

Admission Document List

S/No.	List of Documents
1.	Matriculation certificate showing date of birth
2.	Detailed Marks Card of 10+1
3.	Qualifying Examination detailed Marks Card (10+2)
4.	NEET-2017 Admit Card, Result Card and Provisional Allotment letter
5.	Certificate in support of claim under reserved category (As per the specimen given in BFUHS Prospectus -2017)
6.	Punjab Residence Certificate (As per BFUHS Prospectus -2017)
7.	Self Undertaking by candidate after affixing self attested recent photograph regarding gap year, if there is gap after 10+2 examination (As per BFUHS Prospectus -2017)
8.	Admission Application Form– Annexure 01 (Available on www.pimsj.com)
9.	Certificate from the Head of the Institute from where the candidate has passed 10+1 and 10+2 - Form No. 1 (As per BFUHS Prospectus -2017)
10.	Surety Bond/ Bank Guarantee of balance fee (to be submitted at the time of admission/selection) - Annexure 02 or Annexure 03 (Available on www.pimsj.com)
11.	Declaration by 1 st Year MBBS Student – Annexure 04 (Available on www.pimsj.com)
12.	Character Certificate from Institution last attended - Annexure 05 (Available on www.pimsj.com)
13.	Undertaking regarding ragging by the candidate (in English and Punjabi) - Annexure 06a (Available on www.pimsj.com)
14.	Undertaking regarding ragging by the Parent (in English and Punjabi)- Annexure 06b (Available on www.pimsj.com)
15.	Application for hostel accommodation, if applicable. Annexure 07 (Available on www.pimsj.com)
16.	Sworn Declaration from the Parent/Guardian (As per BFUHS Prospectus -2017)
17.	Migration Certificate if passed 10+2 or equivalent examination from Board/University other than PSEB
18.	Ten unattested copies of the same passport size photograph
19.	Exemption certificate in case studied out of Punjab, wherever applicable (As per BFUHS Prospectus -2017)
20.	Bank draft of other charges in favor of PIMS Medical & Education Charitable Society payable at Jalandhar at the time of admission
21.	Copy of Bank Challan after payment of tuition fee

Annexure-01

Punjab Institute of Medical Sciences, Garha Road, Jalandhar

Application Form for Admission to MBBS course Govt. Quota / Management Quota

(For Session 2017-18)

1.	Name of Candidate		Photo
2.	Candidate's Contact No.		
3.	Sex		
4.	Father's Name		
5.	Mother's Name		
6.	Parents Mobile No.		
7.	Permanent Address		
8.	Telephone No.		
9.	Fax No.		
10.	Parents e-mail id		

11. Examination passed 10+1/equivalent in the year _____ under roll No. _____ from the University /Board/Institution _____,

12. Examination passed 10+2/equivalent in the year _____ under Roll No. _____ from the University/Board/Institution _____

13. Whether qualifying examination passed as a regular student of a School/College/University.
YES/NO.

14.

Subject	Marks/Grade Obtained		Maximum marks		Whether passed or not a regular candidate	
	10+1	10+2	10+1	10+2	10+1	10+2
English						
Physics						
Chemistry						
Biology						
Total (PCB)						
Total (PCEB)						

Name of the School/College/University _____

I hereby solemnly declare that the statements made herein above are true to the best of my knowledge and belief. In case they said information prove to be incorrect at any stage, my candidature/admission in the MBBS course shall stand cancelled.

I certify that I have not passed the qualifying examination from more than one Board/University any other examining body and have never been disqualified by any University /Board.

I agree to observe and abide by all the rules and regulation of the institution/BFUHS during the period of my studies and I will not associate myself with any activity prejudicial to the discipline of Institution.

I certify that I am not involved in any illegal activity and no criminal case is pending against me in any court of law.

Signature

Date

Place.

Annexure 02

BANK GUARANTEE

To,
The Director Principal
Punjab Institute of Medical sciences,
Garha Road Jalandhar

We, _____ (here-in-after called the Bank) at the request of _____ hereby irrevocably, unconditionally and absolutely undertake to pay in case of default by the party, Indian rupees _____ on account of remaining fees of _____ (Name of the student) resident of _____ (complete address) for the MBBS Course.

