

Name			
Son/Daughter of			
NEET Roll No.		State NEET Rank	

Signature which was put during NEET Examination	1		Signature which was put during NEET Examination
	2		
	3		
	4		
5			

I do hereby submit the above specimen signature, which I used while appearing in the NEET _____ for verification by competent authority. I fully understand that my candidature for admission to the MBBS / BDS Course, Session _____ is liable to be cancelled if mismatch occurs between this signature and the signature I put during NEET Examination.

Signature :
Date & Phone No. :



SILCHAR MEDICAL COLLEGE & HOSPITAL

Silchar, Assam, PIN - 788014

Admission form for MBBS Course

01. Session:		02. Date of Admission:	
03. Name of Candidate (in Block Capital) :			Coloured Passport Photo
04. NEET Roll No.		05. State NEET Rank :	
06. Category under which selected for Admission :			
07. Gender:		08. Religion :	
09. Date of Birth :		10. Nationality :	
11. Details of Marks in X+II Exam			
Maximum Marks		Marks Obtained	
Percentage			
Physic, Chemistry & Biology			
English			
12. Father's Name, Occupation & Mobile No.			
13. Mother's Name, Occupation & Mobile No.			
14. Annual Income of Parents :			
15. Permanent Address with PIN		16. Address for Correspondence with PIN	
P.O. P.S.		P.O. P.S.	
Dist. State		Dist. State	
17. Name, Address & Mobile No. of Local Guardian :			

18. SMC MBBS Batch No.

Signature of the Candidate :

Mobile No.

N.B. Self attested copies of all certificates as mentioned in Rule 5(d) of the Medical Colleges and Dental Colleges of Assam, (Regulation of Admission into 1st year MBBS/BDS Courses) Rules, 2017 are to be enclosed

UNDERTAKING

I/We have given to understand that my admission into First year MBBS Course in the Silchar Medical College & Hospital, Silchar (Assam) is provisional/ Conditional subject to outcome of written petition/ appeal pending in the honourable Supreme Court/ Guwahati High Court for disposal.

Further, we the undersigned, pronounce in full conscience that in case of any dishonest means (such as submission of forged documents, false signature etc.) taken by us for admission into 1st year MBBS Course, my admission will be cancelled instantaneously and the College authority will not be held answerable for such illegal acts.

Further, we certify that the particular stated in this application are true to the best of my knowledge and if it is proved that the information is fraudulent, we are to face criminal prosecution.

Signature of Father/ Mother/ Guardian

Date :

Place : Silchar, Assam

Signature of the student

Date :

Place : Silchar, Assam

DECLARATION BY PARENT / GUARDIAN

In the event of my Son / Daughter/ Ward Shri/ Smti. _____
being admitted in Silchar Medical College & Hospital, Silchar, I shall be responsible for his/her
conduct and undertaken to pay his / her college dues, hostel dues and other expenses during
his/her studentship in the college.

I also undertake to withdraw him/her from the college, should the authorities concerned
decided that such withdrawal is necessary in the interest of the college or in the event of inability
to pay his/her college or hostel dues in time or due to his/her unsatisfactory result, attendance
and conduct after clearance of all his/her dues if any and without claiming any compensation
from the Government or the college authorities.

I, further declare that there is no allegation of misconduct against my son/daughter/ward
and he/she has never been convicted for any offence involving moral turpitude.

I, further declare that if any statement is proved to be false then the authority shall have right to
take legal action against me and my son/daughter for submitting false information and
statements.

I certify that the particulars stated in this application by my son/daughter/ward are true to
the best of my knowledge and if it is proved that the information is fraudulent, I am liable to
criminal prosecution

Signature of Parent/Guardian with full address and mobile no.

Witness

:

Submission of Specimen Handwriting & Signature

On Being selected & admitted under _____
category to the MBBS Course at Silchar Medical College & Hospital, Silchar, Assam in
Session _____ in the State / Central quota,
I, _____
Son/Daughter of _____
having permanent residence at _____

Space for
photograph To be
signed in a
manner so that half
of the signature falls
on the photograph
and half on the
paper

do hereby undertake to submit herewith my self-signed photograph, specimen handwriting and specimen signature bestowing the right to Silchar Medical College & Hospital Authority to verify the same for any purposes as and when necessity arises. Further, I submit that I shall use this full & short signature for all purposes (academic/administrative/professional medicolegal /financial) during the entire period of my stay as an MBBS student at Silchar Medical College & Hospital, Silchar, Assam. I also undertake to state that I shall not change my short or full signature without prior intimation & permission of the Silchar Medical College Authority under any circumstances.

