

ADMISSION FORM (MBBS) BURDWAN MEDICAL COLLEGE
BURDWAN, PURBA BARDHAMAN, WEST BENGAL, PIN-713104
WEBSITE: WWW.BMCGOV.COM EMAIL: PRINCIPALBMC2015@GMAIL.COM

SESSION: 2024-25

ALL INDIA QUATA/WEST BENGAL QUATA

RANK (ALL INDIA/WB STATE): ROLL NO (NEET):
PERCENTAGE OF MARKS IN ENTRANCE EXAM: WISH TO PARTICIPATE IN MOP UP ROUND:

PERSONAL DETAILS:-

1. NAME IN FULL (BLOCK LETTER):
2. DATE OF BIRTH (DD/MM/YYYY):
3. AGE AS ON 31/12/2023 :
4. NATIONALITY:
5. STATE OF DOMICILE:
6. CATEGORY (GEN/SC/ST/OBC/PH/OTHER):
7. SUB CATEGORY:
8. RELIGION:
9. MOBILE NUMBER:
10. EMAIL ID:
11. GENDER (MALE/FEMALE/OTHER):
12. FATHER'S NAME:
13. FATHER'S CONTACT (MOBILE) NUMBER:
14. FATHER'S OCCUPATION:
15. MOTHER'S NAME:
16. MOTHER'S CONTACT (MOBILE) NUMBER:
17. MOTHER'S OCCUPATION:
18. GURDIAN'S NAME (IF NOT PARENT):
19. RELATIONSHIP WITH GURDIAN:
20. GURDIAN'S CONTACT (MOBILE) NUMBER:
21. MAIL ID OF FATHER/MOTHER/GURDIAN:
22. ADDRESS & OCCUPATION OF GURDIAN:
23. PRESENT ADDRESS (BLOCK LETTER):
24. PERMANENT ADDRESS (BLOCK LETTER):

**AFFIX A STAMP
SIZE
PHOTOGRAPH**

SIGNATURE OF THE CANDIDATE: DATE:

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ACADEMIC DETAILS:-

1. DETAILS OF EXAMINATION PASSED (WRITE NA IN THE BOX WHICHEVER IS NOT APPLICABLE)

NAME OF THE EXAMINATION	DIVISION/ CLASS/ GRADE	SCHOOL/ COLLEGE & PLACE	YEAR OF PASSING	BOARD/ UNIVERSITY
10 th STANDERD				
12 th STANDERD				
OTHERS (IF ANY)				

2. MERIT NO (RANK):

3. MARKS OBTAINED IN 10+2:

PHYSICS	CHEMISTRY	BIOLOGY	ENGLISH

4. PERCENTAGE OF **P+C+B** :

5. DATE OF ADMISSION:

6. WHETHER WISH TO NEXT ROUND PERTICIPATE: YES/NO.....

RECEIPT AND CHECKLIST OF DOCUMENTS:-

PHOTOCOPY RECEIPT:-

CLASS 10+2 RESULT	CLASS 10+2 CERTIFICATE
BOND IN PRESCRIBE FORMAT	CLASS 10 th CERTIFICATE
ALLOTMENT LETTER ISSUED BY MCC	CAST CERTIFICATE & EWS (IF APPLICABLE)
ADMIT CARD OF EXAM ISSUED BY NTA	EWS NCL (IF APPLICABLE)
RESULT/ RANK LETTER ISSUED BY NTA	EIGHT (8) STAMP SIZE PHOTOGRAPH
DATE OF BIRTH CERTIFICATE (IF NOT MATCH WITH MATRIC CERTIFICATE)	PROOF OF IDENTITY (AADHAR/PAN/PASSPORT/DRIVING LICENCE)

ORIGINAL COPY RECEIPT:-

ADMISSION FORM	MEDICAL CERTIFICATE
CLASS 10+2 RESULT	DOMICILE CERTIFICATE (IF APPLICABLE)
CLASS 10+2 CERTIFICATE	ANTI RAGGING
BOND IN PRESCRIBE FORMAT	EWS NCL (IF APPLICABLE)

SIGNATURE OF THE CANDIDATE: DATE: