



Email id: 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) 2024-25

Scrutiny Committee

CHECK LIST

Name of StudentS/O.....

NEET Roll.No.....Category AIR Quata.....

Sr.No.	Name of Documents	Yes/No
1.	Allotment letter	
2.	NEET Score Card 2024	
3.	NEET Admit Card 2024	
4.	10 th Marksheet and Passing Certificate	
5.	12 th Marksheet and Passing Certificate	
6.	Transfer Certificate (TC)	
7.	Character Certificate (Within 6 Month)	
8.	Migration Certificate	
9.	Medical Certificate	
10.	Caste Certificate / EWS**	
11.	Domicile Certificate**	
12.	Service Bond (on Rs.100/-Stamp)	
13.	Gap Affidavit (if Applicable) (on Rs.50/- Stamp)	
14.	Document authentication affidavit Declaration Form (on Rs.50/-Stamp)	
15.	Anti-Ragging affidavit- Guardian (on Rs.20/- Stamp)	
16.	Anti-Ragging affidavit- Student (on Rs.20/- Stamp)	
17.	Oath Letter (on Rs.20/- Stamp)	
18.	Eight Photographs	
19.	Identity Card (Aadhar Card/PAN Card/Driving License/Passport/Voter ID)	
20.	NCC / FF / Physically Handicapped (PH) Certificate	

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

** EWS & OBC Certificate prepared after 1 April 2024 is acceptable.

Remark.....

Signature
(Member)

Signature
(Member)

Signature
(Scrutiny Officer)



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Admission Committee

CHECK LIST

Affix passport
size
photograph

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

Category.....AIR Rank.....Quata.....Allotted Category.....

S.No.	Name of Documents	Yes/No
1.	Allotment letter	
2.	NEET Score Card 2024	
3.	NEET Admit Card 2024	
4.	10 th Marksheet and Passing Certificate	
5.	12 th Marksheet and Passing Certificate	
6.	Transfer Certificate	
7.	Character Certificate (Within 6 Month)	
8.	Migration Certificate	
9.	Medical Certificate	
10.	Caste Certificate**	
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17.	Oath Letter (on Rs.20/- Stamp)	
18.	Eight Photographs	
19.	Identity Card (Aadhar Card/PAN Card/Driving License/Passport/Voter ID)	
20.	EWS / NCC / FF / Physically Handicapped (PH) Certificate	

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

** EWS & OBC Certificate prepared after 1 April 2024 is acceptable.

(Signature Candidate)

Left Thumb

Right Thumb

Remark.....

Recommendation for Admission (Provisional) in MBBS 1st year for Session 2024-25

Signature
(Member)

Signature
(Member)

Signature
(Admission Incharge)

Principal
(Signature)

Add:-ASMC, Harka, Kushinagar, Uttar Pradesh - 224304



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Student's Name First																	Affix passport size photograph
Middle Name																	
Last Name																	
Date of Birth			/			/											
Father's Name																	
Mother's Name																	
Gender (M/F/)	Category (UR/OBC/SC/ST/EWS)			Physically Handicapped					Yes	No							
Present Address											District						
	State										Pin Code						
Permanent Address											District						
	State										Pin Code						
Aadhaar No.																	
Contact No. (Guardian)																	
Student Mobile No.																	
E-Mail ID																	
State of Domicile										Tehsil							
MBBS Selection Details.																	
Selected By	NEET		NEET Roll No						NEET Percentile								
All India Rank				Category Rank													
Obtain Marks/MaxMarks	/720		Allotted Category														
Student 12th Passing Details																	
School Name																	
School Address																	
Board Name						Passing Year											
Total Obtain Marks/Max Marks	/					Percentage											
Marks Details	English	/100	Physics	/100	Chemistry	/100	Biology	/100									
Total Obtain Marks/Max Marks					/400	Percentage											

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 Contact Number during my study, I will inform Dean Office and Student Section immediately.

Parent Signature.

Student Signature.

