

**FORMS TO BE FILLED UP FOR  
UNDERGRADUATE MEDICAL  
ADMISSION 2023-24**

**FOR DETAILED INFORMATION  
VISIT**

**[www.mcc.nic.in](http://www.mcc.nic.in)**

**&**

**[www.kea.kar.nic.in](http://www.kea.kar.nic.in)**

# **CHITRADURGA MEDICAL COLLEGE AND RESEARCH INSTITUTE CHITRADURGA,**

## **INSTRUCTIONS SHEET**

**ORIGINAL DOCUMENTS** along with **THREE SETS OF PHOTOCOPIES** to be submitted in the following order.

- ❖ OFFICE NOTE
- ❖ UNDER GRADUATE STUDENT DATA SHEET
- ❖ NEET UG Admit card.
- ❖ NEET UG Score card.
- ❖ NEET /KEA Allotment Order.
- ❖ Domicile Certificate (For state quota candidates only).
- ❖ Caste Certificate. (For candidates claiming Reservation)
- ❖ Income Certificate of Parent. (For candidates claiming Reservation)
- ❖ Study Certificate (For state quota candidates only).
- ❖ SSLC/10<sup>th</sup> Standard Marks Card.
- ❖ II PUC/12<sup>th</sup> Standard Marks card.
- ❖ Transfer Certificate.
- ❖ Migration Certificate. (For CBSE/ICSE/AIQ Students)
- ❖ Eligibility Certificate issued by RGUHS (For CBSE/ICSE/AIQ Students)  
Apply Online @ <https://www.rguhs.ac.in>
- ❖ Physical Fitness Certificate. (To be done in any District Hospital duly signed by District Surgeon)
- ❖ Rural Service Bond. (Rs.100/-e stamp paper Duly Notarised) (Format provided to be downloaded)
- ❖ Anti-Ragging Bond. (By students and parents) (Rs.50/- e stamp paper Duly Notarised) (Format provided to be downloaded)
- ❖ General Affidavit ( Rs.20/-)(Format provided to be downloaded)
- ❖ Photograph. (4 Pass Port Size and Soft copy in JPG less than 45KB)
- ❖ Aadhar card. (Photo copy)
- ❖ Physical Disability Certificate. (For differently abled candidates issued by competent authority )
- ❖ Fee Receipt. (To be obtained at the time of admission in the college)
- ❖ 02 A4 size Folders for securing Originals & Xerox documents.

**Note:** Scan each of the above documents and Name and Save as individual PDFFile in a single folder bearing the Candidate's name in a **CD/Pendrive** and also mail it to **cmcriadmission@gmail.com**

**OFFICE NOTE****Sub: - Admission to Under Graduate Course for the Academic Year – reg.**

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**TO BE FILLED IN CAPITAL LETTERS ONLY**

DEGREE	MBBS							
	QUOTA	AIQ	SEQ	Counseling session( Round)	I	II	III	MOP UP
UG NEET ROLL NO.				UG NEET SCORE				
UG NEET PERCENTAGE				UG NEET PERCENTILE				
ALL INDIA RANK				STATE RANK				
RESERVATION QUOTA CLAIMED	GM / Cat I / Cat II A / Cat II B / Cat II B / Cat III A / Cat III B / OBC / SC / ST							
RESERVATION QUOTA ALLOTTED	GM / Cat I / Cat II A / Cat II B / Cat II B / Cat III A / Cat III B / OBC / SC / ST							

Mr./Miss. \_\_\_\_\_ has submitted the following Original certificates.

MOTHER'S NAME	Mrs. _____
FATHER'S NAME	Mr. _____

**FOR OFFICE USE ONLY**

SL NO	PARTICULARS	FOR OFFICE USE ONLY	
		Yes	No
1	NEET UG ADMIT CARD		
2	NEET UG SCORE CARD		
3	NEET /KEA ALLOTMENT ORDER		
4	DOMICILE CERTIFICATE		
5	CASTE CERTIFICATE (FOR CANDIDATES CLAIMING RESERVATION)		
6	INCOME CERTIFICATE OF PARENT (FOR CANDIDATES CLAIMING RESERVATION)		
7	STUDY CERTIFICATE		
8	SSLC/10 <sup>th</sup> STANDRAD MARKS CARD		
9	II PUC/12 <sup>th</sup> STANDARD MARKS CARD		
10	TRANSFER CERTIFICATE		