(To write the following paragraph with ball point pen in the box below maintaining the upper & lower case)

“Examples of pangram” are (12) while making deep excavations we found some quaint bronze jewellery (34) jackdaws love my big sphinx of quartz, {56} the five boxing wizards jump quickly, (78) pack my box with five dozen liquor jugs and finally [910] A QUICK MOVEMENT OF THE ENEMY WILL JEOPARDIZE SIX GUNBOATS. We write email putting @ in between and # sometimes & sometimes % only

Sl. No.	Full Signature	Short Signature
1		
2		
3		

Given under my signature on this ____ day of _____ in Silchar Medical College & Hospital, Ghungoor, Silchar, Assam.

Date :
Place : Silchar, Assam

Signature :
Name in block letters :
Address :



SILCHAR MEDICAL COLLEGE & HOSPITAL

Silchar, Assam, PIN - 788014

Summary Admission Record, MBBS Batch No.

Session:		Date of Admission:	
Name of Candidate :			
Gender :		Date of Birth :	
Category under which admitted :			
Mobile No. with WhatsApp :			
NEET Roll No.		NEET Rank :	
Father's Name, Occupation & Mobile No.			
Mother's Name, Occupation & Mobile No.			
Permanent Address with PIN		Address for Correspondence with PIN	
P.O. P.S.		P.O. P.S.	
Dist. State		Dist. State	
Name, Address & Mobile No. of Local Guardian :			

Signature of the Candidate :

Mobile No.

Coloured Passport
size photograph to
be pasted

Coloured Passport
size photograph to
be pasted

Coloured Passport
size photograph to
be pasted

FORM - I

[Ref. sub-clause (a) of clause (i) and sub-clause (a) of clause (ii) of sub-regulation (2) of regulation 7 of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) Regulations, 2021]

UNDERTAKING BY THE STUDENT

I _____ (Full Name in Block Letters) Son/
Daughter of Mr./Mrs./Ms. _____ (Full Name in Block Letters)
admitted to the course 1st Year of MBBS with Admission No. _____ at
Silchar Medical College & Hospital, Silchar, Assam affiliated to **Srimanta Sankaradeva University of Health Sciences, Assam** have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) Regulations, 2021 (hereinafter referred to as the said regulations).

2. I have carefully read and fully understood the provisions in the said regulations.
3. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have fully understood what constitutes “ragging”.
4. I have also in particular perused the provisions of Chapter IV and read and understood the administrative and penal actions that may be taken against me in case I am found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
5. I hereby undertake that -
 - i. I will not indulge in any behaviour or act that may come under the definition of ragging as may be constituted under regulation 3 of the said regulations;
 - ii. I will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulation 3 of the said regulations;
 - iii. I will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the said regulations or as per the applicable laws for the time being in force.
7. I also declare that I have never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, my admission is liable to be cancelled / withdrawn.

Signed on this the _____ day of _____ month of _____ year.

Signature :
Name :
Address :

Tel/Mobile no.:

Signature of Witness 1:
Name of witness 1:
Address:

Signature of Witness 2:
Name of witness 2:
Address:

FORM -II

[See sub-clause (b) of clause (i) and sub-clause (b) of clause (ii) of sub-regulation (2) of regulation 7 of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) Regulations, 2021]

UNDERTAKING BY PARENT / GUARDIAN OF THE CANDIDATE/STUDENT

I _____ (Full Name in Block Letters)

Father / Mother/ Guardian of Mr./Mrs./Ms. _____ (Full Name in Block Letters)

admitted to the course 1st Year of MBBS with Admission No. _____ at Silchar Medical College & Hospital, Silchar, Assam affiliated to Srimanta Sankaradeva University of Health Sciences, Assam hereby declare that I have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) Regulations, 2021 (hereinafter referred to as the said regulations).

2. I have carefully read and fully understood the provisions in the said regulations.
3. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have fully understood what constitutes “ragging”.
4. I have also in particular perused the provisions of Chapter IV and read and understood the administrative and penal actions that may be taken against me in case I am found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
5. I hereby undertake that my son/ daughter/ ward -
 - i. will not indulge in any behaviour or act that may come under the definition of ragging as may be constituted under regulation 3 of the said regulations;
 - ii. will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulation 3 of the said regulations;
 - iii. will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that son/ daughter/ ward is found guilty of any aspect of ragging, he/she may be punished as per the provisions of the said regulations or as per the applicable laws for the time being in force.
7. I also declare that he/she has never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, his/her admission is liable to be cancelled / withdrawn.

Signed on this the _____ day of _____ month of _____ year.

Signature :

Name :

Address :

Tel/Mobile no.:

Signature of Witness 1:

Name of witness 1:

Address:

Signature of Witness 2:

Name of witness 2:

Address:

Schedule — I
APPLICATION FORM

(To be submitted at the time of Provisional Admission)
APPLICATION FORM FOR ADMISSION INTO MBBS/BDS COURSES (ASSAM STATE QUOTA), SESSION, 20.....

