



Autonomous State Medical College
Kushinagar,Uttar Pradesh-274304

Required Document for NEET(M.B.B.S) 2026-27

Scrutiny Committee

CHECKLIST

Name of Student.....S/O.....

NEET Roll.No.....Category.....**AIR**.....Quota.....

Sr.No.	Name or Documents	Yes/No
	Allotment letter	
1.	NEET Score Card 2026	
2.	NEET Admit Card 2026	
3.	10 th Marksheet and Passing Certificate	
4.	12 th Marksheet and Passing Certificate	
5.	Transfer Certificate (TC)	
6.	Character Certificate (Within last 6 Month)	
7.	Migration Certificate	
8.	Medical Certificate	
9.	Caste Certificate/EWS**	
10.	Domicile Certificate	
11.	Service Bond (On Rs.100/-Stamp)	
12.	Gap Affidavit (If Applicable) (On Rs.50/-Stamp)	
13.	Document authentication affidavit Declaration Form (On Rs.50/-Stamp)	
14.	Anti-Ragging affidavit-Guardian(On Rs.20/-Stamp)	
15.	Anti-Ragging Affidavit-Student (On Rs.20/-Stamp)	
16.	Oath Letter (onRs.20/-Stamp)	
17.	Eight Photographs	
18.	Photo-Id Card (Aadhar Card/PAN Card/Driving License/Passport/Voter ID)	
19.	NCC/FF/Physically Handicapped(PH)Certificate	
	Demand Draft of Fees	

**All Documents should be in two set with all the Original documents and arrange in serial no.

**EWS & OBC Certificate prepared after 1 April 2026 is acceptable.

Remark.....

Signature
(Member)

Signature
(Scrutiny Officer)



Emailid:asmckushinagar@gmail.com

Office Number:(05564)297020

Website:asmckushinagar.in

Autonomous-State Medical College

Kushinagar,Uttar Pradesh-274304

Required Document for NEET(M.B.B.S) 2026-27

Scrutiny Committee

CHECKLIST

Affix passport
size
photograph

Name of Student.....NEET Roll.No.....

Sr.No.	Name of Documents	Yes/No
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21.	Demand Draft of Fees	

••All Documents **should** be in **two set** with **the Original** documents **and arranged in** serial no.

**EWS & OBC Certificate prepared after 1April 2026 is acceptable.

(Signature of Candidate)

Left Thumb impression

Right Thumb impression

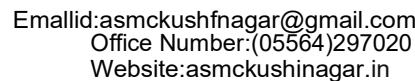
Remark.....

Recommendation for Admission (Provisional) in MBBS 1st year for Session 2026-27

Signature
(Member)

Principal
(Signature)

Add:-ASMC,Harka,Kushinagar,UttarPradesh-274304



Kushinagar, Uttar Pradesh-274304

I declare that all the Information in this application are complete and true to the best of my knowledge including the information on my academic background. When I will change my Present /Permanent Address or My ContactNumber during my study, I will inform Dean office and Student Section Immediately.

Date&Place:-

Add:-ASMC,Harka,Kushinagar,UttarPradesh-274304



EmailId:asmckushinagar@gmail.com
OfficeNumber:(05564)297020
Website:asmckushinagar.in

Autonomous State Medical College
Kushinagar, UttarPradesh-274304

OPD Reg.No:-

MEDICAL BOARD REPORT

Date://

I, S/D of selected in **NEET2026**
with **NEET Roll.No.....and All India Rank.....** for taking admission in **MBBS**
graduate degree at Autonomous State Medical College, Kushinagar (U.P), undertake the medical examination.

Student Mob.No.....Parents Mob. No.....

.....

SignatureOfCandidate

.....

**LeftThumb
Impression**

.....

**RightThumb
Impression**

Head of Department of **General Medicine**

ChestX-RayPAView.....

Head of Department of **Surgery**

Head of Department of **Orthopedics**

Head of Department of **Obst.&Gynae**

Head of Department of **Ophthalmology**

Vision<.....

Colour Vision.....

Head of Department of **E.N.T**

Head of Department of **Pathology**

Head of Department of **Community Medicine**

HepatitisB/1st/2nd/3rd dose.....

TT Injection(last taken).....

Two identification marks on body of candidate

1.2.:.....

► The candidate has been physically examined and found to be fit for medical education.

**C.M.S/Principal
ASMCKushinagar**



Autonomous State Medical College
Kushinagar, Uttar Pradesh-274304

एडमिशन फीस एमबीबीएस प्रथम वर्ष 2026-27

आल इण्डिया कोटा

जनरल केटेगरी-	-36,000 / -
ई0डब्ल्यू0एस0 केटेगरी-	-36,000 / -
ओ0बी0सी0(NCL & CL) केटेगरी-	-36,000 / -
एस0सी0 केटेगरी-	-27,000 / -
एस0टी0 केटेगरी-	-27,000 / -

स्टेट कोटा

जनरल केटेगरी-	-36,000 / -
ई0डब्ल्यू0एस0 केटेगरी-	-36,000 / -
ओ0बी0सी0(CL) केटेगरी-	-36,000 / -
ओ0बी0सी0(NCL) केटेगरी-	-27,000 / -
एस0सी0 केटेगरी-	-27,000 / -
एस0टी0 केटेगरी-	-27,000 / -

नोट-

1. महाविद्यालय की एडमिशन फीस केवल (डी0डी0) डिमाण्ड ड्राफ्ट से ही जमा होगी-
2. जो विद्यार्थी छात्रावास हेतु इच्छुक है उन्हें 4800 / - रुपये वार्षिक अतिरिक्त शुल्क छात्रावास आवंटन के समय जमा करना अनिवार्य है-

(D.D) Demand Draft (in favour of)-

“Principal, Autonomous State Medical College, Kushinagar (U.P).”



Autonomous State Medical College
Kushinagar UttarPradesh-274304

Ref: Med.co.ku/Stu.Sec./Cert./2026/

Date:- / /2026

MBBS ADMISSION CERTIFICATE

it is certified that **Mr./Ms.....**Son/Daughter of
.....**NEET Roll No.....**
All India Rank.....Category.....Category Rank.....,after being
Selected by **NEET UG-2026-27** he has enter entered first year of MBBS of this medical college.
**At the time of admission the student has submitted the following original certificates to
this office:-**

S.N.	Details of Certificate	Yes/No
1.	10 th Mark sheet and Passing Certificate	
2.	Marksheet and Passing Certificate	
3.	Transfer Certificate	
4.	Character Certificate	
5.	Migration Certificate	
6.	Caste Certificate/EWS	
7.	Domicile Certificate	
8.	Service Bond	
9.	Birth Certificate	
10.	NCC (C&B)Certificate	
11.	Freedom Fighter Certificate	
12.	Physically Handicapped Certificate	

If.....Son/Daughter.....
gets selected in any other medical college in the.....phase
of counseling then this medical college will have no objection.

Counselling Officer
ASMC KUSHINAGAR