

# Nalbari MEDICAL COLLEGE & HOSPITAL

Nalbari, Assam, PIN - 781350

Summary Admission Record, MBBS Batch No.

Session:		Date of Admission:	
Name of Candidate :			
Gender :		Date of Birth :	
Category under which admitted :			
Mobile No. with WhatsApp :			
NEET Roll No.		NEET Rank :	
Father's Name, Occupation & Mobile No.			
Mother's Name, Occupation & Mobile No.			
Permanent Address with PIN		Address for Correspondence with PIN	
P.O.	P.S.	P.O.	P.S.
Dist.	State	Dist.	State
Name, Address & Mobile No. of Local Guardian :			

Signature of the Candidate :

Mobile No.

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Coloured Passport  
size Photograph to  
be pasted

Coloured Passport  
size Photograph to  
be pasted

Coloured Passport  
size Photograph to  
be pasted

To

The Principal Cum-Chief Superintendent,  
Nalbari Medical College & Hospital, Nalbari -781350

Sub: Prayer for admission into First year MBBS Course Session Roll No. NEET  
\_\_\_\_\_Mark obtained Entrance Examination\_\_\_\_\_Rank No.\_\_\_\_\_.

Sir,

With due respect, I have the honour to state that I am selected for admission into First year  
MBBS Course Session\_\_\_\_\_in Nalbari Medical College, Nalbari.

Therefore, I request you kindly to arrange for admission and oblige.

Date:

Place:

Yours faithfully

1. Father's Name :  
Permanent Address :
2. Present Address of :  
(for correspondence)
3. Name & Address of :  
(Local Guardians)
4. Father Mobile No. :  
Mother Mobile No. :  
Local Guardians M. No. :

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On Being selected & admitted under Gen/OBC/ SC / ST(P) / ST(H)  
 \_\_\_\_\_ category to the MBBS Course at Nalbari Medical College,  
 Nalbari, Assam under Session \_\_\_\_\_ in the State/Central quota  
 I, \_\_\_\_\_  
 Son/Daughter of \_\_\_\_\_  
 having permanent residence at \_\_\_\_\_

Space for photograph To be  
 signed in a  
 manner so that half of the  
 signature falls on the  
 photograph and half on the  
 paper

do hereby undertake to submit herewith my self signed photograph, specimen handwriting and specimen signature bestowing the right to Nalbari Medical College Authority to verify the same for any purposes as and when necessity arises. Further I submit that I shall use this full & short signature for all purposes (academic/ administrative professional medicolegal/financial) during the entire period of my stay as an MBBS student at Nalbari Medical College, Nalbari. I also undertake to state that I shall not change my short or full signature without prior intimation to the Nalbari Medical College Authority under any circumstances.

(To write the following paragraph with ball point pen in the box below maintaining the upper & lower case)

Examples of pangram are (12) while making deep excavations we found some quaint bronze jewellery, [34] jackdaws love my big sphinx of quartz, (56) the five boxing wizards jump quickly, <78> pack my box with five dozen liquor jugs and finally "910" A QUICK MOVEMENT OF THE ENEMY WILL JEOPARDIZE SIX GUNBOATS. ? ! ?

No.	Full Signature	Short Signature

Signed below on this \_\_\_\_\_ day of \_\_\_\_\_ at Nalbari Medical College, Nalbari, Assam.

Parent/ Guardian		Student	
Signature		Signature	
Full Name		Full Name	
Mobile No.		Mobile No.	

COURSE : MBBS ::::: SESSION : \_\_\_\_\_

Name			
Son/Daughter of			
NEET Roll No.		State NEET Rank	

Signature which was put during NEET Examination	1		Signature which was put during NEET Examination
	2		
	3		
	4		
5			

I do hereby submit the above specimen signature, which I used while appearing in the NEET \_\_\_\_\_ for verification by competent authority. I fully understand that my candidature for admission to the MBBS Course, Session \_\_\_\_\_ is liable to be cancelled if mismatch occurs between this signature and the signature I put during NEET Examination.

