

C. U. SHAH MEDICAL COLLEGE, SURENDRANAGAR
(Under the aegis of Saurashtra University)
Application Form
Admission in 2nd Year MBBS (By Transfer of College)
Academic Year 2017-18

Recent
Photograph
(Self
Attested)

APPLICANT'S DETAILS

1. Full Name: _____
(Surname) (First Name) (Middle Name)

2. Father's Name: - _____
(Surname) (First Name) (Middle Name)

3. Permanent Address: _____

4. Telephone No with Area Code: _____

5. Mobile No. : - _____

6. E-mail Address (**Mandatory**) _____

7. Sex: Male/Female

8 (a) Date of Birth: _____
(Date) (Month) (Year)

9. Nationality (Applicant) _____

10. Details of present college:

(a) Name of College: _____

(b) Address of College: _____

(c) Name of University: _____

(d) Address of University: _____

11. Details of 1st Year MBBS Examination passed by student:

(a) Month & Year of Passing : _____

(b) Examination Seat No. : _____

(c) Marks obtained:

Sr. No.	Subject	Theory (External)		Practical (External)		Total (External)	
		Obtained	Out of	Obtained	Out of	Obtained	Out of
1	Anatomy						
2	Physiology						
3	Biochemistry						

(d) Number of attempts: _____

12. List of Attached documents (Self Attested)

- 1) School Leaving Certificate / Birth Certificate
- 2) NOC from present College
- 3) NOC from present University
- 4) Certificate mentioning that present college is recognized by Government of India
- 5) Certificate showing details of affiliation to the University
- 6) Mark Sheet of 1st MBBS
- 7) Mark Sheet of HSC Examination or Equivalent Examination
- 8) Draft of Processing Fee of Rs. 15,000/- in name of "C. U. Shah Medical College"

(<http://www.mciindia.org/tools/announcement/Public%20Notice-migration-MOHFW-15.01.15.pdf>)

Amount Rs.D.D. No.

Name of Bank:

Name of Branch:

Date of Issue:

(Application without above mentioned documents will be treated as not eligible application)

ADDRESS FOR SUBMISSION OF APPLICATION

**C. U. Shah Medical College,
Dudhrej Road,
Surendranagar - 363 001**

I solemnly declare that I have personally checked and verified all the information filled in this form and that they are correct and that no relevant information of fact is suppressed or omitted. I undertake to abide by the decision / order of the Dean/Principal to cancel my admission and/or to expel me from the college and/or to prosecute me in case any incorrect information or discrepancy is found in this form either at the time of admission or at any time during the course of my study. I hereby agree, if admitted, to conform to the Rules and Regulations of the Medical College in force and that may hereafter be made for the governance of the college and undertake that so long as I am a student of the college I will do nothing either inside or outside the college that will interfere with its orderly governance, discipline and good name.

Date:
Place:

**Signature of the Father /
Guardian**

**Signature of the
Student**