This Bank Guarantee will be valid upto _____.

Notwithstanding anything contained herein:-

1. Our liability under this Bank Guarantee shall not exceed Rupees _____ for the year _____ & amount for the years _____.
2. This Bank Guarantee shall be valid upto _____.
3. We are liable to pay the Guarantee amount or a part thereof under this Bank Guarantee only if you serve written claim or demand on or before _____.

Name of the Bank

Annexure 03

**Affix non-judicial
stamp of Rs. 300/-**

SURETY BOND

Know all men by these present, I, Mr./Mrs./Ms. _____

Son/Daughter of Shri _____

Street/Ward No. Area _____

City _____

(Here-in-after called the surety) and Mr./Ms. _____

Son/Daughter of Shri _____ (Here-in-

after called the student) firmly bind ourselves jointly and severally unto Punjab Institute of medical sciences, run by PIMS Medical & Education Charitable Society Garha Road Jalandhar. (a Registered Society under the societies Registration Act) through its Principal (here-in-after called the institution) for a sum of _____ to be paid to the said institution or their representative or assignees, being fee for the period of full course of the MBBS undertaken by the student with the institution the terms and conditions mentioned here-in-after.

NOW THE TERMS OF THE ABOVE SAID SURETY BOND ARE AS UNDER:-

1. That the student shall not leave the MBBS course before the completion of the course as any such act not entails the loss of MBBS seat but also harms the functioning and the efficiency of the institution.
2. That in case the student leaves the course before completion of course and the institution has to sustain a loss of fee for the remaining period, then in that event, the student, who has executed the bond and or the surety shall be jointly and severally be liable to pay the balance fee as damages, to the institution, However, under no circumstances, the student shall be entitled to any kind of refund of the fees already paid.
3. That the liability of the student and the surety will be joint, several and co-extensive.
4. Properties (movable/immovable) of the surety shall remain under the lien of the institution. Detail the immovable property are as under:

House No. _____ Ward No. _____

Area _____ Tehsil & Distt. _____

State _____ Khasra Nos. if any _____ and the date of registration of the said vasika

Vasika No. _____ Registered with _____

5. That the surety also undertakes that he will not alienate, create any charge, or in any way deal with the property mentioned above before the fulfillment of the terms and conditions of this bond.

Notwithstanding anything herein before contained, it is hereby mutually agreed and declared that _____ (Surety) will not be empowered to terminate surety in any manner and this bond shall continue and shall be valid in all respects for a period of 5 years / till balance fees is paid as mentioned herein above.

The bond will be released on receipt of full fee any other balance.

IN WITNESS where of, we have hereby signed this surety bond on this bond on this _____ day _____ 2017at _____ (place) in the presence of a presence of a witness after admitting the content of the same to be true and correct.

STUDENT

SURETY

Witnesses

1. _____

2. _____

**(To be attested Notary Public) or
1st class Magistrate.**

Annexure 04

Punjab Institute of Medical Sciences Garha Road Jalandhar

DECLARATION BY THE STUDENT ADMITTED IN FIRST YEAR MBBS 2017

Self attested
Photograph

PHOTO

(i) Particulars of student

Name _____

Father's Name _____ Date of Admission _____

Mother's Name _____ Qualification (10+2) _____

Board/Univ. _____

Permanent Address: _____ Roll No. _____

_____ Marks obtained (PCBE) _____

_____ Session: _____

_____ NEET Roll No. _____

Postal Address _____ NEET Marks _____

_____ NEET Rank _____

E-Mail (ID) _____ Quota: _____

_____ Category _____

Date of Birth _____ Remarks _____

Parent's Contact No. _____ Student's Contact No. _____

(ii) I opt to reside in Hostel and opt for General Room/Special Room _____ and there will be no change in my option for hostel accommodation later on.

