

SELF ATTESTED
(No need on Stamp Paper)

AFFIDAVIT

I, S/o, D/o Sh.
aged aboutyear, Resident of
..... do hereby
take oath and state and as under :

1. That solemnly pledge myself to concentrate my life to service of humanity.
2. That I will maintain the utmost respect for human life at the time of conception.
3. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
4. That I will practice my profession with conscience and dignity.
5. That the health of my patient will be my first consideration.
6. That I will respect the secrets, which are confined in me.
7. That I will maintain by all means in power, the honour and noble traditions of medical profession.
8. That I will treat my colleagues with all respect and dignity.
9. That I shall abide by the Code of medical ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.

DEPONENT

Place :

Date :

VERIFICATION

I, the above named deponent do hereby verify that the contents of para No. 1 to 9 of my above noted affidavit. I make these promises solemnly, freely and upon my honour. So help me God.

DEPONENT

Place :

Date :

Do not fold this sheet

PANDIT DEENDAYAL UPADHYAYA MEDICAL COLLEGE, CHURU

STUDET'S BIO-DATA FORM – 2019

FILL IN CAPITAL LETTERS

(Selected Under: AIQ / SQ / CENTRAL POOL/NRI)
Allotted in I/ II/ III /Mop-Up Round of Counseling

Self Attested
PHOTO
Same as paste on
NEET Form

1. Name : Mr./Ms. _____
2. Mobile No. _____ e-mail _____
3. Date of Birth : _____ Place of Birth _____
4. Age as on 31.12.2019 : _____ (year) _____ (month) _____ (day)
5. NEET Roll No. _____ Marks _____ / _____ No. of Attempts _____
(Obt) (Max)
6. Overall Rank _____ Category Rank _____ Percentile _____
7. Category (With PH if applicable) _____ Caste _____ Religion _____
8. Name & Address of last attended School _____
9. Name of Board _____
10. SR.SEC. Passing Year _____ Total Marks _____ / _____ % _____
Eng. _____ / _____ % _____ (Obt) (Max)
Phy. _____ / _____ Chem. _____ / _____ Bio _____ / _____ PCB Total _____ / _____ % _____
(Obt) (Max) (Obt) (Max) (Obt) (Max) (Obt) (Max)
11. Name of nominee for student's Insurance :
Sh./Smt. _____ Relation with student _____
12. Postal Address _____
_____ Pin _____
13. Permanent Address _____
_____ Pin _____
14. **Father's Details :**
 - (a) Name : _____
 - (b) Designation / Occupation : _____
 - (c) Yearly Income : _____
 - (d) Name & full Address of Department/ Firm : _____

 - (e) Tele./ Mob. No. : _____ e-mail _____
15. **Mother's Details :**
 - (a) Name : _____
 - (b) Designation / Occupation : _____
 - (c) Yearly Income : _____
 - (d) Name & full Address of Department/ Firm : _____

 - (e) Tele./ Mob. No. : _____ e-mail _____

Date _____

Signature

Thumb Impression
(Male Left Thumb/ Female Right Thumb)

**SERVICE BOND / UNDERTAKING FOR ALL INDIA QUOTA & STATE QUOTA
UNDER GRADUATE MEDICAL STUDENTS**

**STAMP PAPER VALUE
NOT LESS THAN Rs. 500/-**

BOND / UNDERTAKING

WE,.....(Name of Student) age.....
D/o / S/o resident at
.....
..... at
present MBBS student in (here in
after called 'the obligor') and (1) Shri.
Designation..... (here after called surety) do hereby
jointly and severally bind ourselves and our respective heirs in execution and administration to pay
the Govt. of Rajasthan (herein after called the Government) on demand the sum . of
Rs.5,00,000/- (Rupees Five lacs only) together with interest thereon from the date of demand at
Govt. rates for the time being in force on Government loans, AND TOGETHER with all costs between
attorney and client and all charges and expenses that shall or may have been incurred by the
Government.

That in consideration of the Government of Rajasthan, selecting vide Allotment letter/ order
no. Date..... the MBBS course in during the academic
Year....., the MBBS student and his surety covenant with the Government as follows: -

1. Candidates who are selecting Government seats for the MBBS course shall not resign the course before the completion;
2. Candidates who are selecting Government seats for the MBBS course shall serve the Government for a minimum period of two years after completion of the course, if Government so desires;
3. That in case the MBBS students, who fails to fulfill the above conditions, the surety of the MBBS students shall be jointly and separately liable for penalty of Rs.5,00,000/- as per this Bond / Undertaking.

In witness whereof the Obligor and the surety above mentioned have here unto set their hands this day and the year first above written.

1. Signature of **Witness**

Name.....
Address.....
.....Pin.....
Mobile No.....

