leaving / Transfer Certificate	
15	Gap Certificate	
16	Allotment Letter	
17	Physical Fitness	
18	Character Certificate	
19	Aadhar Card & Pan Card Xerox/ Voter Card Xerox /passport Xerox	
20	Passport size Photograph – 2	

Sign.

: DECLARATION:

All the information given in this Admission Form for Admission 2020-21 is correct and true as submitted in the Application Form at Central Admission Committee for Undergraduate Medical Courses as per best of my knowledge. We read and understood the rules of Admissions. We agreed/abide to follow all rules of college & University.

Most Important :

Students & Parents are Directed To Keep 10 (Ten) Attested Xerox Copies Sets Of Each Under Mentioned Documents For Future Requirement. Original Certificates Or Attested Zerox Copies Will Not Be Provided To Student Up To The Completion Of Final M.B.B.S. Course.

Date : / /2020

Sign. of Father/Mother

Sign. of Student

For the Use of Student Section

Shri/Ku.....has paid Tuition
Fee Rs..... vide Receipt No. Date : / /2020
through DD/RTGS/NEFT vide Bank & Branch Name:

.....We have checked the remained Tuition fee/ Received Tuition Fee etc.
and necessary document received from the student, necessary for the student admission as
per rules and regulations prescribed by Competent Authority, Government of Maharashtra.

**Verified by
Account Section**

**Sr. Clerk/ Head Clerk
Student Section**

For the Use of Dean Office

The above information and necessary documents checked and found correct so please grant the admission at the ACPM Medical College & Hospital, Dhule, M.S.

Student Section

/ /2020

Admission I/C

Dean

