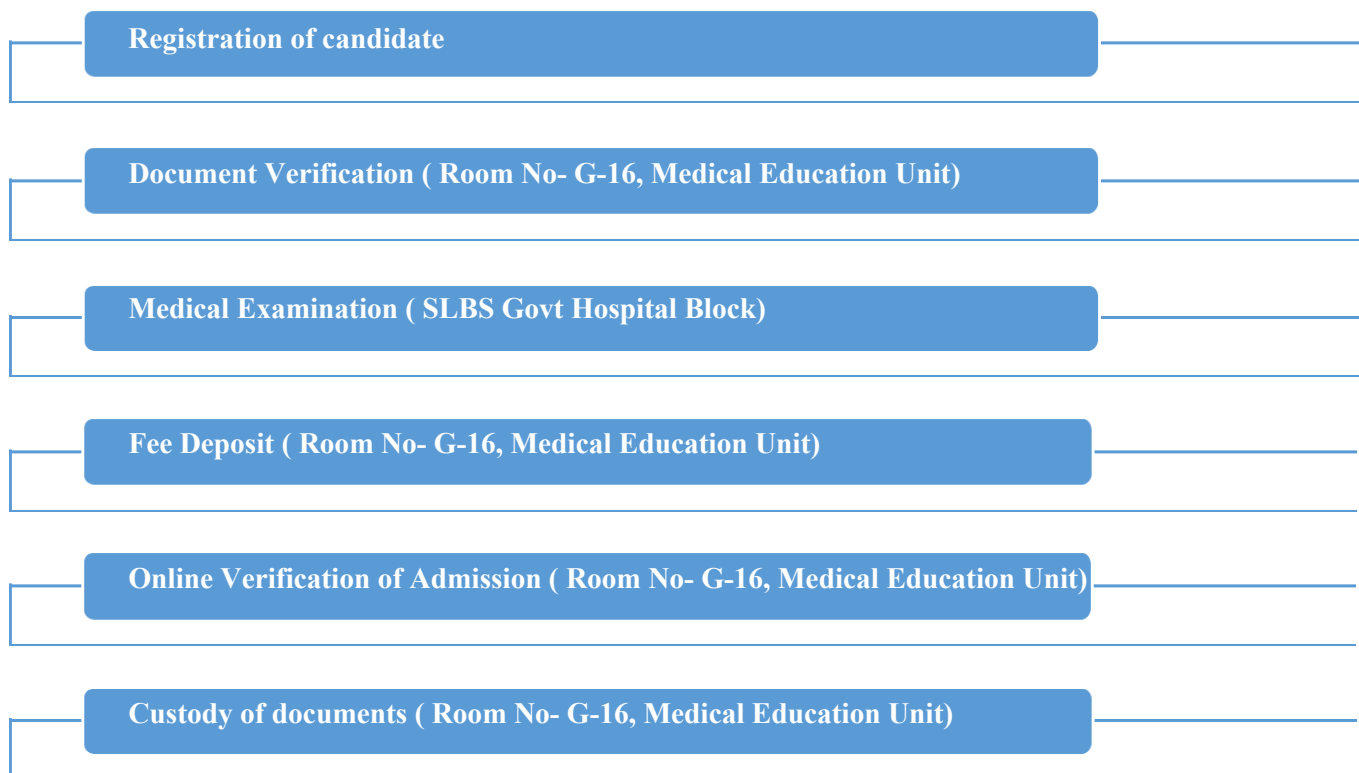


Dear Candidates,

Greetings from Shri Lal Bahadur Shastri Government Medical College, Mandi at Ner Chowk

The admission process for MBBS 2024 Session at SLBS Government Medical College is about to commence. Please go through the following essential details and instructions to ensure a smooth admission process:

The process to be followed is as below:



### Important Dates & Timings

- **Admission Dates:** As per the NMC schedule
- **Reporting Time:** [9.00 AM] to [4.00 PM]
- **Venue:** [Academic Block, G-16]

### Admission Process

#### 1. Document Verification:

- o **Required Documents: (Please refer Check List)**
  - Original and copies of educational certificates (mark sheets, degrees, etc.)
  - Proof of identity (Aadhaar card, passport, etc.)
  - Recent passport-sized photographs (6)
- o **Verification Desk:** [G-16, Medical Education Unit]

Different certificates/ undertakings to be submitted at the time of admission:

- i. Identification form (Annexure-A)

- ii. Undertaking as per Annexure-B, C, D, E)
- iii. Character Certificate: The candidates are required to submit character certificate (Annexure-F) from the school last attended if no gap year and from the local SDM/ Authority if gap year is there.
- iv. Undertaking for Anti ragging measurement (Annexure-G& H)
- v. Gap affidavit (Annexure-J)
- vi. ESI document scrutiny Form (ONLY FOR ESI QUOTA) Annexure-K

(ESIC candidates to go through the special instructions at Point No: 4

- o Note: Affidavits can be made from your local authorities; however, they must adhere to the specific format issued by the Medical University.

## 2. Medical Examination:

- o **Examination Procedure:** The candidates will have to undergo Medical examination under Medical Board duly constituted by SLBSGMCH as a requirement for the admission. (*Medical fitness certificate from any other institution will not be accepted*). The candidate would be escorted (in groups) for required investigations and then to Medical board for speciality specific examination.

**Location:** [SLBSGMCH Hospital]

### Details:

- Examination Procedure:** Includes general health check-up, physical examination, blood tests, ECG and X ray Chest or any other candidate specific investigation.
- Estimated Duration:** [ 2 to 6hrs] (Extended waiting times may apply.) The medical examination is expected to be the most time-consuming part of the admission process. Please plan accordingly.

