



MADHYA PRADESH MEDICAL SCIENCE UNIVERSITY, JABALPUR (M.P.)

UNDER-GRADUATE EXAMINATION FORM M01/I-16S

For students admitted to the course in year 2014

A. Roll Number Given in the main examination (To be filled by the applicant):																					
B. ENROLLMENT NUMBER																					
To be filled by the University																					
New Roll Number (Only in case of new candidates)																					
Examination Centre		Theory								Practical											

TO BE FILLED BY CANDIDATE

1. COLLEGE CODE											

2. CANDIDATES NAME

FIRST NAME											
MIDDLE NAME											
SURNAME											

3.	
Left Hand Thumb Impression of the Candidate	
4.	
Signature of the Candidate in running hand, within the box only	

5.
<p>Paste (do not staple) recent Photograph (Size 35mm× 45mm) duly attested by the Dean/Principal/Head of the Institution.</p>

To
The Controller of Examination
Madhya Pradesh Medical Science University
Jabalpur (M.P.)

Sir,
I request permission to present myself at the ensuing **First MBBS** Examination to be held in August - September 2016. I furnish my details as stated below:-

6. CANDIDATE'S NAME in Capital Letters (Strictly as per Class XII or GAZETTE Notification):

SURNAME																				
FIRST NAME																				
MIDDLE NAME																				

7. Date of Birth

Date					Year			

8. Gender

Male		Female	
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9. MOTHER'S NAME in Capital Letters:

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10. FATHER'S/HUSBAND NAME in Capital Letters:

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11. Candidate's mailing address in CAPITAL Letters only:

House no.					Building/ Locality															
Street																				
Town									District											
STATE																PIN CODE				

12. College Name:

12. Contact No. :

13. Email Address:

14. I will be appearing for the following Subjects (Tick in the serial number box):-

Sr. No	Subject Name
1	ANATOMY
2	PHYSIOLOGY
3	BIOCHEMISTRY

DECLARATION BY THE CANDIDATE

- 1) I am aware that, I have to fulfil criteria of attendance and Internal Assessment prescribed by the University/ MCI, failing which I shall be held "NOT ELIGIBLE" and will not be allowed to appear for Examination.
- 2) I hereby declare that I have gone through the syllabus as prescribed and adopted by the University and relevant rules of the Heads of Passing which are applicable for the examination for which I am appearing and I accept the same without any challenge (wherever applicable).
- 3) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me in the examination form.
- 4) I am not defying the criteria of the admission order.
- 5) I am not admitted to the course after the cut-off date declared by the University for grant of terms.

Place:

Date:

Signature of Candidate in running hand**FOR THE USE OF INSTITUTION OFFICE**

Attachments			
Fee Receipt No.	YES	NO	
Last MBBS Exam Mark sheet Copy	YES	NO	
Signature of verifying officer			

CERTIFICATE BY THE HEAD OF INSTITUTION

I certify:

1. That Shri/Smt/Kum. is a bonafide student of this college, admitted to the MBBS course in the Admission Session 2014-15. He/she is not admitted to the course after the cut-off date for grant of terms.
2. * That his/her attendance is not less than as prescribed by the Medical Council of India norms in lecture teaching and practical work up to submission of this application. **OR**
* I find him/her eligible under provisions of MPMSU ordinance 6/14 section 5.1
(Cancel whichever is not applicable)
3. That the candidate has completed the academic terms and appeared in mandatory number of internal assessment tests as per the MCI rules and has scored internal assessment marks required to appear in this examination (wherever applicable).
4. **That the information furnished by the said candidate is verified from his/her documents and that the candidate is Eligible to appear for University Examination.**

Place:

Date:

Signature & Seal of the Dean/Principal

**EXAMINATION FEE RECEIPT
(COLLEGE COPY)
EXAMINATION First MBBS Aug- Sep 2016**

No.....

Date:

NAME OF THE CANDIDATE:.....

COLLEGE NAME AND CODE:.....

TOTAL AMOUNT OF FEE DEPOSITED ₹ _____ ₹ _____

SIGNATURE OF CANDIDATE

SIGNATURE AND SEAL OF COLLGE AUTHORITY

**EXAMINATION FEE RECEIPT
(UNIVERSITY COPY)
EXAMINATION First MBBS Aug- Sep 2016**

No.....

Date:

NAME OF THE CANDIDATE:.....

COLLEGE NAME AND CODE:.....

TOTAL AMOUNT OF FEE DEPOSITED ₹ _____ ₹ _____

SIGNATURE OF CANDIDATE

SIGNATURE AND SEAL OF COLLGE AUTHORITY

**EXAMINATION FEE RECEIPT
(CANDIDATE COPY)
EXAMINATION First MBBS Aug- Sep 2016**

No.....