(iii) Declaration by the student

1. I have read the prospectus & I shall abide by the rules, regulations terms & conditions contained therein and any changes that may be made applicable by the authorities from time to time.
2. I understand that in case any information/certificate submitted by me is found to be incorrect at any stage, then my admission shall be stand cancelled without any notice.
3. I shall neither go on strike myself nor join any other class indulging in a strike and will maintain the discipline in the campus.
4. I undertake to pay all type of fees of whole course at the scheduled time, even if I discontinue my study for any reason.
5. All *disputes* are subject to Jalandhar (Punjab) jurisdiction only

Signature of Student

Parent's Signature

Undertaking

I, _____ S/o D/o _____, resident
of _____

_____,
NEET-2017 Roll No.- _____ have got admission to MBBS under
Government/Management quota after counselling by Baba Farid University of Health Sciences,
Faridkot.

I undertake to pay tuition fee and other charges as per Punjab Government notification No.
5/3/2017-5HB-III/2229 dated 02.06.2017.

I also undertake to pay the fees by due date as mentioned in the prospectus & if I fail to do so I
am liable to be fined.

If I leave the course or If my admission is cancelled at any stage by university/MCI/court due to
wrong information/documents submitted by me & the seat is vacated after admission process is
over, I am liable to pay the entire course fees.

Signature of Student
Full Name-
Mob. No.-

Signature of Mother
Mother Name-
Mob. No.-

Signature of Father
Father Name-
Mob. No.-
Resident of-

Annexure 05
Character / Behavioral pattern certificate

CONFIDENTIAL

Name		Father's name	
Gender		Class Last attended	
Roll No.			
Name of the institution			

The behavioral pattern of the above mentioned candidate is certified as under:

1.	Displayed persistent violent or aggressive behavior	Yes	No
2.	Displayed desire to harm others	Yes	No

If yes, details:

Date: _____

Signature: _____

Seal of the Institution

Stamp of the Head of the Institution

* The original certificate should be sent to "Principal, Punjab Institute of Medical Sciences, Garha Road Jalandhar" in a sealed envelope either through Registered/Speed post or through the candidate.

Annexure 06a

UNDERTAKING BY THE CANDIDATE/STUDENT

1. I, _____ S/o. D/o. Mr./Mrs./Ms. _____
_____, have carefully read and fully understood the law prohibiting ragging and the directions of the Supreme Court and the Central/State Government in this regard.
2. I have received a copy of the MCI Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.
3. I hereby undertake that-
I will not indulge in any behavior or act that may come under the definition of ragging,
I will not participate in or abet or propagate ragging in any form,
I will not hurt anyone physically or psychologically or cause any other harm.
4. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the MCI Regulations mentioned above and/or as per the law in force.

Signed this _____ day of _____ month of _____ year

Signature

Address: _____

Name:

(1) Witness:

(2) Witness:

ਵਿਦਿਆਰਥੀਆਂ ਵੱਲੋਂ ਸ਼ਪਠ ਪੱਤਰ

1. ਮੈਂ ਸਪੁੱਤਰ/ ਸਪੁੱਤਰੀ ਸ੍ਰੀ/ਸ੍ਰੀਮਤੀ.....
ਮਾਨਯੋਗ ਸੁਪਰੀਮ ਕੋਰਟ/ ਕੇਂਦਰ ਸਰਕਾਰ/ ਰਾਜ ਸਰਕਾਰ ਦਾ ਰੈਗਿੰਗ ਰੋਕਣ ਸਬੰਧੀ ਕਾਨੂੰਨ ਚੰਗੀ ਤਰਾਂ ਪੜ੍ਹ ਲਿਆ ਹੈ ਅਤੇ ਸਮਝ ਲਿਆ ਹੈ।
2. ਮੈਂ ਮੈਡੀਕਲ ਕੌਂਸਲ ਦੁਆਰਾ ਮਾਲ 2009 ਵਿੱਚ ਉੱਚ ਸਿੱਖਿਆ ਸੰਸਥਾਵਾਂ ਨੂੰ ਜਾਰੀ ਕੀਤੀਆਂ ਹਦਾਇਤਾਂ ਦੀ ਕਾਪੀ ਪ੍ਰਾਪਤ ਕਰ ਲਈ ਹੈ।
3. ਮੈਂ ਸ਼ਪਠ ਲੈਂਦਾ ਹਾਂ ਕਿ
 - ਮੈਂ ਰੈਗਿੰਗ ਸਬੰਧੀ ਕਿਸੇ ਵੀ ਗਤੀਵਿਧੀ ਵਿੱਚ ਕਦੇ ਵੀ ਹਿੱਸਾ ਨਹੀਂ ਲਵਾਂਗਾ/ਲਵਾਂਗੀ।
 - ਮੈਂ ਕਿਸੇ ਨੂੰ ਵੀ ਸ਼ਰੀਰਕ ਤੌਰ ਤੇ ਭੰਗ /ਪਰੇਸ਼ਾਨ ਨਹੀਂ ਕਰਾਂਗਾ/ਕਰਾਂਗੀ।
4. ਜੇਕਰ ਮੈਂ ਰੈਗਿੰਗ ਸਬੰਧੀ ਕਿਸੇ ਵੀ ਤਰ੍ਹਾਂ ਢੋਸ਼ੀ ਪਾਇਆ ਜਾਂਦਾ ਹਾਂ /ਪਾਈ ਜਾਂਦੀ ਹੈ ਤਾਂ ਮੈਂ ਉਪਰੋਕਤ ਢੋਸ਼ੇ ਕਾਨੂੰਨ ਮੁਤਾਬਕ ਸਜ਼ਾ ਦਾ ਹੱਕਦਾਰ ਹੋਵਾਂਗਾ/ਹੋਵਾਂਗੀ।