## 3. Fee Payment:

- o Admission fee varies based on your category. Please refer to the detailed fee structure below

### Fee Amount:

- All India Category & State Quota: Total:** [Rs 60,000/-]
- ESIC Category: Total:** [Rs 44,000/-]
- NRI Category: Total:** [20,000 US Dollar]
- BPL Family Candidates of All India Category, ESIC& State Quota:** [Rs 20,000/-]

### Hostel Fee:

Hostel accommodation in sharing basis will be provided on the subject to availability. Hostel accommodation charges for all categories: Total: [Rs 27,200/-] excluding mess charges

The fee can be deposited using UPI app, Online net-banking, cheque and cash. After deposition of fee the candidate is required to submit the details as per Tuition Fee Receipt Annexure.

#### 4. Special Instructions for ESIC Quota Candidates:

For candidates applying under the ESI quota:

**ESIC Verification:**

- o You must first visit the local ESI office to complete the necessary formalities.
- o **Contact Person:** [Dr Ajit Kumar, I/C ESIC Branch Office]
- o **Contact Number:** +91 99060 13695

**Location of ESI Office:** <https://maps.app.goo.gl/aubf5KthkZMk4ySq9>

- Important Note:** The admission process at our institute will only commence once the ESI office verifies the candidates' eligibility. Please ensure this verification is completed for the further initiation of admission process.

#### 5. Accommodation & Extended Stay

Due to the potentially lengthy nature of the admission process, candidates are advised to come prepared for an extended stay. The candidate has to make his own stay arrangement in case the admission process gets extended to next day.

#### Additional Instructions

- Health & Safety Guidelines:** Adhere to all health and safety protocols including wearing masks and maintaining social distancing.
- Candidates and parent/guardian accompanying them are requested to adhere to the instructions and be patient for the smooth admission process.
- Kindly Note: 25<sup>th</sup> and 26<sup>th</sup> August 2024, being Sunday & Gazetted holiday, the admission process will remain suspended.**
- Contact Information:** For any queries or assistance, please contact Students Section

at [Phone Number- 01905243952] or [E mail: [prslbsgmchmandi@gmail.com](mailto:prslbsgmchmandi@gmail.com) and [stdnsection@gmail.com](mailto:stdnsection@gmail.com)]

We look forward to welcoming you and wish you a smooth and successful admission process!

This has approval of the

Principal  
Shri Lal Bahadur Shastri Govt Medical College  
Mandi at Nerchowk, Mandi H.P



**SHRI LAL BAHADUR SHASTRI GOVT .MEDICAL COLLEGE & HOSPITAL, MANDI AT  
NERCHOWK, DISTT .MANDI, HIMACHAL PRADESH, 175021**

**Email address = [prslbmgmchmandi@gmail.com](mailto:prslbmgmchmandi@gmail.com) / Office Telephone No = .01905-243945,  
243950, Fax No .01905-243949**

## **SCRUTINY FORM**

**Performa to be used by the “Committee for Document Screening and Eligibility Verification (under Graduate Admission Process) (Academic Session 2024-2025 Scrutiny Committee)” for the Admission to MBBS (8<sup>th</sup> Batch) for the session 2024-2025 at Shri Lal Bahadur Shastri Govt. Medical College Mandi at Nerchowk, Distt. Mandi HP, 175021**

1. **Name of Student** : \_\_\_\_\_
2. **Father’s Name** : \_\_\_\_\_
3. **Mother’s Name** : \_\_\_\_\_
4. **D.O. B.** : \_\_\_\_\_
5. **Sex (Male / Female / Other)** : \_\_\_\_\_
6. **Marks obtained in 10+2**
  - a) **Marks Obtained in Physics is** : \_\_\_\_\_ out of \_\_\_\_\_, **Total %** \_\_\_\_\_,
  - b) **Marks Obtained in Chemistry is** : \_\_\_\_\_ out of \_\_\_\_\_, **Total %** \_\_\_\_\_,
  - c) **Marks Obtained in Biochemistry is:** \_\_\_\_\_ out of \_\_\_\_\_, **Total %** \_\_\_\_\_,
  - d) **Marks Obtained in English is** : \_\_\_\_\_ out of \_\_\_\_\_, **Total %** \_\_\_\_\_,
7. **Marks obtained in Entrance Exam (NEET)**
  - a) **Marks obtained in Entrance Exam (NEET) is** \_\_\_\_\_, **Out of** \_\_\_\_\_,
  - b) **Total Percentile in Entrance Exam (NEET) is** \_\_\_\_\_
8. **NEET all India Rank** : \_\_\_\_\_
9. **State Rank** : \_\_\_\_\_
10. **MBBS Admission under Quota** : \_\_\_\_\_
11. **Category** : \_\_\_\_\_