Date & Place:-



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OPD Reg.No:-

MEDICAL BOARD REPORT

Date: / /

I,.....S/D of.....selected in NEET 2024 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

Signature Of Candidate

Left Thumb
Impression

Right Thumb
Impression

Head of Department of **General Medicine**

Chest X-Ray PA View.....

Head of Department of **Surgery**

Head of Department of **Orthopedics**

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

Head of Department of **Ophthalmology**

Vision<.....

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

Colour Vision.....

Head of Department of **Pathology**

Head of Department of **Community Medicine**

Hepatitis B/1st/ IInd/IIIrd dose.....

TT Injection (last taken).....

Two identification marks on body of candidate

1..... 2.....

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

C.M.S / Principal
ASMC kushinagar (U.P)



Autonomous State Medical College
Kushinagar, Uttar Pradesh-274304

एडमिशन फीस एम0बी0बी0एस0 प्रथम वर्ष 2024-25
आल इण्डिया कोटा

जनरल कैटेगरी	— 36,000 /—
इ0डब्लू0एस0कैटेगरी	— 36,000 /—
ओ0बी0सी0 (NCL & CL) कैटेगरी	— 36,000 /—
एस0सी0 कैटेगरी	— 27,000 /—
एस0टी0 कैटेगरी	— 27,000 /—

स्टेट कोटा

जनरल कैटेगरी	— 36,000 /—
इ0डब्लू0एस0 कैटेगरी	— 36,000 /—
ओ0बी0सी0 (CL) कैटेगरी	— 36,000 /—
ओ0बी0सी0 (NCL) कैटेगरी	— 27,000 /—
एस0सी0 कैटेगरी	— 27,000 /—
एस0टी0 कैटेगरी	— 27,000 /—

नोट—

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

(D.D) Demand Draft (in favour of) –

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



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Ref: Med.co.jnp/Stu.Sec./Certf./2024/

Date:- / /2024

MBBS ADMISSION CERTIFICATE

It is certified that Mr./MsSon/Daughter of
.....NEET Roll No.....
All India Rank.....Category.....Category Rank....., after being
selected by NEET UG-2024-25, he has entered the 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 Marksheet and Passing Certificate	
2.	12 th 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 counselling, then this medical college will have no objection.

Counselling Officer
ASMC KUSHINAGAR



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छात्रावास में रहने के लिये प्रार्थना पत्र ।

सेवा में,

अधीक्षक छात्रावास,

स्वशासी राज्य चिकित्सा महाविद्यालय,

कुशीनगर (उ०प्र०)।

महोदय,

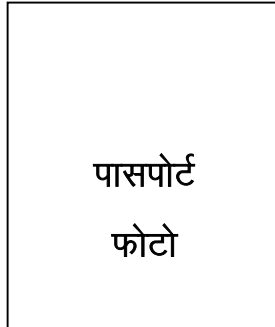
निवेदन है कि प्रार्थी.....पुत्र/पुत्री.....

स्थायी पता.....

.....मोबाइल नं०.....आधार नं०.....

एम०बी०बी०एस० पाठ्यक्रम के वर्ष 2024-25 का छात्र / छात्रा है। प्रार्थी छात्रावास में रहने का इच्छुक है। मैं छात्रावास संबंधी सभी नियमों का पूर्ण रूपेण पालन करूंगा। ए०सी०, फ्रिज, वाशिंग मशीन, माइक्रोवेव आदि जैसे किसी विद्युत उपकरणों का उपयोग नहीं करूंगा/करुगीं यदि मैं उपयोग करता हुआ पाया गया तो कालेज प्रशासन द्वारा निर्धारित दण्ड मुझे स्वीकार होगा। कृपया अनुमति प्रदान करने का कष्ट करें।

दिनांक-.....



नाम.....

आपका विश्वास पात्र

हस्ताक्षर /

(Office use only)

छात्रावास अधीक्षक की संस्तुति कमरा दिया / नहीं दिया जा सकता है।.....कमरा नं०.....

हस्ताक्षर

अधीक्षक छात्रावास/मोहर