ਮਿਤੀ .

ਹਸਤਾਖਰ

.....

ਪਤਾ

.....

.....

ਗਵਾਹ ਦੇ ਹਸਤਾਖਰ

1.

2.

Annexure 06b

UNDERTAKING BY PARENT/GUARDIAN

1. I, _____ F/o. M/o. G/o _____,
have carefully read and fully understood the law prohibiting ragging and the directions of the Hon'ble Supreme Court and the Central/State Government in this regard as well as the MCI Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.
2. I assure you that my son/ daughter/ ward will not indulge in any act of ragging.
3. I hereby agree that if he/she is found guilty of any aspect of ragging, he/she may be punished as per the provisions of the MCI Regulations mentioned above and/or as per the law in force.

Signed this _____ day of _____ month of _____ Year

Signature

Address: _____

Name:

(1) Witness:

(2) Witness:

ਮਾਪਿਆਂ/ ਪਾਲਣ ਕਰਤਾ ਵੱਲੋਂ ਹਲਫੀਆ ਬਿਆਨ

ਮੈਂ ਸ੍ਰੀ/ ਸ੍ਰੀ ਮਤੀ/ ਕੁਮਾਰੀ (ਮਾਪਿਆਂ/ ਪਾਲਣ ਕਰਤਾ ਦਾ ਨਾਂ)
(ਵਿਦਿਆਰਥੀ ਪੂਰਾ ਨਾਮ ਸਮੇਤ ਦਾਖਲਾ/ ਪੰਜੀਕਰਨ/ ਨਾਮਅੰਕਨ ਨੰ.) ਦਾ ਪਿਤਾ/ ਮਾਤਾ/ ਪਾਲਣ ਕਰਤਾ ਹਾਂ ਅਤੇ ਮੈਂ
ਯੂਨੀਵਰਸਿਟੀ ਗਰਾਂਟ ਕਮੀਸ਼ਨ ਦੀ ਨਿਯਮਾਵਲੀ 2009 ਜੋ ਕਿ ਉੱਚ ਸਿੱਖਿਆ ਸੰਸਥਾਨ ਵਿੱਚ ਰੈਗਿੰਗ ਨੂੰ ਰੋਕਣ ਵਾਸਤੇ ਹੈ ਨੂੰ
ਸਾਵਧਾਨੀ ਪੂਰਵਕ ਪੜ ਲਿਆ ਹੈ ਅਤੇ ਇਸ ਨਿਯਮਾਵਲੀ ਵਿੱਚ ਦਿੱਤੇ ਗਏ ਨਿਯਮਾਂ ਨੂੰ ਚੰਗੀ ਤਰ੍ਹਾਂ ਸਮਝ ਲਿਆ ਹੈ।