| Sr. No.   | Name of Documents which is scrutinized and examined by Documents Scrutiny Committee   | Documents examined from the originals<br>(Marks ✓)<br>Or<br>If Not applicable<br>(Mark X & Cross the particular line <b>abcd</b> ) | Remarks Any |
|---|---|--|-------------|
| <b>At the time of MBBS admission, it will be mandatory for all the candidates to submit all the Certificates, Undertaking and Affidavit mentioned in serial numbers 01 to 16.</b> |   |  |             |
| 1   | Proof of identity (Aadhar Card / _____ )  |  |             |
| 2   | Matriculation Certificate for D.O.B./ Birth certificate   |  |             |
| 3   | Plus two mark sheet   |  |             |
| 4   | Plus two pass certificate   |  |             |
| 5   | Migration certificate.  |  |             |
| 6   | Admit card of exam issued by NEET   |  |             |
| 7   | Result / Rank letter issued by NEET   |  |             |
| 8   | Identification Form<br>(Enclosed as Annexure-A)   |  |             |
| 9   | Undertaking from candidate (that he/she is not admitted in any medical/dental college anywhere in country)<br>(Enclosed as Annexure-B)  |  |             |
| 10  | Undertaking from Candidate (Not to indulge in any Sexual Harassment Activity.<br>(Enclosed as Annexure-C)   |  |             |
| 11  | Undertaking from Candidate (Willing / Not Willing to participate in Next round of Counseling.<br>(Enclosed as Annexure-D)   |  |             |
| 12  | Information Regarding Eligibility and Qualification<br>(Enclosed as Annexure-E)   |  |             |
| 13  | Character Certificate of Candidate<br><br>(As shown under Appendix-16 of AMRU, HP MBBS Prospectus 2024-25). (Enclosed as Annexure-F)  |  |             |
| 14  | Undertaking to be submitted by the candidate at the time of the admission in the college in respect of anti- ragging measurement.<br><br>(As shown under Appendix-17 of AMRU, HP MBBS Prospectus 2024-25). (Enclosed as Annexure-G) |  |             |

|  |   |  |  |
|--|---|--|--|
| 15   | Affidavit submitted by the Parents/Legal Guardian of the Candidate at the time of admission in the college in respect of Anti-Ragging measurement duly attested by the Competent Authority.<br><br>(As shown under Appendix-18 of AMRU, HP MBBS Prospectus 2024-25). (Enclosed as Annexure-H) |  |  |
| 16   | Medical Fitness Certificate of Student at the time of MBBS Admission.<br><br>(As shown under Appendix-19 of AMRU, HP MBBS Prospectus 2024-25). (Enclosed as Annexure-I)   |  |  |
| <p><b>List of special required documents/certificates to be produced by the candidates at the time of MBBS admission.</b></p> <p><b>(Those candidates whose MBBS seats are allotted under the reserved categories mentioned at serial no. 17 to 33 will be required to produce the certificate of their respective reserved category, if any.)</b></p> |   |  |  |
| 17   | Gap period with Character Affidavit<br>(Enclosed as Annexure-J)   |  |  |
| 18   | Bonafide Himachali Certificate. (Jan 2012 or after Jan 2012).<br>(As shown under Appendix-1 of AMRU, HP MBBS Prospectus 2024-25).   |  |  |
| 19   | Certificate of Belonging to Scheduled Castes & Scheduled Tribes.<br>(As shown under Appendix-2 of AMRU, HP MBBS Prospectus 2024-25).  |  |  |
| 20   | Certificate of the Other Backward Classes.<br>(Certificate should be issued on or after 01-07-2021).<br>(As shown under Appendix-3 of AMRU, HP MBBS Prospectus 2024-25).  |  |  |
| 21   | Certificate produced by the Widows /Wards of Ex-Servicemen who are Bonafide Residents of Himachal Pradesh.<br>(As shown under Appendix-4 of AMRU, HP MBBS Prospectus 2024-25).  |  |  |
| 22   | Certificate produce by the Wards /Wives of Defense Services Personnel.<br>(As shown under Appendix-5 of AMRU, HP MBBS Prospectus 2024-25).  |  |  |
| 23   | Certificate produce by the Wards of Freedom Fighter hailing from Himachal Pradesh.<br>(As shown under Appendix-6 of AMRU, HP MBBS Prospectus 2024-25).  |  |  |



|    |   |  |  |
|----|---|--|--|
| 24 | Certificate of Belonging to Backward Area<br>(As shown under Appendix-7 of AMRU, HP MBBS Prospectus 2024-25).   |  |  |
| 25 | Certificate of Persons with Disability (PwD) Category of Benchmark Disability (for MBBS Course Only)<br>(As shown under Appendix-8 (i) of AMRU, HP MBBS Prospectus 2024-25).  |  |  |
| 26 | Certificate of Single Girl Child<br>(As shown under Appendix-9 of AMRU, HP MBBS Prospectus 2024-25).  |  |  |
| 27 | Certificate Produced by the Children of Jammu & Kashmir Migrants.<br>(As shown under Appendix-10 of AMRU, HP MBBS Prospectus 2024-25).  |  |  |
| 28 | Certificate Produced by the Children of Tibetan Refugees<br>(As shown under Appendix-11 of AMRU, HP MBBS Prospectus 2024-25).   |  |  |
| 29 | Income & Asset Certificate Produced by the Candidate of Economically Weaker Section (EWS)<br>(As shown under Appendix-12 (a) of AMRU, HP MBBS Prospectus 2024-25).  |  |  |
| 30 | Non-SC/ST/-OBC Certificate Produced by the Candidate Belonging to B.P.L. Category.<br>(As shown under Appendix-12 (b) of AMRU, HP MBBS Prospectus 2024-25).   |  |  |
| 31 | Certificate Submitted by the Father/Mother of those Candidates Who Are Not Bonafide Himachal and Are Central Government Employees Working in H.P.<br>(As shown under Appendix-13 of AMRU, HP MBBS Prospectus 2024-25).  |  |  |
| 32 | Certificate to be Submitted by the Father/Mother of those Candidates Who Are regular employee of the H.P. Govt./ H.P. Govt. undertaking/autonomous bodies wholly owned by HP Govt. who are holding the post outside Himachal Pradesh on account of his/her services/posting.<br>(As shown under Appendix-14 of AMRU, HP MBBS Prospectus 2024-25). |  |  |
| 33 | ESIC Scrutiny form (Only applicable on ESIC / I.P. Ward Quota Students)<br>(Applicable only for ESIC Quota Candidates) (Enclosed as Annexure-K)   |  |  |

