



Surat Municipal Institute of Medical Education & Research, Surat
(Municipal Medical College)
Umarwada, Surat – 395010



UG STUDENT DATA ENTRY FORM - (SCMS)

COURSE NAME	MBBS					RECENT PHOTO
DATE OF ADMISSION	/ /2022					
GENDER	MALE () / FEMALE ()					
CATEGORY	(1) OPEN(), (2) SC(), (3) ST(), (4) SEBC(), (5) EWS()					
ADMISSION OF QUOTA	(1)GQ () (2) LQ () (3) MQ () (4) NRI ()					
STUDENT NAME (CAPITAL LETTER)	SURNAME	FIRST NAME		MIDDLE NAME(Father Name)		
BOARD :	GB(), CBSE(), IC(), NIOS(), OTHER()					
HSC SCHOOL NAME:						
OBTAINED MARKS OF THEORY ONLY	PHYSICS		CHEMISTRY	BIOLOGY	ENGLISH	
OBTAINED MARKS OF PRACTICAL	PHYSICS		CHEMISTRY	BIOLOGY		
OBTAINED MARKS OF (PCB) THEORY *			OBTAINED MARKS OF NEET-2021	ALL INDIA NEET RANK		
DATE OF BIRTH				GENERAL MERIT NO		
AGE				CAT RANK NO.		
RELIGION				REGISTRATION NO.		
CASTE				DATE OF REGISTRATION		
SUB CASTE				MONORITY : (1) YES (), (2) NO ()		
NATIONALITY				HANDICAP : (1) YES (), (2) NO ()		
PRESENT NATIONALITY				NRI TYPE : **		
PLACE OF BIRTH						
CITY OF BIRTH				HOSTEL : (1) YES (), (2) NO ()		
DISTRICT OF BIRTH						
INTEREST						
WHATS UP NO.						
MOBILE NO.						
PRESENT ADDRESS	STREET :					
	CITY :		DISTRIC:			
	STATE :		COUNTRY:			
	PINCODE :					
E-MAIL :				FAX NO :		
PHONE NO. WITH STD CODE				OFFICE PHONE NO.		
				EMERGENCY CONTACT NO.		
DATE : / /2022			STUDENT SIGNATURE			

Surat Municipal Institute of Medical Education & Research, SURAT

Admission Year : 2021-22

For Office Use Only :

Registration Entry No.

Roll No.

Date of First Time Reporting Student

Admission Category & Merit No.

Date of Admission taken

Library/Hostel Deposit Receipt No. & Date

(Form to be submitted in Duplicate with Certificates Copy)

An Application Form for Admission in First Yr. M.B.B.S. Course for Adm. Yr. 2021-22

1. Please read the instructions carefully before filling up relevant entries in this Form.
2. All Information should be filled by Student only.
3. Use Capital Block Letters only. Give right Code No. where it is given
4. Letters should be CLEAN & READABLE hand writing
5. Fill up all the information as per Last School Record

XXXXXXXXXXXX

To,
The Dean
Surat Municipal Institute of Medical Education & Research
SURAT.

Sir,

I undersigned kindly inform you that I have been provisionally selected as a student of First Year M.B.B.S. at your college through Admission Committee for Professional Under Graduate Medical Courses (ACPUGMEC) I request you to accept fees & Deposits & give me a final admission in your College.

I have attached the following Certificates/Documents with admission form.

- (1) Admission Order of ACPUGMEC (Three Attested Zerox copy) ..{ }
- (2) Allotment Letter of Help center with Nodal Officer sign ACPUGMEC (Three Attested Zerox copy) ..{ }
- (3) Tution Fee Receipt showing the payment of one term (6 months) fees at HDFC Bank (Three Attested Zerox copy) ..{ }
- (4) Copy of NEET-UG-2021 Marksheet (Three Attested Zerox copy) ..{ }
- (5) Mark sheet of S.S.C.(Std.10) Exam. (Three Attested Zerox copy) ..{ }
- (6) Mark sheet of H.S.C.(Std.12) Exam. (Three Attested Zerox copy) ..{ }
- (7) Document showing place of birth & Date of Birth & Indian Citizenship (School leaving Certificate/ Transfer Certificate/Passport/Birth Certificate) (Three Attested Zerox copy) ..{ }
- (8) Domicile Certificate (with signature & stamp of Authority) issued by Competent Authorities (Mamlatdar/ Executive Magistrate/ Commissioner of Police) of Gujarat state only. (Three Attested Zerox copy) ..{ }
- (9) For EWS, SEBC, ST & SC Category : Cast Certificate issued by Competent Authorities of Gujarat State only. (Three Attested Zerox copy) ..{ }
- (10) For SEBC Category : Non creamy Layer certificate (Parishista "4" in Gujarati/ English) issued by Competent Authorities of Gujarat State only dated on or after 01/04/2019. (Three Attested Zerox copy) ..{ }

