

ADMISSION SHEET

NEET/AIPMT-2025 FOR UNDERGRADUATE COURSE

Name :
Father's Name :
Mother's Name :
ALL INDIA NEET RANK :
STATE RANK :
NEET Roll No :
Date of Birth :

NEET Total Marks:

NEET Percentage:

NEET Percentile:

Subject wise marks in each subject
of Intermediate or Equivalent Exam

Physics.....Chemistry Biology.....
PCB Total..... PCB %.....
English..... % Hindi..... Total.....

Name of the College where passed
Intermediate Equivalent or Higher
Qualification

Caste :
Category (as Filled in NEET) :
Aadhar Card Number :
Permanent Address with Pincode :
Blood Group :
Signature of Parent :

Signature of Candidate

Sri/km..... Has shown Original document and submitted the following documents. He/She is found eligible for admission to first year MBBS course at Mahatma Vidur Autonomous State Medical College Bijnor.

1. Admit Card of NEET bearing your photograph.
2. Allotment Letter/Marks sheet/Rank card/Score Card UP NEET/All India Neet-2025.
3. High School Certificate/Marks sheet or equivalent certificate.
4. Intermediate Certificate/Marks sheet or equivalent Certificate.
5. Two passport size Photograph duly attested by the Principal.
6. Character Certificate of the Principal of the College last attended.
7. Reserved category candidate are required bring caste Certificate from D.M and Father's income certificate.
8. An anti-ragging undertaking signed by the Candidate and by parent or guardian.

9. Candidate will submit affidavit bond on stamp paper of Rs 100/-for compulsory service of 02 year completion of the course otherwise He/She has to pay Rs 10 Lakh.
10. T.C & M.C. of concerned board/university.
11. An Affidavit for admitted NEET or not admitted on Stamp paper of Rs.10/-
12. Five Self Address envelop with 5 Rs. stamp in each envelop.
13. Domicile Certificate (If required)
14. Aadhar Card
15. Other state Certificate those who have passed high school/Intermediate out state as per broche.

1. Officer In charge
charge
Document Verification
M.V.A.S.M.C Bijnor

2. Officer In charge
Document Verification
M.V.A.S.M.C Bijnor

3. Officer In
Document Verification
M.V.A.S.M.C Bijnor

Cashier
M.V.A.S.M.C Bijnor

Principal
Mahatma Vidur Autonomous
State Medical College
Bijnor.

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Physics.....Chemistry Biology.....
PCB Total..... PCB %.....
English..... % Hindi..... Total.....

Name of the College where passed
Intermediate Equivalent or Higher
Qualification

Caste :

Physically Handicaped: YES / NO

Category (as Filled in NEET)
Correspondence Address with
Pincode/with Phone No./Mobile :
:
Permanent Address with Pincode
with Phone No./Mobile :
Date of Admission :
E-mail Address :
Aadhar Card No. :
Signature of Candidate :

SIGNATURE OF PRINCIPAL



COLLEGE FEES

YEAR	RECEIPT NO.	DATE	AMOUNT	SIGNATURE OF CASHIER

REPORT OF MEDICAL BOARD-2025

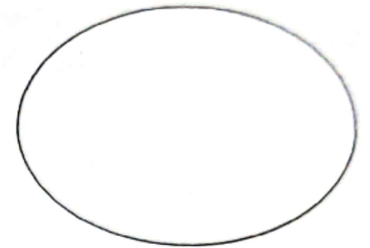
Shri/km.....
.....Son/daughter of shri _____ age _____ Ist Year MBBS
Student in Medical College.....

MARKS OF IDENTIFICATION

- 1.
- 2.

SIGNATURE OF CANDIDATE

LEFT THUMB IMPRESSION



1. Head of the Department of Medicine.
2. Head of the Department of Surgery (Only for Boys)
3. Head of the Department of Obst. & Gynae. (Only for Girls)
4. Head of the Department of E.N.T.
5. Head of the Department of Ophthalmology
6. Head of the Department of Radiology
(If Screening/X-rays/CT/MRI/USG done on advise of clinician)

PLACE OF BOARD:

PRINCIPAL
Mahatma Vidur Autonomous
State Medical College
Bijnor.



DECLARATION

**Certified that I have never been declared unfit by any other Medical Board of India.
MAHATMA VIDUR AUTONOMOUS STATE MEDICAL COLLEGE
BIJNOR.**

REPORT OF THE MEDICAL BOARD

Shri /km..... Son/daughter of
Shri NEET-2025
Roll No..... has been examined by us and found physically
and mentally fit for admission to the first Year MBBS course at Mahatma Vidur Autonomous
State Medical College, Bijnor.

1. Head of the Department of Medicine (OPD No....)
2. Head of the Department of Surgery (OPD No....)
3. Head of the Department of Obstetrics & Gynecology (OPD No....)
4. Head of the Department of Ophthalmology (OPD No....)
5. Head of the Department of E.N.T. (OPD No....)
6. Head of the Department of Radiology

**CHAIRMAN
MEDICAL BOARD**

**PRINCIPAL
Mahatma Vidur Autonomous
State Medical College
Bijnor.**



छात्रावास में निवास करने के लिये प्रार्थना-पत्र

प्रधानाचार्य
मा०वि०स्व०रा०चि०मा०
बिजनौर।

मैं आपसे निवेदन करता/करती हूँ कि मुझे छात्रावास में रहने की अनुमति दी जाये। मैं आपको आश्वासन देता/देती हूँ कि छात्रावास के सभी नियमों का पालन करूँगा/करूँगी।

स्थायी पता:

हस्ताक्षर

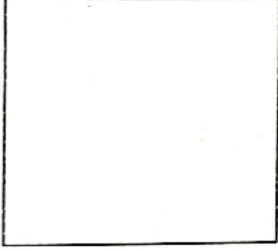
पूरा पता.....

महोदया,

मैं निवेदन करता/करती हूँ कि छात्रावास में नहीं रहना चाहता/चाहती हूँ कृपया छात्रावास में रहने से छूट देने की कृपा करें।

नाम:-

फोटो



हस्ताक्षर

पूरा पता.....

छात्रावास अधीक्षक की संस्तुति कमरा दिया जा सकता है/नहीं दिया जा सकता है।

खजांची
कृपया डा०/श्री/कु०..... का शुल्क जमा करा लें और रसीद न० लिख दें।

प्रधानाचार्य

महात्मा विदुर स्वशासी राज्य चिकित्सा महाविद्यालय
बिजनौर।

डा०/श्री/कु०..... कक्षा..... छात्रावास शुल्क रु०..... जमा कर दिया है
रसीद संख्या दिनांक..... है।

खजांची

महात्मा विदुर स्वशासी राज्य चिकित्सा
महाविद्यालय
बिजनौर।

कार्यालय, प्रधानाचार्य, महात्मा विदुर स्वशासी राज्य चिकित्सा महाविद्यालय बिजनौर।

संख्या / एस0-1 / 20

बिजनौर: दिनांक

अधीक्षक,

कृपया डा0 / श्री0 / कु0 कक्षा
को एक कमरा छात्रावास में दे दिया जाये और रसीद संख्या देख लें और इसकी संख्या लिखा
दे।

चिकित्सा महाविद्यालय

प्रधानाचार्य
महात्मा विदुर स्वशासी राज्य
बिजनौर।

प्रधानाचार्य,

आपके आदेशानुसार डा0 / श्री / कु0 को कमरा संख्या.....
छात्रावास में आवंटित कर दिया है और इन्होंने रहना शुरू कर दिया है रसीद संख्या
दिनांक..... की है।

हस्ताक्षर

अधीक्षक
छात्रावास।