**(Note: - Please arrange and submit the 02 No's of sets all aforesaid documents respectively)**

➤ **Deficiency of Documents found at the time of scrutiny: -**

| Sr. No. | Name of the document not provided/produced by the candidate at the time of Admission on Dated | Documents which found deficient have been provided/submitted by the candidate on dated |
|---------|---|--|
| 1       |   |  |
| 2       |   |  |
| 3       |   |  |

➤ **Candidate found (Eligible / Not Eligible) \_\_\_\_\_ for MBBS Admission, Session 2024-25.**

➤ **If candidate found not eligible for admission to the MBBS (Session 2024-25) give reason .....**

.....  
 .....

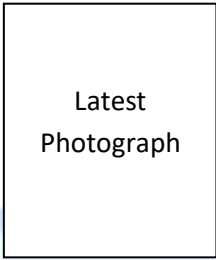
**Signature of the Members of the Document Screening and Eligibility Verification Committee (MBBS Under Graduate Admission Process) (Academic Session 2024-2025) :-**

|  |  |  |
|--|--|--|
| <p>Dr. _____,<br/>         _____, Department<br/>         of _____ -cum- Member of<br/>         Documents Scrutiny and Eligibility<br/>         Verification Committee, SLBSGMC&amp;H<br/>         Mandi at Nerchowk, Distt. Mandi, HP</p> | <p>Dr. _____,<br/>         _____, Department of<br/>         _____ -cum- Member of<br/>         Documents Scrutiny and Eligibility<br/>         Verification Committee, SLBSGMC&amp;H<br/>         Mandi at Nerchowk, Distt. Mandi, HP</p> | <p>Dr. _____,<br/>         _____, Department of<br/>         _____ -cum- Member of<br/>         Documents Scrutiny and Eligibility<br/>         Verification Committee, SLBSGMC&amp;H<br/>         Mandi at Nerchowk, Distt. Mandi, HP</p> |
|--|--|--|

(Counter Signature & Stamp of the Chairman)



**IDENTIFICATION FORM**



**Name of Student** : \_\_\_\_\_

**Father Name** : \_\_\_\_\_

**Contact No. (Father)** : \_\_\_\_\_

**Mother Name** : \_\_\_\_\_

**Contact No. (Mother)** : \_\_\_\_\_

**Domicile** : \_\_\_\_\_

**Nationality** : \_\_\_\_\_

**Date of Birth of Student** : \_\_\_\_\_

**Mark of Identification** : \_\_\_\_\_

**Correspondence Address** : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Permanent Address** : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

(Signature of Candidate / Student)

**Annexure-B****UNDERTAKING BY THE STUDENT****Name of Course : MBBS**

Photo of Candidate

**1. Name of the Student :** \_\_\_\_\_**2. Contact No. :** \_\_\_\_\_**3. Date of Admission in Medical College :** \_\_\_\_\_

I \_\_\_\_\_ S/O / D/O / W/O Sh. \_\_\_\_\_  
 \_\_\_\_\_ admitted in MBBS in the academic session 2024-25 and presently a  
 student of 1<sup>st</sup> year hereby give an undertaking that I have not been admitted in any other  
 medical college anywhere in country or outside the country.

**Date :** \_\_\_\_ / \_\_\_\_ / 2024**Signature of Student :** \_\_\_\_\_**Place: SLBSGMC&H Mandi at Nerchowk****Name of Student :** \_\_\_\_\_**Mobile/Contact No. :** \_\_\_\_\_**Counter Signature of Parents :** \_\_\_\_\_**Home Address :** \_\_\_\_\_  
 \_\_\_\_\_**Mobile No. of Parents :** \_\_\_\_\_**e-Mail ID of Parents :** \_\_\_\_\_

**Annexure-C****UNDERTAKING**

This is to certify that I ..... Son/Daughter of

..... NEET UG Roll No. ....

have opted to take admission in SLBSGMC&H, Mandi at Nerchowk, Distt. Mandi H.P.

I hereby give an undertaking that I will not indulge in any sexual harassment act during my entire period of study at SLBSGMC&H Mandi at Nerchowk, Distt. Mandi, HP and also affirm to report any such act if it comes to my notice.

Signature of Student : .....