Signature of the MBBS **student**

Name.....
Address.....
.....Pin.....
Mobile No.....

2. Signature of **Witness**

Name.....
Address.....
.....Pin.....
Mobile No.....

Signature of **Surety**

Name.....
Address.....
.....Pin.....
Mobile No.....

Attested by Notary

Name of Institution attended Last.....

CHARACTER & ATTEMPT CERTIFICATE

It is certify that

Son/daughter of Who has studied in this
Institution from to bears a good moral character.

He/She passed his/her Examination held
in Month (.....) Year (.....) in attempt.

**His/her behavior was good with teachers and students. He/she has neither
displayed persistent violent of or aggressive behavior nor any desire to harm others.**

Authorized Signature
With Seal

PANDIT DEENDAYAL UPADHYAYA MEDICAL COLLEGE, CHURU.

Check List -MBBS Admission – 2019

Please note that 2-3 days time is required to complete admission formalities including Medical Fitness Certificate issued by Medical Board of this College hence, candidate are advised to join as early as possible and not to wait for last day of joining due to different schedule of holiday.

Candidate should have 3-4 sets of Attested copy of original documents as the original will not be returned before completion of M.B.B.S. Course.

(Original and self attested copies should arrange as per check list)

1.	NEET Mark Sheet (Two Copy)
2.	Allotment Letter (Two Copy)
3.	Rank Letter/List (Two Copy)
4.	NEET Admit. Card (Orig. and One Attes. copy)
5.	Secondary Mark Sheet (Orig.and Two Attes. copy)
6.	Secondary Certificate (Orig.and Two Attes. copy)
7.	11 TH Standard Mark Sheet (Orig. and Two Attest. Copy)
8.	Sr. Secondary Mark Sheet (Orig. and Two Attest. Copy)
9.	Sr. Secondary Certificate (Orig. and Two Attest. Copy)
10.	Domicile Certificate (Orig. and One Attes. copy)
11.	Caste, Sub-category Certificate OBC/SC/ST/STA/EWS/MBC (Orig. and Two Attes. copy) (If applicable) (OBC NCL Certificate issued latest as per Govt. rules)
12.	Disability Certificate (Orig. and One Attes. copy) (If applicable) PH Certificate:- 1. For SQ seat - Issued by the Board of Govt Medical College duly Re-verified on 26.06.2019 at 10:00 am at SMS Medical College Jaipur 2. For 15% AIQ seat - Issued by the one of the Board constituted as mentioned in the NEET 2019 Information Bulletin
13.	Service Bond (INR 500/-Stamp) amounting to INR 5 Lac.
14.	Printed copy of the Application/Information Form of Entrance (NEET) Examination and Fees Receipt (original) (issued by e-mitra/CSC kiosk containing the Token Number/ Bank challan etc.)
15.	AIQ/State Quota Counseling Registration form & Fees Receipt (original) (issued by e-mitra/ CSC kiosk containing the Token No./ Bank challan etc.)
16.	Copy of Photo ID (Driving licence/ PAN card/ Voter ID/ Govt. or PSU card/ school ID card/ 12 th class admit card/ Aadhar card)
17.	Eligibility Certificate as selected I to XI in Application form (For State Quota Candidate)
18.	WDP/WPP Certificate (Widow / Wards of Defence/Para Military Personnel Certificate) (If applicable) (For State Quota Candidate) Duly verified by the Admission Board at SMS Medical College Jaipur, on 26.06.2019 at 10:00 am
19.	Hardcopy of Online Anti-ragging Affidavit (Self & Parents) website: WWW.ANTIRAGGING.IN / WWW.AMANMOVEMENT.ORG
20.	Relieving Letter (If previously joined any Medical College)
21.	Affidavit regarding Professional Conduct
22.	T.C. (Orig. and One Attes. copy)
23.	Migration Certificate (Orig. and One Attes. copy)
24.	Character & Attempt Certificate (Orig. and One Attes copy) issued by the last Attended School/College in attached proforma
25.	Parents Income Certificate
26.	Biodata form
27.	Passport Size Photo (03 for paste on Joining forms)
28.	Demand Draft
29.	ONLY FOR NRI CANDIDATE a) Passport copy of sponsorer ; b) sponsorship affidavit (stating that sponsorer is ready to bear the expenses for the whole duration of study); c) relationship affidavit (relation of candidate with the sponsorer)

JOINING REPORT

PHOTO
Same as paste on
NEET Form

To,
The Principal,
PDU Medical College
Churu.

Sub : Joining report for M.B.,B.S. Course for the year, 2019

Sir,

With due respect, I beg to say that I have been selected under All India Quota/State Quota/ Central Pool/NRI Quota-2019 for M.B.,B.S. Course in I/ II/ III Round of Counseling and allotted to Govt. Medical College, Churu on dated

I have joined this College on dated Kindly accept my joining report.