Date:

NAME OF THE CANDIDATE:.....

COLLEGE NAME AND CODE:.....

TOTAL AMOUNT OF FEE DEPOSITED ₹ _____ ₹ _____

SIGNATURE OF CANDIDATE

SIGNATURE AND SEAL OF COLLGE AUTHORITY

Dear Student,

You have downloaded the Examination application form for appearing in the first year MBBS Examination August- September 2016.

The Last due date of submission of this form to the University by your college is 1st August, 2016 without late fee and 6th August, 2016 with Late fee. Since your form is to be forwarded and submitted by your college, they will decide the last date of submission of form to them.

Carefully follow the steps given below to apply.

1. Your application form has 2 pages. Have a print out of both the pages on both sides of a single sheet of A4 size paper.
2. Have a print out of fee receipt form (annexure 1).
3. Collect the following information from your college office:
 - (a) Your College code (also available on the university website),
4. Have the following documents ready with you for attaching to the application form:
 - (a) An attested photocopy of your Last First MBBS examination mark sheet,
 - (b) Your recent 35 mm(W) X 45 mm(L) *coloured* photograph in a light coloured dress.
5. Having satisfied yourself that you fulfill all eligibility criteria to appear in the examination deposit your exam fees (ANNEXURE 2) in the college office and get receipt in the fee receipt form.
6. How to fill the Examination form : **(use black ball point pen only. Use capital letters to enter characters)**.

On page one in the boxes provided-

- A. Fill in your main examination roll number.
- B. Fill in your Enrollment number.

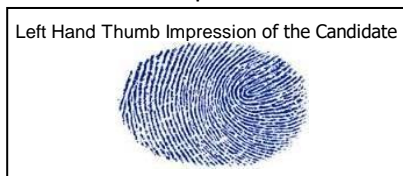
(1) Fill in college code as shown under (refer to annexure – 3). E.g. For Bundelkhand Medical College Sagar, fill

1. COLLEGE CODE				
M	G	0	0	1

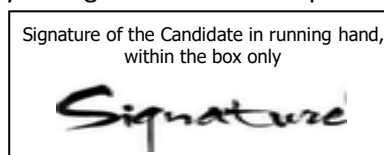
(2) Fill in your first name, second name and surname in the boxes

FIRST NAME	S	A	N	D	H	Y	A			
MIDDLE NAME	S	U	R	A	J					
SURNAME	R	A	T	H	I					

(3) Put your left thumb impression in the box provided



(4) Put your signature in the box provided



(5) Paste the photograph (see no. 4 (c) above) in the box. Photo must be attested by the dean/ principal of the institute.



(6) See 2 above.

(7) Enter your date of birth in dd-mm-yyyy format, i.e., if you are born on 15th Aug. 1996

7. Date of Birth

Date		Month		Year			
1	5	0	8	1	9	9	6

(8) Put a right mark against your gender, i.e., if you are a girl mark as:

8. Gender

Male	<input type="checkbox"/>	Female	<input checked="" type="checkbox"/>
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(9 to 13) Make the entries as required

On Page 2:

(14 & 15) Fill in the required data and have it verified from respective Head of Department.

(16) Put Place, Date and your signatures. Attach the following to the application form:

Attachments
Fee Receipt University copy No.
Last MBBS Exam Mark sheet Copy

(17) Submit to the college office for forwarding to the university well with in time.

ANNEXURE – 2**EXAMINATION FEES (REFER MPMSU Ordinance 04/2014 table 16)**

MBBS First year			
Fees if form received in time			
	Examination fee	Form fee	Total
Examination fee One subject	₹1750/-	₹ 100/	₹1850/
Examination fee Two subjects	₹3500/-	₹ 100/	₹3600/
Examination fee Three subjects	₹5250/-	₹ 100/	₹5350/
Late fee			
			Add Late fee
Late fee up to 5 days of last date of receiving the form by the university			₹ 200/- per subject

ANNEXURE – 3
COLLEGE CODE
MEDICAL COLLEGES

S. no.	College Name	Code of College
1	Bundelkhand Medical College, Sagar	MG001
2	Gajra Raja Medical College, Gwalior	MG002
3	Gandhi Medical College, Bhopal	MG003
4	MGM Medical College, Indore	MG004
5	Netaji Subhash Chandra Bose Medical College, Jabalpur	MG005
6	Shyamshah Medical College, Rewa	MG006
7	Chirayu Medical College & Hospital, Bhopal	MP001
8	Index Medical College, Indore	MP002
9	Ruxmaniben Deepchand Gardi Medical Colleges, Ujjain	MP004
10	Shri Aurobindo Institute of Medical Sciences, Indore	MP005