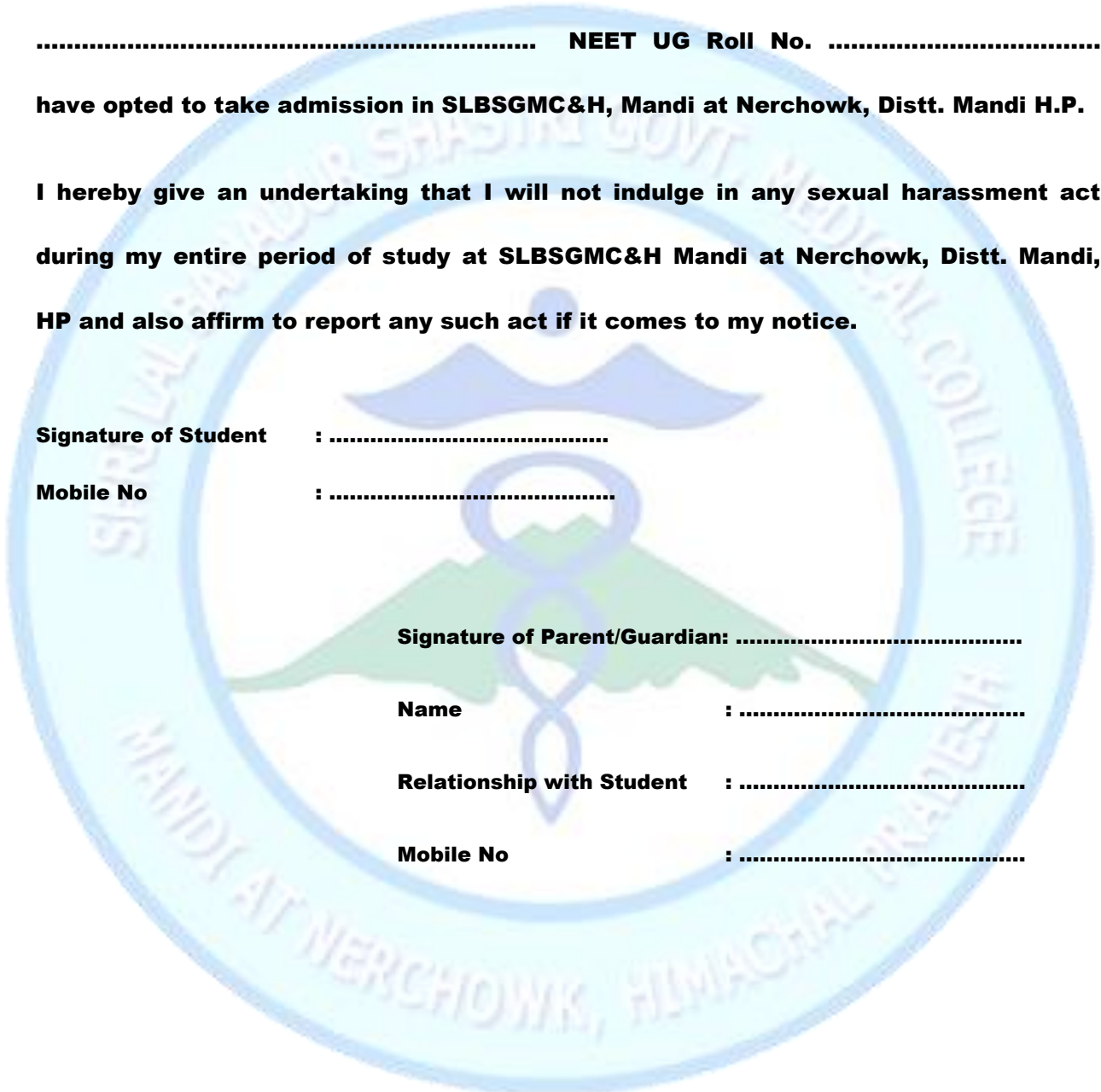
Mobile No : .....

Signature of Parent/Guardian: .....

Name : .....

Relationship with Student : .....

Mobile No : .....



**Annexure-D**

**UNDERTAKING**

**This is to certify that I ..... Son/Daughter of**

**..... NEET UG Roll No. ....**

**have opted to take admission in SLBSGMC&H, Mandi at Nerchowk, Distt. Mandi H.P.**

**I am Willing / Not Willing to Participate in next (.....) round of counseling.**

**Signature of Student : .....**

**Mobile No : .....**

**Signature of Parent/Guardian: .....**

**Name : .....**

**Relationship with Student : .....**

**Mobile No : .....**



**Annexure-E****INFORMATION REGARDING ELIGIBILITY AND QUALIFICATION :-****1. Name of Student** : \_\_\_\_\_**2. Father's Name** : \_\_\_\_\_**3. Place of Passing the following examination: -**

i. Middle : \_\_\_\_\_

ii. Matric : \_\_\_\_\_

iii. 10 + 1 : \_\_\_\_\_

iv. 10 + 2 : \_\_\_\_\_

**4. Occupation of Parents, Whether**

- a) Children of Defence Personal / Ex-Servicemen
- b) Children of Serving / Retired Employees of Central Government / U.T. Other State Govt.
- c) Children of the Autonomous Organizations / Semi Govt. Bodies of Central Govt. / U.T. Other State Govt.
- d) Children of Employees of Himachal Govt. / H.P. Govt. Undertaking / Autonomous Bodies wholly owned by HP Govt.
- e) Children of Employees of Private Sector / Private Occupation)

**Mention the Occupation of Parents:** \_\_\_\_\_

(Signature of Candidate)

(Signature of Parents / Guardian)



**Annexure- F**

**APPENDIX -16**

**PROFORMA FOR CERTIFICATE OF CHARACTER TO BE SUBMITTED BY THE  
CANDIDATE**

**Certified that Mr./Ms. .... Son /  
Daughter of Sh. .... was a  
student of this School/College from Class ..... to ..... and has passed  
10+2 examination in ..... (Month & Year). During this period, he /she  
bears ..... character and ..... behavior.**

**Date: .....**

**Signature of the Principal**

**Place: .....**

**with Seal**

.....