1. ਮੈਂ ਨਿਯਮਾਵਲੀ ਦੇ ਨਿਯਮ 3 ਨੂੰ ਖਾਸ ਤੌਰ ਤੇ ਪੜ ਲਿਆ ਹੈ ਅਤੇ ਹੁਣ ਮੈਨੂੰ ਪਤਾ ਹੈ ਕਿ ਰੈਗਿੰਗ ਕੀ ਹੈ।
2. ਮੈਂ ਨਿਯਮਾਵਲੀ ਦੇ ਨਿਯਮ 7 ਅਤੇ ਨਿਯਮ 9 ਨੂੰ ਵੀ ਚੰਗੀ ਤਰ੍ਹਾਂ ਪੜ ਲਿਆ ਹੈ ਅਤੇ ਮੈਨੂੰ ਇਹ ਚੰਗੀ ਤਰ੍ਹਾਂ ਪਤਾ ਹੈ ਕਿ ਅਗਰ ਉਹ ਰੈਗਿੰਗ ਨੂੰ ਉਤਸਾਹਿਤ ਕਰਦਾ, ਸਿੱਧੇ ਜਾਂ ਅਸਿੱਧੇ ਤੌਰ ਤੇ ਰੈਗਿੰਗ ਨੂੰ ਉਤਸਾਹਿਤ ਕਰਨ ਦੀ ਸਾਜਿਸ ਵਿੱਚ ਹਿੱਸਾ ਲੈਂਦਾ ਪਾਇਆ ਗਿਆ ਤਾਂ ਉਹ ਸਖਤ ਅਤੇ ਅਨਸਾਸਨਿਕ ਕਾਰਵਾਈ ਦਾ ਜ਼ਿੰਮੇਵਾਰ ਹੋਵੇਗਾ।
3. ਮੈਂ ਸਮਝਦਾ ਹਾਂ ਕਿ ਭਾਰਤ ਸਰਕਾਰ/ ਮਾਣਯੋਗ ਸੁਪਰੀਮ ਕੋਰਟ ਔਫ ਇੰਡਿਆ ਨੇ ਰੈਗਿੰਗ ਤੇ ਸਖਤੀ ਨਾਲ ਰੋਕ ਲਗਾਈ ਹੈ। ਅੱਜ ਕਲ੍ਹ ਰੈਗਿੰਗ ਤੋਂ ਭਾਵ ਚਿੜਾਉਣਾ, ਗਾਲ੍ਹਾਂ ਕੱਢਣਾ, ਮਖੌਲ ਕਰਨਾ, ਧਮਕੀ ਦੇਣਾ, ਪਰੇਸ਼ਾਨ ਕਰਨਾ, ਜੁਲਮ ਕਰਨਾ, ਡਰਾਉਣਾ ਸਰੀਰਕ ਅਤੇ ਦਿਮਾਗੀ ਸੰਤਾਪ ਦੇਣਾ ਹੈ ਜਿਹੜਾ ਕਿ ਕਾਨੂੰਨੀ ਅਪਰਾਧ ਹੈ ਅਤੇ ਸਜ਼ਾ ਦੇ ਲਾਇਕ ਹੈ।
4. ਮੈਂ ਹਲਫਨ ਬਿਆਨ ਕਰਦਾ ਹਾਂ ਅਤੇ ਵਾਅਦਾ ਕਰਦਾ ਹਾਂ ਕਿ:
ਉ) ਮੇਰਾ ਬੱਚਾ ਨਿਯਮਾਵਲੀ ਦੇ ਨਿਯਮ 3 ਵਿੱਚ ਦਿੱਤੇ ਗਏ ਕਿਸੇ ਵੀ ਤਰ੍ਹਾਂ ਦੇ ਵਰਤਾਓ ਜਾਂ ਕੰਮ ਜੋ ਕਿ ਰੈਗਿੰਗ ਬਣਦੀ ਹੋਵੇ ਵਿੱਚ ਦਿੱਤੇ ਗਏ ਕਿਸੇ ਵੀ ਤਰ੍ਹਾਂ ਦੇ ਵਰਤਾਓ ਜਾਂ ਕੰਮ ਜੋ ਕਿ ਰੈਗਿੰਗ ਬਣਦੀ ਹੋਵੇ ਵਿੱਚ ਸ਼ਾਮਲ ਨਹੀਂ ਹੋਵੇਗਾ।