11	MIGRATION CERTIFICATE (FOR CBSE/ICSE/AIQ STUDENTS)				
12	ELIGIBILITY CERTIFICATE ISSUED BY RGHUS (FOR CBSE/ICSE/AIQ STUDENTS)				
13	PHYSICAL FITNESS CERTIFICATE ( ISSUED BY AUTHORIZED GOVERNMENT MEDICAL OFFICER)				
14	RURAL SERVICE BOND (RS.100/- E STAMP PAPER-DULY NOTARISED)				
15	ANTI RAGGING BOND (RS.50/- E STAMP PAPER -DULY NOTARISED)				
16	PHOTOGRAPH (3 PASS PORT SIZE AND SOFT COPY IN JPG LESS THAN 45KB)				
17	AADHAR CARD (PHOTO COPY)	No:			
18	HYDERABAD KARNATAKA QUOTA	No:			
		Issued by:			
19	PHYSICAL DISABILITY CERTIFICATE (for differently abled candidates)	No:			
		Issued by:			
20	Fee Details	Bank		Branch	
		Receipt No.		Amount :	Date

Signature of Candidate

Signature of Parent/Guardian

Signature of the Scrutinizing Officer

**UNDER GRADUATE STUDENT DATA SHEET (MBBS) ACADEMIC YEAR**

<b>MBBS 2023-24</b>		AIQ		SEQ		Counseling session (Round)	I	II	III	MOP UP
Sl No	PARTICULARS					<b>TO BE FILLED IN CAPITAL LETTERS ONLY</b>				
1.	NAME OF THE CANDIDATE									
2.	GENDER									
3.	NATIVE PLACE									
4.	DATE OF BIRTH WITH AGE									
5.	MOTHER'S NAME									
6.	FATHER'S NAME									
7.	FATHER'S OCCUPATION									
8.	MOTHER'S OCCUPATION									
9.	PARENTS INCOME PER ANNUM									
10.	RELIGION									
11.	NATIONALITY									
12.	CASTE									
13.	SUB-CASTE									
14.	PERMANENT ADDRESS									
15.	CORRESPONDENCE ADDRESS									
16.	PARENT'S MOBILE No.									
17.	PARENT'S E-MAIL ID									
18.	MOBILE No.									
19.	E-MAIL ID									
20.	AADHAR NUMBER									
21.	PAN NUMBER									
22.	BLOOD GROUP & Rh TYPING									
23.	INSTITUTION LAST STUDIED									

24.	BOARD LAST STUDIED					
25.	HIGHEST EXAMINATION PASSED		II PUC/12 <sup>th</sup> Standard			
26.	MONTH AND YEAR OF PASSING					
27.	REGISTRATION NO.( II PUC/12TH STD)					
28.	TOTAL MARKS SCORED( II PUC/12 <sup>TH</sup> STD)				%	
	1st Language		/100		%	
29.	2nd Language		/100		%	
30.	PHYSICS		/100		%	
	CHEMISTRY		/100		%	
	BIOLOGY		/100		%	
	TOTAL IN PCB		/300		%	
31.	UG NEET ROLL No.		UG NEET RANK			
	UG NEET SCORE		UG NEET PERCENTAGE	%	UG NEET PERCENTILE	
32.	TYPE OF ALLOTMENT		AIQ / SEQ			
33.	COUNSELING SESSION		I Round / II Round / III Round/MOP UP Round			
34.	AIQ/KEA ADMISSION ORDER NO.& DATE					
35.	RESERVATION QUOTA CLAIMED		GM/ Cat I/ Cat II A/ Cat II B/ Cat II B / Cat III A / Cat III B / OBC/ SC/ ST			
36.	RESERVATION QUOTA ALLOTTED		GM/ Cat I/ Cat II A/ Cat II B/ Cat II B / Cat III A / Cat III B / OBC/ SC/ ST			
37.	HYDERABAD KARNATAKA QUOTA		Yes / No			
38.	PHYSICAL HANDICAP QUOTA		Yes / No			
39.	DATE OF JOINING THE UG COURSE					
40.	FEES DETAILS		FEES PAID			
			RECEIPT NO.			
			DATE			

Place: Chitradurga

Date:

Signature of Candidate

Signature of Parent/Guardian

TO BE FILLED IN CAPITAL LETTERS ONLY

**DECLARATION**

To  
The Director cum Dean,  
Chitradurga Medical College and Research  
Institute Chitradurga,  
Chitradurga.