I will not claim for my admission if I am found Medically unfit at the time of Medical Examination.

As required I am submitting my original documents and attested copy as per check list.

Yours faithfully,
(Signature)

ENCLOSURES:- (Original & Self Attested Copy)

1.	NEET Mark Sheet (Two Copy)	Name in English:-	
2.	Allotment Letter (Two Copy)		
3.	Rank Letter/List (Two Copy)		
4.	NEET Admit. Card (Orig. and One Attes. copy)	Name in Hindi:-	
5.	Secondary Mark Sheet (Orig.and Two Attes. copy)		
6.	Secondary Certificate (Orig.and Two Attes. copy) (Born on or before 01.01.2002)		
7.	11 TH Mark Sheet (Orig.and Two Attes. copy)	Father's Name :-	
8.	Sr. Secondary Mark Sheet (Orig. and Two Attest. Copy)		
9.	Sr. Secondary Certificate (Orig. and Two Attest. Copy)		
10.	Domicile Certificate (Orig. and One Attes. copy)	Mother's Name :-	
11.	Caste, Sub-category Certificate OBC/SC/ST/STA (Orig. and Two Attes. copy) (If applicable) (OBC NCL Certificate issued on or after 05.06.2018)		
12.	Disability(PH) Certificate:- (Orig. and One Attes. copy) (If applicable) 1. For SQ seat - Issued by the Board of Govt. Medical College duly Re-verified at SMS MC, Jaipur. 2. For 15% AIQ seat - Issued by the one of the Board constituted as mentioned in the NEET 2019 Information Bulletin.		
13.	Service Bond (500/-Stamp) amounting to ` 5 Lac.	Overall Rank No. Category: Caste:	
14.	Printed copy of the Application/Information Form of Entrance (NEET) Examination and Fees Receipt (original) (issued by e-mitra/CSC kiosk containing the Token Number/ Bank challan etc.)	NEET Roll No. Marks: Max Obt.	
15.	AIQ/State Quota Counseling Registration form & Fees Receipt (original) (issued by e-mitra/ CSC kiosk containing the Token No./ Bank challan etc.)	Mobile No. :	
16.	Copy of Photo ID (Driving licence/ PAN card/ Voter ID/ Govt. or PSU card/ school ID card/ 12 th class admit card/ Aadhar card)		
17.	Eligibility Certificate as selected I to XI in Application form (For State Quota Candidate)	Permanent AddressPin.....	
18.	WDP/WPP Certificate (Widow / Wards of Defiance/Para Military Personnel Certificate) (If applicable) (For State Quota Candidate) Duly verified by the Admission Board		
19.	Hardcopy of Online Anti-ragging Affidavit (Self & Parents) website: WWW.ANTRAGGING.IN / WWW.AMANMOVEMENT.ORG	Cashier Signature	
20.	Relieving Letter (If previously joined any Medical College)		
21.	Affidavit regarding Professional Conduct		D.D. No. Dated
22.	T.C. (Orig. and One Attes. copy)		Rupees
23.	Migration Certificate (Orig. and One Attes. copy)		
24.	Character & Attempt Certificate (Orig. and One Attes copy) issued by the last Attended School/College in attached proforma		
25.	Parents Income Certificate		
26.	Biodata form		
27.	Demand Draft		

Checked by

Submitted above documents and Medical Fitness. Allowed to **join on...../...../2019**

Signature

Principal

GOVERNMENT OF RAJASTHAN
OFFICE OF THE PRINCIPAL & CONTROLLER,
PDU MEDICAL COLLEGE & ASSOCIATED GROUP HOSPITALS, CHURU

No. F.02(Acad)PDUMC-CHURU/2019

Date:

Mr. /Miss.....(Adm. Year 2019 AIQ/SQ/Central
Pool/NRI)

Sub: Depositing of fee for Medical Checkup

You are hereby directed to deposit the following fees to the Cashier, Rajasthan Medicare Relief Society, D.B. Hospital, Churu for your Medical Checkup.

1. X-ray, Chest PA view	Rs. 50/-
2. Urine for C/M	Rs. 20/-
3. Blood Group	Rs. 20/-
4. Medical Fitness(Jurist)	Rs. 50/-
5. OPD Reg.	Rs. 10/-
TOTAL =	<u>Rs. 150/-</u>

Principal & Controller
PDU Medical College
Churu

Date:

No. F.02(Acad)PDUMC-CHURU/2019

Copy to Cashier, RMRS, DB Hospital Churu, to collect the above fees.

Principal & Controller

GOVERNMENT OF RAJASTHAN
OFFICE OF THE PRINCIPAL & CONTROLLER,
PDU MEDICAL COLLEGE & ASSOCIATED GROUP HOSPITALS, CHURU

No. F.02(Acad)PDUMC-CHURU/2019

Date:

Mr. /Miss.....(Adm. Year 2019 AIQ/SQ/Central
Pool/NRI)

Sub: Depositing of fee for Medical Checkup.