{1} (a) Candidate's Name (As per 12th Mark Sheet)

Mr./Miss
(Surname) First Name Father's Name

(b) Candidate's Father's Full Name : {Beginning with Surname First}

Mr.
(Surname) First Name Father's Name

{2} Candidate's Sex : [M/F] (1) Male [] (2) Female []

{3} Father/Guardian's Occupation -

{4} Full Postal Address of Candidate for Correspondence :

House No. : Village : City :
Street Name : Taluka :

District's Name & its Pin code No. :

{5} Date of Birth

(DD/MM/YEAR)

		/			/				
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{6} Birth place (With

District & State

{7} Home Town/Domicile :

(With District/State)

{8} Contact No. with S.T.D. Code No. and Mobile No. :

2. Personal :

3. Father :

1. Residence :

4. Land Line No. :

{9} Admission Category (Write Proper Admission Category No. like 04 for SEBC)

(1) EWS/OPEN (2) S.C. (3) S.T. (4) S.E.B.C. (5) CBSC - OPEN (6) CBSC-SC (7) CBSC-ST (8) CBSC- SEBC (9) PH (10) MQ-OPEN

- {10} PAN No :
 {11} TAN No :
 {12} Admission Merit No. with abbreviated Category | Category Name & Merit No.
 {13} As per School Leaving Certificate/Record
 (a) Religion : (b) Cast : (c) Sub Cast :

- {14} Do you belongs to Reserved Category ? : Yes / No
 If Yes, Mention category, Cast & Sub Cast :
 {15} Did you get the admission in Open category : Yes / No
 {16} Name of H.S.C. Examination Board : []

1-	G.	S.	E.	B.		2-	C.	B.	S.	E.		3-	I.	C.	S.	E.		4-	O	T	H	E	R
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- {17} Month & Year of H.S.C. Exam. Appeared :
 {18} Exam. Seat No./Roll No. of H.S.C. Examination Passed
 {19} Subject wise Marks :

Eng	Che.	Bio.	Phyc.		

- {20} (a) Marks obtained in P+C+B Subjects in H.S.C. Exam. of Board : /300
 (b) Marks obtained in NEET-2021 Exam (Entrance Test) : /
 (c) Obtained Merit Marks for Medical Admission :
 {21} Name of Last School attended with Place of H.S.C. Exam.

- {22} School Leaving Certificate/Transfer Certificate No. & Date of Issued of Certificate :

No.		Date :	
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- {23} Annual Gross Income of Family (Father +Mother +Other) Rs.
 {24} Name of Local Guardian with Address & Contact No. in case of Emergency
 {25} Are you require accommodation in SMIMER Hostel ? : Yes / No

: DECLARATION:

All the information given in this Admission Form for Admission 2020-21 is correct and true as submitted previously in the Application Form at through Admission Committee for Professional Under Graduate Medical Courses (ACPUGMEC) as per best of my knowledge. We read and understood the rules of Admissions. We agreed/abide to follow all rules of college & University.

Most Important :

Students & Parents are Directed To Keep 10 (Ten) Attested Zerox Copies Sets Of Each Under Mentioned Documents For Future Requirement. Original Certificates Or Attested Zerox Copies Will Not Be Provided To Student Up To The Completion Of Final M.B.B.S. Course.

Date : / /2022

Sign. of Father/Mother

Sign. of Student

F.W.Cs to : Head Clerk (Student Section)

Shri/Ku.....has paid Tuition Fee vide Receipt No. Date : / /20 Bank/ Branch Name: and we have check the remain Tuition fee/ Received Tuition Fee etc. and necessary document received from the student and ensure about hostel accommodation, so do the needful for the student admission.

Verified by
 Account Section

Sr. Clerk/ Head Clerk
 Account Section

Submitted,

The above information and necessary documents checked and found correct so please grant the admission at the SMIMER.

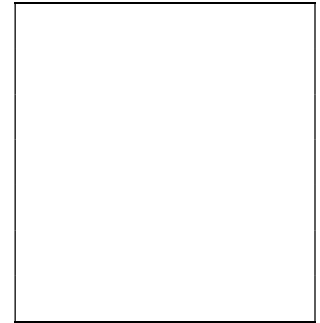
Student Section

Personnel Officer

Dean Shri

SURAT MUNICIPAL INSTITUTE OF MEDICAL EDUCATION & RESEARCH (OSD)

NAME :
ROLL NO : -
AADHAR NO. :
SPIN NO : -
DATE OF JOINING MBBS :
DATE OF ISSUE :
VALID UP TO : -
EMAIL ID:
DATE OF BRITH :
BLOOD GROP :
LIBRAY CARD NO :
RESI. ADDRESS :



PH. :
MOBILE :
Whats up No.:

Student Signature