ਅ) ਮੇਰਾ ਬੱਚਾ ਕਿਸੇ ਵੀ ਤਰ੍ਹਾਂ ਦੀ ਰੈਗਿੰਗ ਨੂੰ ਉਤਸਾਹਿਤ ਕਰਨ ਜਾਂ ਮਜ਼ਬੂਰ ਕਰਨ ਵਾਲੇ ਕਿਸੇ ਵੀ ਕੰਮ ਵਿੱਚ ਸ਼ਾਮਲ ਨਹੀਂ ਹੋਵੇਗਾ ਜੋ ਕਿ ਨਿਯਮਾਵਲੀ ਦੇ ਨਿਯਮ 3 ਤਹਿਤ ਰੈਗਿੰਗ ਬਣਦੀ ਹੋਵੇ।
5. ਮੈਂ ਇਹ ਵਿਸ਼ਵਾਸ ਦਿਵਾਉਂਦਾ ਹਾਂ ਕਿ ਅਗਰ ਮੇਰਾ ਬੱਚਾ ਨਿਯਮਾਵਲੀ ਦੇ ਨਿਯਮ 9.1 ਦੇ ਮੁਤਾਬਿਕ ਰੈਗਿੰਗ ਦਾ ਦੋਸੀ ਪਾਇਆ ਜਾਂਦਾ ਹੈ ਤਾਂ ਉਹ ਫੌਜਦਾਰੀ ਕਾਨੂੰਨੀ ਕਾਰਵਾਈ ਤੋਂ ਇਲਾਵਾ ਕਿਸੇ ਵੀ ਕਾਨੂੰਨ ਤਹਿਤ ਜੋ ਕਿ ਉਸ ਸਮੇਂ ਲਾਗੂ ਹੋਵੇ, ਸਜ਼ਾ ਦਾ ਹੱਕਦਾਰ ਹੋਵੇਗਾ।
6. ਮੈਂ ਇਹ ਘੋਸ਼ਿਤ ਕਰਦਾ ਹਾਂ ਕਿ ਮੇਰਾ ਬੱਚਾ ਇਸ ਦੋਸ ਦੀ ਕਿਸੇ ਵੀ ਸੰਸਥਾ ਵੱਲੋਂ ਰੈਗਿੰਗ ਨੂੰ ਉਤਸਾਹਿਤ ਕਰਨ ਜਾਂ ਰੈਗਿੰਗ ਨੂੰ ਉਤਸਾਹਿਤ ਕਰਨ ਦੀ ਸਾਜਿਸ ਜਾਂ ਰੈਗਿੰਗ ਦਾ ਦੋਸੀ ਪਾਉਣ ਤੇ ਕੱਢਿਆ ਜਾਂ ਦਾਖਲਾ ਲੈਣ ਤੋਂ ਰੋਕਿਆ ਨਹੀਂ ਗਿਆ ਅਤੇ ਮੈਂ ਇਹ ਵੀ ਘੋਸ਼ਣਾ ਕਰਦਾ ਹਾਂ ਕਿ ਅਗਰ ਉੱਪਰ ਦਿੱਤੀ ਜਾਣਕਾਰੀ ਝੂਠੀ ਪਾਈ ਜਾਂਦੀ ਹੈ ਤਾਂ ਮੇਰੇ ਬੱਚੇ ਦਾ ਦਾਖਲਾ ਰੱਦ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ।