You are hereby directed to deposit the following fees to the Cashier, Rajasthan Medicare Relief Society, D.B. Hospital, Churu for your Medical Checkup

1. X-ray, Chest PA view	Rs. 50/-
2. Urine for C/M	Rs. 20/-
3. Blood Group	Rs. 20/-
4. Medical Fitness(Jurist)	Rs. 50/-
5. OPD Reg.	Rs. 10/-
TOTAL =	<u>Rs. 150/-</u>

Principal & Controller
PDU Medical College
Churu

Date:

No. F.02(Acad)PDUMC-CHURU/2019

Copy to Cashier, RMRS, DB Hospital Churu, to collect the above fees.

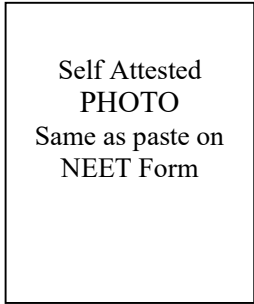
Principal & Controller

PDU Medical College & Associated Hospitals, Churu

Medical Examination Form of the Candidates Admitted for M.B.,B.S. Course -2019

(TO BE FILLED IN BY THE CANDIDATE IN CAPITAL LETTERS)

Name Mr./ Miss
Mobile No.
Date of Birth
Father's Name Sh.
Mobile No.
Physical Handicapped (Yes/ No)
Category Gen./SC/ ST/STA/OBC/MBC/EWS Caste
NEET Marks Obt.Max.Rank / Merit No.Roll No.
Address:.....



Date : _____ Signature of Candidate _____

MEDICAL EXAMINATION REPORT

PHYSICIAN'S REPORT

Drug allergy if any specify

History of Past Illness :

S.No	Major Illness	Duration	Remarks

Liver _____ Spleen _____
Blood Pressure _____ Pulse _____
Heart _____ Thyroid _____
Loco Motor System _____
Skin Disease _____
Any other _____

Fit / Unfit

Name : Dr. SIGNATURE

MEDICAL JURIST'S REPORT

General Health : Good / Fair / Poor

Mark of Identification _____

Height _____ cms. Weight _____ kgm.

Chest : On full inspiration _____ cms. On expiration _____ cms

Fit / Unfit

Name : Dr. SIGNATURE

PATHOLOGIST'S REPORT

Urine Examination Report _____ Blood Group _____

Fit / Unfit

Name : Dr. SIGNATURE

Name of Candidate :Mr./Ms.

MEDICAL EXAMINATION REPORT

SURGEON'S REPORT

Hernia Hydrocele
Varicose Veins..... Piles / Fistula
Underscended Testes..... Evidence of Tumor, If any
Palpation of : Liver / Kidney / Spleen : Yes / No.
Any other abnormalities

Fit / Unfit

Name : Dr.

SIGNATURE

RADIOLOGIST'S REPORT

X-ray or screening Report _____

Fit / Unfit

Name : Dr.

SIGNATURE

EYE SPECIALIST'S REPORT

Eye Vision Near R.....L.....
 Distance R.....L.....
Colour Vision
Trachoma

Fit / Unfit

Name : Dr.

SIGNATURE

E. N. T. SPECIALIST'S REPORT

Examination of EAR _____
Examination of Nose _____
Examination of Throat _____
Any Hearing Impairment _____

Fit / Unfit

Name : Dr.

SIGNATURE

GYNAECOLOGIST'S REPORT (Only for GIRLS candidate)

.....
.....

Fit / Unfit

Name : Dr.

SIGNATURE

THUMB IMPRESSION (Boy Left Thumb/ Girl Right Thumb)



Fit / Unfit

SIGNATURE

CHAIRMAN OF MEDICAL BOARD

Name : Dr.

Date.....

Student's Signature :.....

College Fees Deposited Vide R. No. Dated.....

Cashier Signature

PROFORMA – 10

(To be filled by all candidates who have been allotted a seat)

Undertaking

I _____, age _____ years,
S/o,D/o _____ hereby undertake that:

1. I have got allotment for admission on MBBS/BDS course in the college
_____.
2. For admission, I have deposited my documents in original, as required.
3. All the documents are in original and are not forged/photo copy/printed copy.
4. If any document is not found original or is found forged / photocopy / printed copy, I will be responsible for cancellation of my admission and other action as may be taken by the appropriate authority.

Signature of the candidate

Name: _____

Application no.: _____

Signature of the Father / Mother /Guardian

(Note: If the student is below the age of 18, this undertaking shall also be signed by the father/mother/guardian of the candidate).