Signature :  
Date & Phone No. :







GOVERNMENT OF ASSAM  
OFFICE OF THE PRINCIPAL-CUM-CHIEF SUPERINTENDENT  
Nalbari Medical College and Hospital, Nalbari  
Dakchingaon, Nalbari- 781350 Email: [nalbarimch@gmail.com](mailto:nalbarimch@gmail.com)

Anti Raging Undertaking

UNDERTAKING BY THE CANDIDATE/STUDENT

1. I, ..... S/o, D/o of Mr./Mrs./Ms. ....  
..... have carefully read and fully understood the law prohibiting  
ragging and the directions of the Supreme Court and the Central/State Government in this regard.
2. I have received a copy of the MCI Regulation on Curbing the Menace of Ragging in Higher  
Educational Institutions 2009.
3. I have undertake that-
  - I will not indulge in any behavior or act that may be come under the definition of raging.
  - I will not participate in or abet or propagate ragging in any form.
  - I will not hurt anyone physically or psychologically or cause any other harm.
4. I hereby agree that if found guilty of any aspect of ragging , I may be punished as per the provisions  
of MCI/NMC Regulation mentioned above and /or as per the law in force.  
Signed this.....day of.....month of.....year

Signature

Address.....

.....

.....

Name:

1. Witness:

2. Witness:

Undertaking by the Parent /Guardian

1. I ..... F/o, M/o,G/o .....  
..... have carefully read and fully understood the law prohibiting ragging and the direction of the Hon,ble  
Supreme Court and the Central / State Government in this regard as well as the MCI Regulations on  
Curbing the Menace of Ragging in Higher Educational Institutions 2009.
2. I assure you that my son/daughter/ward will not indulge in any act of ragging.
3. I hereby agree that if he/she is found guilty of any aspect of ragging , he/she may be punished as per  
the provisions of the MCI/NMC Regulations mentioned above and /or as per the law in force.  
Signed this.....day of.....month of.....year

Signature

Address.....

.....

.....

Name:

1. Witness:

2. Witness:

# NALBARI MEDICAL COLLEGE & HOSPITAL

Dakhingaon, Nalbari, Assam, Pin-781350

## APPLICATION FORM FOR HOSTEL ACCOMMODATION

Receipt No. \_\_\_\_\_ Date of Receipt of Application. \_\_\_\_\_

01. Name of Candidate :	
02. Gender :	<i>Paste a Coloured Passport Size Photograph  (Do not staple)</i>
03. Mobile No. with WhatsApp :	
04. Email ID :	
05. Aadhaar No. (Enclose Copy) :	
06. Course undergoing : MBBS / CRMI / MD / MS / NPGR / SR / Other	
07. Session & Date of Admission :	

08. Tick the appropriate category of current status of the course undergoing :

MBBS				
Phase-1	Phase-2	Phase-3 Part-1	Phase-3 Part-2	CRMI Intern

09. Present Address (If any)				
10. Father's Name, Occupation & Mobile No.				
11. Mother's Name, Occupation & Mobile No.				
12. Permanent Address with PIN				
P.O.	P.S.	Dist.	State	
<i>(Proof to be submitted - Any one of either Aadhaar Card, Driving License, Passport, Voter ID or Bank Passbook )</i>				
13. Name, Address & Mobile No. of Local Guardian :				

Date :

Signature of Applicant :

Mobile No. :

(FOR OFFICE USE)

Allotted in Hostel \_\_\_\_\_ Room No \_\_\_\_\_

Remarks (if any):

Authorised Signatory

Nalbari Medical College & Hospital

**REPORT OF MEDICAL EXAMINATION BOARD****Candidate Name:**

Certified that above candidates for admission into the First year MBBS course of Nalbari Medical College, Nalbari, Nalbari for the session \_\_\_\_\_ is examined by us today at the Nalbari Medical College, Nalbari.

**The Findings are as follows:**

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Eye:	General	:	
	Vision	:	
	Others	:	Examiners Sign.

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E.N.T.:	General	:	
	Hearing	:	
	Others	:	Examiners Sign.

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Surgery:	General	:	
	Chest	:	
	Abdomen	:	
	Hernin	:	
	Hydrocele	:	
	Others	:	Examiners Sign.

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Medicine:	General	:	
	Pulse	:	
	B.P.	:	
	W.T.	:	
	Abdomen	:	
	C.V.S	:	
	Others	:	Examiners Sign.