Sir,

						MBBS
NAME OF THE CANDIDATE						
FATHER'S NAME						
UG NEET ROLL NO.				UG NEET Rank		
TYPE OF ALLOTMENT	AIQ / SQ	I Round	II Round	III Round	MOP UP Round	
CATEGORY CLAIMED	GM / Cat I / Cat II A / Cat II B / Cat II B / Cat III A / Cat III B / OBC / SC / ST					
CATEGORY ALLOTTED	GM / Cat I / Cat II A / Cat II B / Cat II B / Cat III A / Cat III B / OBC / SC / ST					
e Mail				Mobile No		

I \_\_\_\_\_ S/o/D/o \_\_\_\_\_

have joined the I MBBS course at Chitradurga Medical College and Research Institute Chitradurga at my own risk.

I agree that I will submit the **Migration Certificate/Transfer Certificate** from the previous School or College which I have studied within one month from the date of my admission.

Further I have claimed the seat under reservation category \_\_\_\_\_ and I will be submitting the Validity Certificate and Caste Certificate within one month from the date of my admission.

Place: Chitradurga

Date:

Signature of Candidate

Signature of Parent/Guardian

**FORMAT FOR OBTAINING TRANSFER CERTIFICATE**

Sl.NO.	PARTICULARS	TO BE FILLED IN CAPITAL LETTERS ONLY
1	Name of the Candidate	
2	Gender	
3	Date of Birth with Age	/        years
4	Father's Name	
5	Mother's Name	
6	Nationality	
7	Religion	
8	Caste	
9	Sub-caste	
10	Category	
11	Institution last studied	
12	Highest examination passed	II PUC/12 <sup>th</sup> Standard
13	Registration No.( II PUC/12 <sup>th</sup> Standard)	
14	Month & Year Of Passing	
15	Date of joining the CHITRADURGA Institute Of Medical Science	

Place:

Date:

Signature of Candidate

Signature of Parent/Guardian

**OFFICE NOTE (For office use only)**

The above candidate has been admitted to I MBBS Course at CHITRADURGA MEDICAL COLLEGE AND RESEARCH INSTITUTE CHITRADURGA, CHITRADURGA on\_\_\_\_\_.The Transfer certificate of the candidate to be sent to the address mentioned below.

Office of the Principal,  
Chitradurga Medical College  
and Research Institute  
,Chitradurga

Principal  
Chitradurga Medical College  
and Research Institute  
Chitradurga



NO: /PFC/ /2023-24

DATE: \_\_\_\_\_

**FORMAT FOR PHYSICAL FITNESS CERTIFICATE**

This is to certify that Sri/Smt/Kumari \_\_\_\_\_ Age \_\_\_\_\_  
employed \_\_\_\_\_ is examined by the following specialists/Doctors:

1) Urine	1) B.P : _____												
2) Blood Grouping	2) Pulse : _____												
Blood Group: _____	3) Height : _____												
3) RBS/GRBS	4) Weight : _____												
	5) Chest measurement on full Inspiration/Expiration: / CMS												
<b>Identification Marks:-</b>													
Chest X-Ray	E.C.G												
<b>Physician Opinion:</b>													
<b>Vision Check Up:</b>													
	<table border="1"><thead><tr><th></th><th>DISTANCE</th><th>NEAR</th></tr></thead><tbody><tr><td>a) Right Eye</td><td></td><td></td></tr><tr><td>b) Left Eye</td><td></td><td></td></tr><tr><td>Colour:</td><td></td><td></td></tr></tbody></table>		DISTANCE	NEAR	a) Right Eye			b) Left Eye			Colour:		
	DISTANCE	NEAR											
a) Right Eye													
b) Left Eye													
Colour:													
<b>ORTHO Check Up:</b>													
<b>E.N.T Check Up:</b>													
<b>Others:</b>													

The above person named \_\_\_\_\_ Aged \_\_\_\_\_ is found to be  
Physically Fit/Unfit for the following  
reasons: \_\_\_\_\_

Signature Of Candidate

District Surgeon  
District Hospital