**Note: A character certificate must be issued from the Institution from where he/she has passed qualifying examination with regard to status of his/her behaviour pattern "as to whether he/she has displayed persistent violent or aggressive behaviour or any desire to harm other."**



**Annexure-G****APPENDIX -17****PROFORMA FOR UNDERTAKING TO BE SUBMITTED BY THE CANDIDATE AT THE TIME OF THE ADMISSION IN THE COLLEGE IN RESPECT OF ANTI-RAGGING MEASUREMENT**

**Name of Institution : Shri Lal Bahdur Shastri Govt. Medical College Mandi at Nerchowk, Distt. Mandi, Himachal Pradesh, 175021.**

**Name of Course : MBBS**

Photo of Candidate

- i) **Name of the Student**.....
- ii) **Parentage with address & Telephone Nos** .....
- .....
- .....
- .....
- iii) **Date of admission in MBBS course** .....
- iv) **Day Scholar (address with Mobile/Telephone No.)** .....
- v) **Undertaking to be given and signed by the student.**

**UNDERTAKING**

I..... S/O/D/O Sh. .... studying in MBBS course in (Name of College) SLBSGNMC&H Mandi at Nerchowk, Distt. Mandi, HP for the academic session 2024-25 and presently a student of ..... year / Professional is hereby give an undertaking that I will not indulge in any kind of ragging or indiscipline in the campus / Hostel / outside / anywhere. If so, strict disciplinary action may be taken against me as per law / Ordinance issued by the Government of Himachal Pradesh and Regulations of Medical Council of India.

**Date** ..... **Signature of the Student** : .....

**Place** ..... **Name** : .....

**Course** ..... **Mobile /Telephone No.** : .....

**e-Mail Address** : .....

**COUNTERSIGNED**

(Parents/Guardians)

**Full Address:** .....

.....

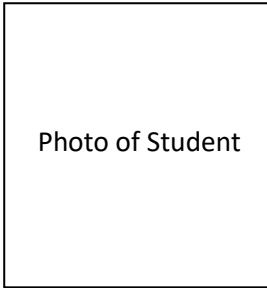
**Telephone No. / Contact No** .....

**e-Mail ID of Parents** .....

**Note :** Candidate is to fill online anti-ragging undertaking and submit the acknowledgement to the office before start of session and every year thereafter. (Website : [www.antiragging.in](http://www.antiragging.in) )

**APPENDIX -18**

**PROFORMA FOR AFFIDAVIT TO BE SUBMITTED BY THE PARENTS/LEGAL GUARDIAN OF THE CANDIDATE AT THE TIME OF ADMISSION IN THE COLLEGE IN RESPECT OF ANTI-RAGGING MEASUREMENT DULY ATTESTED BY THE COMPETENT AUTHORITY**



**(To be submitted on plain paper)**

**AFFIDAVIT**



I, **father / mother/ legal guardian** of **Mr. / Ms.**  
..... **resident of (full address**  
**with telephone No.)** .....

.....  
who has been admitted in the academic session 2024-25 in **Shri Lal Bahdur Shastri Govt. Medical College Mandi at Nerchowk, Distt. Mandi, HP 175021** presently a student of (MBBS course do hereby solemnly affirm and declare that my son / daughter / ward will not indulge in any type of ragging or indiscipline in the campus/Hostel and outside. In case of any such violation strict disciplinary action should be followed as per Ordinance issued by the H.P. Govt. and Regulations of Medical/Dental Council of India I / We will not interfere in any way in the action against my son/daughter / ward.

**Deponent**

**(To be signed by the Father / Mother/ Legal Guardian of the Student)**

**VERIFICATION**

I, the above named deponent do hereby solemnly affirm and declare that the above particulars of the affidavit are true to the best of my knowledge and belief. No part of it is false and nothing material has been concealed therefrom.

**Verified at ..... AM / PM, Day of ..... / ..... / 2024.**

**(Note : Parents/ Guardian are to ensure that their ward uploads undertaking for not indulging in ragging on [www.antiragging.in](http://www.antiragging.in) before start of session and every year thereafter. )**

| LIST OF ORIGINAL DOCUMENTS RECEIVED Pertaining to<br>Mr./Miss _____<br>Son/Daughter of _____<br>Admitted to Course MBBS for the session 2024-2025 |   |                             | LIST OF ORIGINAL DOCUMENTS RECEIVED Pertaining to<br>Mr./Miss _____<br>Son/Daughter of _____<br>Admitted to Course MBBS for the session 2024-2025 |   |                             |
|---|---|-----------------------------|---|---|-----------------------------|
| Sr. No  | Name of Certificate/Document                      | Received or not (Yes or No) | Sr. No  | Name of Certificate/Document                      | Received or not (Yes or No) |
| 1.  | Admit Card  |                             | 1.  | Admit Card  |                             |
| 2.  | Allotment Roll No. (On Line)                      |                             | 2.  | Allotment Roll No. (On Line)                      |                             |
| 3.  | Result / rank letter issued by NEET               |                             | 3.  | Result / rank letter issued by NEET               |                             |
| 4.  | Matriculation Certificate                         |                             | 4.  | Matriculation Certificate                         |                             |
| 5.  | Plus Two Pass Certificate                         |                             | 5.  | Plus Two Pass Certificate                         |                             |
| 6.  | Migration Certificate                             |                             | 6.  | Migration Certificate                             |                             |
| 7.  | Certificate of Reserved category, if any          |                             | 7.  | Certificate of Reserved category, if any          |                             |
| 8.  | Bonafide Himachali Certificate if from H.P. Quota |                             | 8.  | Bonafide Himachali Certificate if from H.P. Quota |                             |
| 9.  | On line Anti Ragging Form                         |                             | 9.  | On line Anti Ragging Form                         |                             |
| 10.   | Gap Period Affidavit                              |                             | 10.   | Gap Period Affidavit                              |                             |
| 11.   | Character Certificate last attendant school       |                             | 11.   | Character Certificate last attendant school       |                             |
| 12.   | ESIC Scrutiny form                                |                             | 12.   | ESIC Scrutiny form                                |                             |
| 13.   | Aadhar Card                                       |                             | 13.   | Aadhar Card                                       |                             |
| 14.   |   |                             |   |   |                             |
| 15.   |   |                             |   |   |                             |
| Yet to receive any other original certificate   |   |                             | Yet to receive any other original certificate   |   |                             |
|   |   |                             |   |   |                             |
|   |   |                             |   |   |                             |
| Signature of Candidate<br>Name : _____<br>Address : _____<br>_____<br>Date of Admission : _____<br>Mobile No : _____<br>File No. : _____          |   |                             | Signature of Candidate<br>Name : _____<br>Address : _____<br>_____<br>Date of Admission : _____<br>Mobile No : _____<br>File No. : _____          |   |                             |
| (Signature & Stamp of Custodian)  |   |                             | (Signature & Stamp of Custodian)  |   |                             |



