

**CENTRALIZED MEDICAL ADMISSIONS-2010**  
**VENUE : Govt. Medical College & Hospital, Sector-32, Chandigarh.**  
**Application for admission to BHMS Course Session-2010-2011**

<b>For Office Use only</b>
Form received on _____
Sr. No. in Entry Register _____
Signature of the receiver/date _____

Remarks of Scrutiny Committee

1) Eligible

2) Ineligible

<b>Passport size photograph Signed by the candidate, duly attested by Head of the institution last attended/Gazetted Officer</b>
--

Member(s)

Chairman

Please tick(√) Category	CET RANK _____	
BHMS	General <input type="checkbox"/>	SC <input type="checkbox"/> PH <input type="checkbox"/>

**(Candidate should choose the category carefully. No request for change of category will be entertained at any later stage under any circumstances. If more than one category is chosen by the candidate on single form, the application shall not be entertained under any circumstances. If candidate is interested to compete in more than one category, he/she should have to apply on separate form)**

Last date for receipt of application

25.6.2010 before 4:00 P.M. (all applicants including NRI)

Forms to be submitted in Co-ordinator's

Office at Govt. Medical College &amp; Hospital,

Hospital Building, Diary Section, Sector-32, Chandigarh.

**(No application form shall be entertained after the last date under any circumstances)**

*(To be filled in by the candidates in his/her own hand)*

1. Name of the Candidate \_\_\_\_\_  
(IN BLOCK LETTERS)
2. Sex (Male, Female) \_\_\_\_\_
3. Father's Name \_\_\_\_\_ 4. Mother's Name \_\_\_\_\_
4. Address (Mailing) \_\_\_\_\_  
Permanent Address \_\_\_\_\_ Telephone No. \_\_\_\_\_
5. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
6. Domicile/Nationality \_\_\_\_\_
7. Qualifying examination(s) on the basis of which the candidate is seeking admission to MBBS

Examination Passed	University/ Board Council	School/ College with Station	Roll No.	Year/ Session	Subjects Offered	Marks obtained / Max Marks	% age of Marks
10+1							
10+2							
Any other equivalent examination							

(Full Signature of the Father/Guardian)

(Full Signature of the applicant)

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

8. Declaration:

I solemnly declare that I have filled the application form in my own hand and the information given therein is correct to the best of my knowledge and belief. I understand that if the information given above is found to be incorrect at any stage, my candidature for the admission may be cancelled without any further notice to me.

I further undertake that I will abide by all the conditions given in the Prospectus of the college for session 2010.

(Full Signature of the Father/Guardian)

(Full Signature of the applicant)

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Tick mark the documents attached:

- i) CET Result Card.
- ii) 10+1 Certificate of the School/College concerned.
- iii) 10+2 Certificate of the Board concerned.
- iv) Matriculation certificate showing the date of birth
- v) Affidavit attested by the Magistrate 1st Class/Notary Public, explaining gap in studies, if any
- vi) Character certificate from the institution last attended
- vii) Proof for claim of reserved category, as per reservation rules where ever applicable.
- viii) Proof for claim of NRI as mentioned at Sr. No. 9 to 13 wherever applicable.