IMPORTANT INSTRUCTIONS:

1. Please read the Admission Rules carefully before filling this form
2. Use blue or black ball for filling the form

To paste the Passport size
Photograph (Not to be stapled)

Full Signature of the candidate
(within the Box)

1. Name (in Block Letters) :

2. Father's Name :

3. Mother's Name :

4. Full Postal Address for communication :

C/o

Vill

P.O.: PIN

Dist: State

Telephone No. (with STD Code) Mobile No.

E-Mail address (if any)

5. NEET Roll No. NEET Score NEET appearing center

NEET appearing state

YY

MM

DD

6. Age on 31st December of the year of admission

7. Permanent Home Address Locality :

(write only if separate from SI No.4) Post office:

Sub-Division: P.S.

P.O. PIN

Dist State

8. Physical Identification Marks (a)..... (b)

9. Nationality

10. State in which Applicant is a permanent Resident:.....

11. University /Board / Council Registration No.....

12. Category (Tick the appropriate box)

Gen ☐ EWS ☐ SC ☐ ST(P) ☐ ST(H) ☐ OBC/MOBC ☐ Tai-Ahom ☐ Chutia ☐

Koch Rajbangshi ☐ Moran ☐ Motak ☐ TGL/Ex-TGL ☐ CA ☐ FF ☐

Martyrs ☐ Ext.V ☐ ExS/SDP ☐ Sports ☐ PwD (DIVYANG) ☐

13. Course allotted

M.B.B.S.

B..D.S.

14. College allotted

15. Details of Examination passed (Self attached photostat copy of the certificates)

Examination	Name of University/Board/Council etc.	Institute from where passed		Year of passing	Division	% of marks
		Name	State			
H.S.L.C. or equivalent						
H.S.S.L.C. or equivalent (Sc.)						

16. Percentage of marks obtained in HS/10+2 equivalent Examination (Self attached photostat copy of marksheets)

Subject	Maximum marks		Marks obtained		Total marks of each subject	% of marks in Phy, Che, & Bio/Biotech in aggregate
	Theory	Practical	Theory	Practical		
Physics						
Chemistry						
Biology/ Biotechnology						
English						

DECLARATION BY THE CANDIDATE

I declare that the above entries in the form have been filled up in my own handwriting and the entries made are correct as per my documents and to the best of my knowledge and belief. I agree that if any statement is proved to be false then the Authority shall have the right to take legal action against me for submitting false information or statements.

I further declare that there is no allegation of misconduct against me and I have never been convicted for any offence involving moral turpitude.

Date:

Place:

.....
Signature of the candidate in full

GOVERNMENT OF ASSAM
DIRECTORATE OF MEDICAL EDUCATION, ASSAM
SIX MILE, KHANAPARA, GUWAHATI – 22

Declaration/Scrutiny Form for counseling of MBBS/BDS Courses, Session.....
(Declaration form is to filled in by the candidate in his/her own handwriting).

Name of the Candidate:.....

Name of Father/Mother/Guardian

Address.....

.....

Mobile No.....

NEET UG Roll No. Marks obtained in NEET UG NEET UG Assam State Rank

Date of Birth.....

Marks in HSSLC/Equivalent:

Subject (10+2)	Total marks	Marks obtained	Percentage in PCB
Physics			
Chemistry			
Biology/ Biotechnology			
English			

Name of School/ College from where 10+2 (Sc.) passed::

Board/ Council ::

Name of School from where 10th standard passed::

Caste / Category (Put tick mark in the appropriate box) :: General ☐ SC ☐ ST(P)☐
ST(H) ☐ OBC/MOBC ☐ EWS ☐ Tai-Ahom ☐ Chutia ☐ Koch-Rajbongshi ☐ FF ☐
Martyrs ☐ TGL/Ex-TGL☐ Ex-Viol.☐ Moran ☐ Motak ☐ Sports Quota ☐
Phy. Handicapped ☐ Ex-Serviceman/Serving Defence Personnel ☐ Orphan☐

Whether applicant studied in Assam : Yes☐ No☐

If No, then Annexure II (3 Generation Certificate) submitted Yes☐ No ☐

Permanent Residential status :: District.....State.....

Whether father/Mother is a state Govt. Employee : Yes ☐ No. ☐

Signature.....

Full Name.....

Date.....

1. Verification of Signature of the candidate in Form Schedule I

Signature of Forensic Expert

Comment : (<i>put tick mark in the box</i>)	Eligible ☐	Remark (if any) : _____ _____ _____
	Not Eligible ☐	

Signature of Scrutinizer _____ Signature of Chairperson _____

- Eligible / Not Eligible