**GOVT.HOMOEOPATHIC MEDICAL COLLEGE & HSPITAL**

**AFFIX SAME PHOTOGRAPH AT THE TIME OF APPLICITAION**

AYUSH Campus, beside Kaliasot, MACT Hills, Bhopal – 462003 (M.P.)

**REQUIRED CHECK LIST FOR PROVISIONAL ADMISSION IN ALL INDIA SEATS OF BHMS COURSE OF ACADEMIC SESSION 2021 – 22**

Admission No:…………….Round:………………………..Date............................………

Subject:………………………………………………………………………………………..

1. Name of the student……………………………….…………………………………
2. Father’s Name……………………………………………….………………………
3. Mother’s Name………………………………………….………………………….
4. Category: UR/SC/ST/OBC/PwD/EWS......................................................................
5. Complete permanent address with pin code:………………………………………………………………………….………

…………………………………………………………………………………………

…………………………………………………………………………………………

1. Complete present address with pin code:………………………………………………….………………………..……………………………………………………………………………………….…..………………………………………………………………………………………………
2. Other descriptions: -

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **List of original documents necessary at the time of admission** | **Enclosed**  **(Yes/No)** | **Remark if any** |
| 1 | Admit Card of NEET Exam issued by NTA. |  |  |
| 2 | NEET Result/ Rank letter issued by NTA. |  |  |
| 3 | NEET – 2021 Result/Rank letter issued by NTA |  |  |
| 4 | Date of Birth Certificate (if 10th Standard Certificate does not bear the same). |  |  |
| 5 | Class 10th Certificate. |  |  |
| 6 | Class 10+2 Certificate. |  |  |
| 7 | Class 10+2 Marks Sheet |  |  |
| 8 | Eight (8) Passport size photograph same as affixed on the application form. |  |  |
| 9 | Provisional Allotment Letter generated online from AACCC portal. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 10 | Proof of identity (Aadhar/ PAN/ Driving License/ Passport/ Voter ID ) |  |  |
| 11 | Medical Fitness Certificate issued by Registered Medical Practitioner in prescribed format as attached in **Annexure-VI**. |  |  |
| 8 | Disability Certificate issued from a duly constituted and authorized Medical Board for 21 Benchmark Disabilities as per the Rights of Persons with Disability Act, 2016. ***No other PwD certificate, issued by any other Authorities/ Hospital will be entertained*.** The format of **Certificate of Disability** is attached as **ANNEXURE-I.**  (The qualified Persons with Disability (PwD) candidates should get themselves certified at one of the under mentioned Disability Assessment Boards, constituted in various States/Uts. The list of Centres who will issue Disability Certificates as per 21 Benchmark Disabilities given under RPWD Act-2016 is attached as **ANNEXURE-II.)** |  |  |
| 9 | SC/ST Certificate, issued by the **competent authority,** should be in English or Hindi language. Sub caste should be clearly mentioned in the certificate. Certificate should be ***as per the prescribed format of Government of India* (ANNEXURE-III).** |  |  |
| 10 | OBC certificate issued by the Competent Authority. The sub-caste should tally with the Central List of OBC. The OBC candidates should not belong to Creamy Layer. The OBC certificate must be as per the prescribed format of Government of India **(Annexure-IV).** |  |  |
| 11 | Economically Weaker Section (EWS) certificate issued by the Competent Authority. **(Annexure-V)** |  |  |
| 17 | Transfer Certificate. |  |  |
| 18 | Character Certificate. |  |  |
| 19 | Migration Certificate. |  |  |
| 20 | Gap Certificate. |  |  |
| 21 | Seat leaving Bond. |  |  |
| 22 | Mobile no. of student. | | |
| 23 | Mobile no. of Father/Mother: | | |
|  | Email - id : | | |

**( Name & Signature of Candidate)**