

Recent Passport
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GOVERNMENT OF WEST BENGAL Office of the Principal

College of Medicine and Sagore Dutta Hospital, Kamarhati, Kolkata — 700 058 <u>APPLICATION FORM</u> FOR ADMISSION TO MBBS COURSE 2024

Allotted Course .	ID No.(Voter Card/Aadhar Card/	Passport):
NEET ROLL NO	Rank Percentile	e
Name in Full :		
Mobile No.*:		
Email ID.*:		
Guardian's Name:		
Guardians' Mobile	No.*:	
Date of Birth:	Religion:Ge	nder:
Whether PH :	Passing Year (XII):	
Present Address:		
•••••		
Permanent Address:		
•••••		
Willingness for next	round(Yes/No)	
	Declaration by the Candidate	
I	, s/o / d/o	
	the information and details furnished in this application	
•	edge & I will abide by all the rules & regulations of yound Sagore Dutta Hospital, Kamarhati, Kolkata — 700 0	•
will also follow the sa		

Executive of bond (<u>to be Notarized on Stamp Paper of Rs. 20/- and above</u>) executed by the candidate for Under Graduate Medical degree seat at College of Medicine and Sagore Dutta Hospital, 578 B.T. Road, Kamarhati, Kolkata – 700 058

	Sri / Smt		
	Dist		
having been se	lected for Under Graduate Med	lical degree course at	
and solemnly deprescribed by the	eclare that I shall deposit a some Government in pursuance of 25.10.2010, If I resign/ discont	sum of Rs. 1,00,000/- (Rupee of G.O. No. HF/O/MERT/1542	es One Lakh only) as 2/Admn./ME/STM-28-
	er it shall be obligatory on my e Government for the aforesaid	•	all terms and condition
	cuments which are in the custoo		
until I pay t	he penalty of Rs. 1,00,000/-	(Rupees One Lakh only) to	the authority of
This bon W.B.M.C.C. (We	nd is imposed as there will best Bengal Medical counselling iment of West Bengal to allot o	pe no further provision on g Committee), Department o	behalf of the of Health and Family
Signature of the	candidate		
Name of the can	didate		
Oate	Place		
Signature of the	witness		···
Name of the witi	ness		
Date	Place		

Medical Certificate for NEET UG 2024 qualified candidates

Roll	No
Applic	cation No
NEET	UG Al India overall rank
••••••	have examiner Sri/Smtson/daughter of residing at
[Verifi admis	ed from Adhaar card/passport/voter card/school or college IF card], a candidate for sion into the MEDICAL/DENTAL UG degree colleges in West Bengal for 2024- 2025 admission and observed as follows:-
1.	Personal mark of Identification
2.	Apparent ageYears
3.	Any history of Pulmonary Tuberculosis yes/no (put tick to appropriate one)
4.	Chest measurement:
	a. Normal respirationcm
	b. In Full inspirationcm
	c. In Full expirationcm
5.	Heightcm
6.	Weightkg
7.	BMI
8.	Eye sight visual acuity
	a. Right eye
	b. Left eye
	c. Colour blindnesspresent/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 studying UG Medical/Dental course
I consider the above candidate FIT/UN FIT to join his/her Medical or Dental UG institution (Please put tick to appropriate one)
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)

DECLARATION OF THE CANDIDATE SUBMITTEN FOR ADMISSION TO MBBS COURSE IN SESSION 2024-2025

I do hereby declare that I shall not display any disorderly conduct whether by word spoken or written and shall not do any act which causes or is likely to cause physical / psychological harm or raise apprehension or annoyance of hardship or fear or shame or embarrassment to any student, my colleagues or my seniors. If I am found guilty of doing any such act I shall be proceeded against and lawful actions will be initiated by the authority concerned against me.

I do hereby further declare that I understand the meaning of 'RAGGING' and known that ragging in any form is a punishable criminal offence. I shall not resort to ragging in any form at any place. I understand that disciplinary actions and/or legal proceedings including expulsion from the Institution will be initiated, if I am founded guilty of any form of ragging by the Authority.

Full Name of the Candidate:			
NEET UG Roll No:		NEET UG Rank:	
Address:			
Phone No:	Res:	Mob:	
Signature:			
Date :			
DECLARATION OF THE GUARD IN SESSION 2024-2025.	IAN OF THE CANDIDA	TE SUBMITTEN FOR ADMISSION TO MBBS C	COURSE
if my ward		ons against ragging as well as punishments be found guilt wful actions will by initiated against him / h	y by the
Full Name of the Guardian:			
Relation with the Candidate:			
Address :			
Phone No :	Res :	Mob:	
Signature :			
Nate:			

DECLARATION OF LOSS OF ACADEMIC YEAR, IF ANY, SINCE PASSING 10+2 EQUIVALENT EXAMINATION

I do hereby declare that passed 10+2 equivalent Examination in the year
 a) I was registered under
Name
Full Signature
NEET Rank
NEET Roll No
Date

Copy to the

- 1. Registrar, The West Bengal University of Health Sciences, DD-36, Sector-I, Salt-Lake, Kolkata-700 064.
- 2. Principal, College of Medicine & Sagore Dutta Hospital, Kamarhati, Kolkata-700 058.

WILLINGNESS FOR PARTICIPATION IN NEXT ROUND OF COUNSELIING

"In case candidate is allotted seat during the second round of allotment process (choice is up-graded), the seat allotted during the first round will be automatically cancelled immediately (and allotted to somebody else) and candidate will have to join the college/seat allotted during. If candidate does not join the college/seat allotted during the second round, as per schedule, from the date of allotment candidate will forfeit his/her allotted seat and will not be considered for subsequent rounds of seat allotment."

I have read and could understand the above mentioned statement.
I am willing to participate in 2 nd round Counseling(Yes/No)
I am willing to participate in Mop up round Counseling
Name:
Full Signature:
NEET Rank:
NEET Roll No:
Date :