**MBBS COURSE FORMAT OF GAP AFFIDAVIT****For General/Reserved/NRI Candidates****(To be Submitted on a Legalized/Notarized Rs. 100 Non Judicial Stamp Paper)**

I, \_\_\_\_\_ S/o /D/o of \_\_\_\_\_ and  
 \_\_\_\_\_, resident of \_\_\_\_\_  
 \_\_\_\_\_ do hereby solemnly state & affirm as under:-

- (1) That I am a resident of above said address.
- (2) That I have completed & passed class 12th in the year \_\_\_\_\_ from \_\_\_\_\_  
 \_\_\_\_\_ (Name of School/College/Institute).
- (3) That I have not joined/joined/admitted in any School/College/Institute due to or as \_\_\_\_\_  
 \_\_\_\_\_. (Give reason if NOT joined/ if Joined give details)
- (4) That there is a GAP of \_\_\_\_\_ years in my studies from \_\_\_\_\_ to \_\_\_\_\_.
- (5) That during this period I was not involved in any offence or in an illegal activity and that no Civil/Criminal case is pending against me in any court of law in India or elsewhere.
- (6) That I command a good reputation and respect in general public.
- (7) That I have not availed any post matric scholarship for the same programme or course from any College/University/Institute.

Deponent (Student)

Verification: -

Verified that the contents of my above said affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed or misrepresented therein. In case the above facts are found incorrect/false/ misrepresented at any stage then my admission can be cancelled by the Authority of SLBSGMC&H Mandi at Nerchowk, Distt. Mandi HP.

Date:

Place:

Deponent (Student)

Note:

1. If you have passed any examination after the qualifying examination, then a photocopy of the relevant documents must be attached for the justification of the GAP.



**Annexure-K****“ESIC DOCUMENT SCRUTINY FROM”**

**(For MBBS Admission under ESIC “IP ward Quota” at Shri Lal Bahadur Shastri Govt. Medical College, Mandi at Ner Chowk-1751021 for academic year 2024-2025).**

**Candidate Details :**

**(to be filled by candidate)**

|   |  |
|---|--|
| <b>Roll No.</b>                           |  |
| <b>Name</b>                               |  |
| <b>Registration No.</b>                   |  |
| <b>Date of Birth</b>                      |  |
| <b>Father's Name</b>                      |  |
| <b>All India Neet Rank</b>                |  |
| <b>All India Seat-Category Rank</b>       |  |
| <b>ESIC Merit Rank (General Combined)</b> |  |
| <b>ESIC Merit Rank ( Category)</b>        |  |
| <b>Category</b>                           |  |
| <b>Seat Alloted under Category</b>        |  |

**Signature of Parents / Guardian**

**Signature of Candidate**

**Date:**

**Date:**

**(Arrange a set of original certificates and one set attested photocopies separately in the order mentioned on page 15 for verification)**

**(FOR ESIC OFFICE USE ONLY)**

**Remarks: Eligible and entitled for MBBS admission under ESIC IP Wards Quota at SLBS Govt.**

**Medical College & Hospital, Mandi at Nerchowk ..... (Yes / No)**

**If not eligible, reason/s : .....**

**Any other remarks : .....**

**Name, Signature & Stamp of Scrutiny Officer (ESIC)**

**Name Signature & Stamp of Scrutiny Officer (ESIC)**

**DETAILS OF REGISTRATION OF ANTI RAGGING ON-LINE.**

|           |                                      |                     |
|-----------|--------------------------------------|---------------------|
| <b>1.</b> | <b>WWW.Antiragging</b>               |                     |
| <b>2.</b> | <b>Principal Name</b>                | <b>D.K. VERMA</b>   |
| <b>3.</b> | <b>Principal Mobile Number</b>       | <b>98160-05011</b>  |
| <b>4.</b> | <b>College Land Line Number</b>      | <b>01905-243945</b> |
| <b>5.</b> | <b>Nearest Police Station</b>        | <b>Balh</b>         |
| <b>6.</b> | <b>Number of students</b>            | <b>120.</b>         |
| <b>7.</b> | <b>Anti Ragging Help line number</b> | <b>18001805522</b>  |

