

Reporting Time: 10.00 am onwards

Venue: Students' Section, 2nd Floor, Admin Block

Email ID: prslbsgmchmandi@gmail.com

Website: <http://slbsgmchmandi.com>

LIST OF DOCUMENTS REQUIRED FOR ADMISSION TO MD/ MS/DNB

| Sr. No. | Name of Certificate/Document |
|----------------|---|
| 1. | NEET PG Admit card |
| 2. | NEET PG Result/ rank letter |
| 3. | Seat Allotment Letter |
| 4. | Matriculation Certificate |
| 5. | Plus Two Pass Certificate |
| 6. | Migration Certificate |
| 7. | MBBS Marksheet Certificates (All Profs.) |
| 8. | MBBS Degree |
| 9. | Internship Certificate |
| 10. | Medical Council Registration Certificate |
| 11. | Attempt Certificate |
| 12. | Diploma Certificate (If applicable) |
| 13. | Character Certificate |
| 14. | Certificate of Reserved category, if any |
| 15. | Bonafide Himachali Certificate for H.P. Quota candidates |
| 16. | NOC for in-service candidates |
| 17. | Service Certificate (For in-service candidates) |
| 18. | Incentive Certificate (For in-service candidates) |
| 19. | Affidavit/ Bond Certificate |
| 20. | Fee Receipt as deposited online on NBE website (For DNB AIQ candidates) |

**Shri Lal Bahadur Shastri Govt. Medical College
Mandi at Nerchowk H.P-175021**

UNDERTAKING BY THE STUDENT

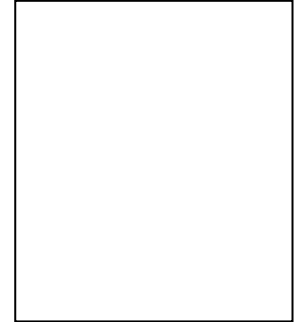
1. Name of the Student _____

2. Contact No. _____

3. Date of Admission in Medical College _____

4. Year of Study _____

5. Boarding/ Hostel Address: _____



I _____ S/O, D/O, Sh. /Smt. _____

Studying in the DNB _____ course in SLBSGMCH
Mandi at Nerchowk in 1st year do hereby give 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 the law.

Signature of candidate

Name _____

Department _____

M. No. _____

E-Mail _____

Countersigned

Parents/Guardian _____

Address _____

Contact No _____

E-Mail _____

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))

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Mandi at Nerchowk H.P-175021**

UNDERTAKING BY PARENT/ SPOUSE

(To be furnished at the time of admission)

I _____ (Name of the Father/ Mother/ Spouse) of

_____ (Name of the student) admitted 1st year
DNB _____ at SLBSGMCH Mandi, Nerchowk hereby declare that my
Son/ Daughter/ Ward/ Spouse DNB _____ course in SLBSGMCH
Mandi at Nerchowk in 1st year hereby declare that my Son/ Daughter/ Ward/Husband/ Spouse
will not indulge in any Ragging or indiscipline in the campus/ Hostel/ Outside/ anywhere if case of
any such violation strict disciplinary action should be followed as per the ordinance issued by the
H.P. Govt. and we will not interfere in any way in the action taken against my Son/ Daughter/
Ward.

Date _____

Place _____

Signature

Address: _____

Mobile No. _____

E-Mail _____

Note: Parents/ Guardians are to ensure that their ward uploads undertaking for not indulging in
ragging on www.antiragging.in before start of session and every year thereafter.

UNDERTAKING BY THE STUDENT

I _____ **S/o/D/o/W/o Sh.** _____

_____ studying in DNB _____ in the Academic
Session 2023-2024 and presently a student of 1st year hereby given an undertaking that I have not
been admitted in any medical college anywhere in the country.

Date: _____

Signature of Candidate _____

Place: _____

Name of student _____

Contact No. _____

E-Mail _____

Countersigned by

Parents/ Guardian _____

Address _____

Contact No. _____

E-Mail _____

APPENDIX- A -17

SATANDARD OF MEDICAL FITNESS CERTIFICATE SUBMITTED BY THE STUDENT AT THE TIME OF

MBBS/BDS/DNB/PG ADMISSION

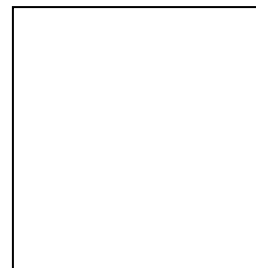
SHRI LAL BAHADUR SHASHTRI GOVERNMENT MEDICAL COLLEGE MANDI AT NERCHOWK

Name of the Candidate: _____

Father's Name: _____

Date of Birth: _____

Identification Mark: _____



| Sr.No. | Standard of Physical Fitness | Observation of Medical Officer Conducting Medical Examination | Signature of Concerned Medical Officer |
|--------|---|---|--|
| 1. | Eyes: | | |
| a) | The absence of one eye shall not be a bar, the vision of remaining eye shall not be less than 6/9 without glasses | | |
| b) | The minimum vision in the person in possession of both eyes should be 6/12, 6/18 with or without glasses | | |
| c) | There shall be no fundus disease adversely affecting the vision | | |
| d) | Colour blindness (Up to CP 4) | | |
| 2. | Ears : The Hearing Power shall be as enable a candidate to use the stethoscope effectively | | |
| 3. | Blood Pressure: (Normal) | | |
| 4. | Heart : (No organic disease) | | |
| 5. | Lungs: (No organic disease) | | |

| | | | |
|-----|--|--|--|
| 6. | Liver, Spleen Kidney and Lymphatic glands : (No permanent Abnormality | | |
| 7. | Nervous system: (Candidate should be normal & be mentally sound) | | |
| 8. | Urine Should be free from albumen of sugar) | | |
| 9. | Extremities | | |
| a) | Anyone with bad deformity or any absent limb shall be debarred | | |
| b) | There shall be no deformity of lower limbs and spine to hinder normal locomotion. | | |
| 10. | Every candidate should have X-ray screening of chest to exclude pulmonary cardiology. | | |
| 11. | Female candidate should be examined by the Gynaecologist to exclude any organic disease. | | |
| 12. | Blood Group of Candidate | | |

Signature of Candidate _____

Signature of the Members of the Medical Board Medical College.

Member-I

Member-II

Member-III

Dated _____

SLBSGMCH Mandi at Nerchowk Distt. Mandi H.P

-Chairman-