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Obst. & Gynae.	:	Examiners Sign.
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Psychiatry	:	Examiners Sign.
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Any others	:	Future Assessment/ Investigations:
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Chairman's Remarks: I consider that this candidate is fit/ un-fit Medically for the purpose of admission into the Nalbari Medical College, Nalbari \_\_\_\_\_

Chairman  
Medical Examination Board





**GOVERNMENT OF ASSAM**  
**OFFICE OF THE PRINCIPAL-CUM-CHIEF SUPERINTENDENT**  
**Nalbari Medical College and Hospital, Nalbari**  
**Dakshinagan, Nalbari- 781350 Email: [nalbarimch@gmail.com](mailto:nalbarimch@gmail.com)**

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**PROFORMA OF CANDIDATE ADMITTED INTO MBBS COURSE FOR THE ACADEMIC SESSION 2025**

1. Name of candidate (in block letter).....Sex.....Religion.....Date of Birth.....
2. Father's Name.....(Contact No. of father).....Email.....
3. Mother's Name.....
4. Permanent Address.....
5. Present Address.....
6. NEET Rank No.....Contact No. of Candidate.....Email ID of Candidate.....
7. (Other State Nominee) Name of Entrance Exam.....Roll No.....Rank No.....Year.....Year.....
8. Name of Board /Council/University- Under Which he /She passed the 10+2 examination.....
9. Name & Address of the Institution where he/she read last.....

Name of the Student	Category	Sub-Category	Marks obtain by students in 10+2 (PCB) along with maximum marks (i.e out of which)					Marks obtained by the student in NEET or other Entrance Exam . Along with maximum marks (i.e out of which) and also specify the name of other Entrance Exam .etc		Percentile of marks obtained in NEET/ Other Entrance Exam	Date of Admission
	Govt. Mgt.	SC/ST/IOC/PH/GEN / EWS/NRI/Other	Marks Obtained Phy: Che: Bio:	PCB %	Marks obtained English	English %	Marks Obtained in NEET out of Which	Marks obtained in Other Entrance Exam out of which			
		Allotted Category	Total Marks obtained in PCB	Out of Which	Maximum marks in English		Entrance Exam %				

( Photo copy of 10<sup>th</sup> Admit card, Marks Sheet, Pass certificate, 10+2 Marks sheet, Pass certificate, 1

( Photo copy of 10<sup>th</sup> Admit card , Marks Sheet, Pass certificate, 10+2 Marks sheet, Pass certificate, Cast Certificate, NEET Rank letter, Provisional Allotment letter, NEET Mark Sheet, PRC, Adhar Card/Pan Card/Driving License etc. to be enclosed herewith )

Signature of Candidate

## DECLARATION BY PARENT / GUARDIAN

In the event of my Son / Daughter/ Ward Shri/ Smti. \_\_\_\_\_  
being admitted in Nalbari Medical College & Hospital, Nalbari, I shall be responsible for his/her  
conduct and undertaken to pay his / her college dues, hostel dues and other expenses during  
his/her studentship in the college.

I also undertake to withdraw him/her from the college, should the authorities concerned  
decided that such withdrawal is necessary in the interest of the college or in the event of inability  
to pay his/her college or hostel dues in time or due to his/her unsatisfactory result, attendance  
and conduct after clearance of all his/her dues if any and without claiming any compensation  
from the Government or the college authorities.

I, further declare that there is no allegation of misconduct against my son/daughter/ward  
and he/she has never been convicted for any offence involving moral turpitude.

I, further declare that if any statement is proved to be false then the authority shall have right to  
take legal action against me and my son/daughter for submitting false information and  
statements.

I certify that the particulars stated in this application by my son/daughter/ward are true to  
the best of my knowledge and if it is proved that the information is fraudulent, I am liable to  
criminal prosecution

*Signature of Parent/Guardian with full address and mobile no.*

Witness :

**UNDERTAKING**

I/We have given to understand to my admission into First year MBBS Course in the Deptt.\_\_\_\_\_ is provisional/ Conditional as subject to outcome of written petition/ appeal pending in the honorable Supreme Court/ Guwahati High Court for disposal.

Further, we the undersigned, pronounce in full conscience that incase of any dishonest means ( such as submission of forgo documents, false signature etc. ) taken by us for admission into 1<sup>st</sup> year MBBS Courses, my admission will be canceled instantaneously and the College authority will not held answerable for such illegal acts.

Further we certify that the particular stated in this application are true to the best of my knowledge and if it is proved that the information is fraudulent, we are to criminal prosecution.

Signature of Father/ Mother/ Guardian.

Date\_\_\_\_\_

Place\_\_\_\_\_

Signature of the student

Date\_\_\_\_\_

Place\_\_\_\_\_