



Government Medical College, Srinagar

190010-Karan Nagar, Srinagar Kashmir (Phone No. 0194-2504114 & Fax No. 0194-2503115)

Email: registraracademics@gmcs.edu.in & Website: www.gmcs.edu.in

(Academic Section)

Student Profile Form

BOPEE Notification No.: _____ & Serial No.: _____ Dated: _____

Admission Session: _____, Gender: _____, Religion: _____

NEET Roll No.: _____, Name of Category (Selection): _____

NEET (State) Rank: _____, NEET (National) Rank: _____

1. Name of Candidate: _____

2. Parentage: _____

3. Date of Birth: _____ (as per Matriculate Certificate)

4. Permanent Address: _____

a. Tehsil: _____ b. District: _____ c. State/UT _____

5. Phone No.: _____, Alt. No.: _____, Email ID: _____

6. Name of Board where from 12th Class Passed: _____

7. Whether Registered with University of Kashmir: (Yes / No) If, Yes

a. University of Kashmir Registration No.: _____

8. Payment of Fee Details:

✓ Rs. _____, Transaction ID: _____ Dated: _____

**Paste Recent
Passport Size
Photograph**

Signature of Candidate

List of Documents to be submitted with this Form (Original as well as Xerox Copy):

1. Four Recent Passport Size Photographs.
2. Date of Birth Certificate (Matriculation).
3. 12th Class Marks Cards.
4. NEET Score Card.
5. Domicile Certificate.
6. Valid Income Certificate in respect of Poor & Backward Category candidates.
7. Category Certificate (wherever applicable).
8. Proof of Identity (Aadhaar Card).
9. Migration Certificate in case of CBSE/ICSE Candidates.
10. Discharge/ Transfer Certificate.
11. Medical Fitness Certificate duly attested by Chief Medical Officer.
12. Time Gap affidavit (wherever applicable) from 1st Class Judicial Magistrate.
13. Anti-Ragging Affidavits by Candidate/ Parent from 1st Class Judicial Magistrate.
14. Fee Receipt.



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Important Instruction required by the Candidates for Online Admission:

1. Fill the Student Profile Form.
2. Deposit Admission Fee (Online and Offline both accepted).
3. Attach all the required Documents/ Certificates.
4. Scan all the documents in a single PDF File and name it as the Candidate's may followed by NEET(State) Rank (e.g. if the name of candidate is Mr. Shakir Ahmad and NEET(State) Rank is 123, the name of file should be **Shakir-123**)
5. Send the File to the ss.gmcsgr@gmail.com.
6. Admission Fee: Rs. 33,875/-
7. College Bank Details:
 - a. Account No.: 0349040100007655.
 - b. Bank Name: J&K Bank.
 - c. Branch: Government Medical College, Karan Nagar, Srinagar.
 - d. IFSC Code: JAKA0DOCTOR.
 - e. MICR Code: 190051023.

Note: All the Original Documents/ Certificate are to be submitted at the time of Joining.



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Important Instruction required by the Candidates for Offline Admission:

1. Fill the Student Profile Form.
2. Deposit Admission Fee (Online and Offline both accepted).
3. Attach all the required Documents/ Certificates in Original as well as Xerox.
 - a. All Original Documents mentioned in the Student Profile Form to be provided in Clear Bag.
 - b. Xerox Copy to be provided in a File Cover.
4. Admission Fee: Rs. 33,875/-
5. College Bank Details:
 - a. Account No.: 0349040100007655.
 - b. Bank Name: J&K Bank.
 - c. Branch: Government Medical College, Karan Nagar, Srinagar.
 - d. IFSC Code: JAKA0DOCTOR.
 - e. MICR Code: 190051023.

FORMAT FOR TIME GAP AFFIDAVIT

I, _____ S/o-D/o _____,
R/o _____, do hereby solemnly affirm and declare as under:

1. That I have been selected for MBBS Course in Govt. Medical College, Srinagar by J&K BOPEE vide Notification No. _____ dated: _____.
2. That I have passed my 12th examination in the year _____ under Roll No: _____ From (Board) _____.
3. That after passing my 12th Examination, I have not joined any Professional/Non Professional Degree or Diploma Course in any Institution/College/University in or outside the UT of J&K.
4. That in case this statement proved incorrect I shall be personally responsible for the consequences arising there upon.

Deponent

VERIFICATION:

Verified on this day _____ at _____ that the contents of the affidavit are true and correct to the best of my knowledge, belief and nothing material has been concealed and no part of it is false.

Deponent

FORMAT FOR ANTI-RAGGING AFFIDAVIT (CANDIDATE)

1. I, _____ S/o _____ R/o _____
carefully read and fully understood the law prohibiting ragging and the directions of the Supreme Court and the Central / State Government in this regard.
2. I have received a copy of the NMC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions 2009, and have carefully gone through it.
3. I hereby undertake that:-
 - a. I will not indulge in any behaviour or act that may come under the definition of ragging.
 - b. I will not participate in or abet or propagate ragging in any form.
 - c. I will not hurt anyone physically or psychologically or cause any other harm.
4. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the NMC Regulations mentioned above and /or as per the law on the land.

Signed on this Day _____

Signature of Candidate

Name of Candidate

S/o _____

R/o _____

FORMAT FOR ANTI-RAGGING AFFIDAVIT (CANDIDATE)

1. I, _____ F/o _____ R/o _____
carefully read and fully understood the law prohibiting ragging and the directions of the Supreme Court and the Central / State Government in this regard.
2. I have received a copy of the NMC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions 2009, and have carefully gone through it.
3. I hereby undertake that:-
 - a. I assure you that my ward will not indulge in any behaviour or act that may come under the definition of ragging.
 - b. I hereby agree that if my ward is found guilty of any aspect of ragging, he/she may be punished as per the provisions of the NMC Regulations and/or as per the law of the land in force.
 - c. I assure you that my ward will not hurt anyone physically or psychologically or cause any other harm.

Signed on this Day _____

Signature of Parent

Name of Parent

F/o _____

R/o _____