**Checklist of Documents, Certificates, Undertaking and Affidavit required for necessary verification at the time of MBBS admission: -**

|                |  |
|----------------|--|
| <b>Sr. No.</b> | <p><b>1. At the time of MBBS admission, it will be mandatory for all the candidates to submit all the certificates, undertaking and affidavit mentioned in serial numbers 01 to 16</b></p> <p><b>2. Those candidates whose MBBS seats are allotted under the reserved categories mentioned at serial no. 17 to 33 will be required to produce the certificate of their respective reserved category, if any.</b></p> |
| 1              | Proof of identity (Aadhar Card / _____ )   |
| 2              | Matriculation Certificate for D.O.B. / Birth certificate   |
| 3              | Plus two mark sheet  |
| 4              | Plus two pass certificate  |
| 5              | Migration certificate.   |
| 6              | Admit card of exam issued by NEET  |
| 7              | Result / Rank letter issued by NEET  |
| 8              | Identification Form<br>(Enclosed as Annexure-A)  |
| 9              | Undertaking from candidate (that he/she is not admitted in any medical/dental college anywhere in country)<br>(Enclosed as Annexure-B)   |
| 10             | Undertaking from Candidate (Not indulge in any Sexual Harassment Act.<br>(Enclosed as Annexure-C)  |
| 11             | Undertaking from Candidate (Willing / Not Willing to participate in Next round of Counseling.<br>(Enclosed as Annexure-D)  |
| 12             | Information Regarding Eligibility and Qualification<br>(Enclosed as Annexure-E)  |
| 13             | Character Certificate of Candidate<br>(As shown under Appendix-16 of AMRU, HP MBBS Prospectus 2024-25). (Enclosed as Annexure-F)   |
| 14             | Undertaking to be submitted by the candidate at the time of the admission in the college in respect of anti- ragging measurement.<br>(As shown under Appendix-17 of AMRU, HP MBBS Prospectus 2024-25). (Enclosed as Annexure-G)  |
| 15             | Affidavit submitted by the Parents/Legal Guardian of the Candidate at the time of admission in the college in respect of Anti-Ragging measurement duly attested by the Competent Authority.<br>(As shown under Appendix-18 of AMRU, HP MBBS Prospectus 2024-25). (Enclosed as Annexure-H)  |
| 16             | Medical Fitness Certificate of Student at the time of MBBS Admission.<br>(As shown under Appendix-19 of AMRU, HP MBBS Prospectus 2024-25). (Enclosed as Annexure-I)  |
| 17             | Gap period with Character Affidavit<br>(Enclosed as Annexure-E)  |

|    |   |
|----|---|
| 18 | <b>Bonafide Himachali Certificate. (Jan 2012 or after Jan 2012).</b><br>(As shown under Appendix-1 of AMRU, HP MBBS Prospectus 2024-25).  |
| 19 | <b>Certificate of Belonging to Scheduled Castes &amp; Scheduled Tribes.</b><br>(As shown under Appendix-2 of AMRU, HP MBBS Prospectus 2024-25).   |
| 20 | <b>Certificate of the Other Backward Classes.</b><br>(Certificate should be issued on or after 01-07-2021).<br>(As shown under Appendix-3 of AMRU, HP MBBS Prospectus 2024-25).   |
| 21 | <b>Certificate produce by the Widows /Wards of Ex-Servicemen who are Bonafide Residents of Himachal Pradesh.</b><br>(As shown under Appendix-4 of AMRU, HP MBBS Prospectus 2024-25).  |
| 22 | <b>Certificate produce by the Wards /Wives of Defense Services Personnel.</b><br>(As shown under Appendix-5 of AMRU, HP MBBS Prospectus 2024-25).   |
| 23 | <b>Certificate produce by the Wards of Freedom Fighter hailing from Himachal Pradesh.</b><br>(As shown under Appendix-6 of AMRU, HP MBBS Prospectus 2024-25).   |
| 24 | <b>Certificate of Belonging to Backward Area</b><br>(As shown under Appendix-7 of AMRU, HP MBBS Prospectus 2024-25).  |
| 25 | <b>Certificate of Persons with Disability (PwD) Category of Benchmark Disability (for MBBS Course Only)</b><br>(As shown under Appendix-8 (i) of AMRU, HP MBBS Prospectus 2024-25).   |
| 26 | <b>Certificate of Single Girl Child</b><br>(As shown under Appendix-9 of AMRU, HP MBBS Prospectus 2024-25).   |
| 27 | <b>Certificate Produced by the Children of Jammu &amp; Kashmir Migrants.</b><br>(As shown under Appendix-10 of AMRU, HP MBBS Prospectus 2024-25).   |
| 28 | <b>Certificate Produced by the Children of Tibetan Refugees</b><br>(As shown under Appendix-11 of AMRU, HP MBBS Prospectus 2024-25).  |
| 29 | <b>Income &amp; Asset Certificate Produced by the Candidate of Economically Weaker (EWS)</b><br>(As shown under Appendix-12 (a) of AMRU, HP MBBS Prospectus 2024-25).   |
| 30 | <b>Non-SC/ST/OBC Certificate Produced by the Candidate Belonging to B.P.L. Category.</b><br>(As shown under Appendix-12 (b) of AMRU, HP MBBS Prospectus 2024-25).   |
| 31 | <b>Certificate Submitted by the Father/Mother of those Candidates Who 23 Are Not Bonafide Himachal AND Are Central Government Employees Working in H.P.</b><br>(As shown under Appendix-13 of AMRU, HP MBBS Prospectus 2024-25).  |
| 32 | <b>Certificate to be Submitted by the Father/Mother of those Candidates Who Are regular of the H.P. Govt./ H.P. Govt. undertaking/autonomous bodies wholly owned by HP Govt. who are holding the post outside Himachal Pradesh on account of his/her services/posting.</b><br>(As shown under Appendix-14 of AMRU, HP MBBS Prospectus 2024-25). |
| 33 | <b>ESIC Scrutiny form (Only applicable on ESIC / I.P. Ward Quota Students)</b><br>(Applicable only for ESIC Quota Candidates)   |

**(Note: - Please submit 02 sets of relevant documents respectively)**