ਘੋਸ਼ਣਾ ਦੀ ਮਿਤੀ: ਦਿਨ ਮਹੀਨਾ ਸਾਲ

ਨਾਮ

ਪਤਾ

ਟੈਲੀਫੋਨ/ ਮੋਬਾਇਲ ਨੰ:

ਬਿਆਨਕਰਤਾ ਦੇ ਦਸਤਖਤ

ਤਸਦੀਕ :

ਮੈਂ ਇਹ ਤਸਦੀਕ ਕਰਦਾ ਹਾਂ ਕਿ ਹਲਫੀਆ ਬਿਆਨ ਵਿੱਚ ਦਿੱਤੇ ਗਏ ਤੱਥ ਮੇਰੀ ਜਾਣਕਾਰੀ ਮੁਤਾਬਿਕ ਸਹੀ ਵਾ ਦਰੁਸਤ ਹਨ ਅਤੇ ਇਸ ਹਲਫੀਆ ਬਿਆਨ ਦਾ ਕੋਈ ਵੀ ਹਿੱਸਾ ਗਲਤ ਨਹੀਂ ਹੈ ਅਤੇ ਨਾਂ ਹੀ ਕੋਈ ਗੱਲ ਲੁਕਾਈ ਜਾਂ ਛੁਪਾਈ ਹੈ।

ਤਸਦੀਕ ਕਰਨ ਦਾ ਸਥਾਨ

ਮਿਤੀ : ਦਿਨ ਮਹੀਨਾ ਸਾਲ

ਬਿਆਨਕਰਤਾ ਦੇ ਦਸਤਖਤ

ਮੇਰੀ ਹਾਜ਼ਰੀ ਵਿੱਚ ਹਲਫੀਆ ਬਿਆਨ ਦੇ ਤੱਥ ਪੜ੍ਹਨ ਤੋਂ ਬਾਦ ਸਹੂ ਚੁੱਕ ਕੇ ਮਿਤੀ : ਦਿਨ ਮਹੀਨਾ ਸਾਲ
ਨੂੰ ਦਸਤਖਤ ਕੀਤੇ ਗਏ।

Annexure 07

Punjab Institute of Medical Sciences, Garha Road, Jalandhar
Application form for hostel accommodation

S. No:

Date of receipt of application:

Name of Candidate:

Whether Indian/NRI:

Father's Name and Occupation: Shri.....

Course Including month date and year of admission:

Category: (Check mark the appropriate category)

General Room

General room AC

NRI

Permanent Address:

Telephone No:

Name & Address of local guardian:

Telephone No of local guardian:

Signature of Supervisor with specific remark.

Signature of the applicant with date

(FOR OFFICE USE ONLY)

(Above Information has been verified from records and found correct)

Paid Rs. Vide Receipt No..... Dt.....

Allot Room No.....on.....

..... Superintendent

Undertaking (Hostel)

I hereby declare that the information given by me in Application Form for Hostel Accommodation is true to the best of my knowledge. I have read all the rules given above and have understood their implications.

I hereby undertake to abide by the above rules and if the College authorities take any suitable disciplinary action against me for violating of these rules. I will not have any complaint.

Student's Name Student's Signature.....

Parent's Name..... Parent's Signature.....

Date.....

Annexure-III

Self Undertaking for Gap in Study

I _____ S/o, D/o Shri _____ resident of _____ (full address to be given) do hereby solemnly state and affirm as under:-

1. That I have passed 10+2 examination held in _____ from _____ (name of the college/school)

2. That I have not joined any college/institution after passing 10+2

OR

That I have joined the course of _____ at _____ (name of the institution) from _____ and will leave the same before joining the MBBS/BDS which ever applicable.

Dated : _____

Candidate Signature

**Annexure –I
Academic and Exemption Certificates
Form No. 1**

COMPULSORY FOR ALL CANDIDATES

CERTIFICATE FROM THE PRINCIPAL/HEAD OF THE INSTITUTION LAST ATTENDED

It is certified that Mr./Miss _____ S/o D/o
Sh. _____ has studied 10+1 & 10+2 from school/s which are recognized
institution(s) as under:

Class	Name of School with city and State	Passing year
10+1		
10+2		

Class	School/College Roll No. in case of 11th Class exams. Board Roll No. in case of 12th class	Year	Marks obtained/ Total Marks								
			Physics		Chemistry		Biology		English		
			Obt.	Max.	Obt.	Max.	Obt.	Max.	Obt.	Max.	
10+1											
10+2											

Date _____
Place _____

Signature of the Headmaster/Principal
of Institution Last attended
(with official seal)

COMPULSORY FOR ALL CANDIDATES

Sworn Declaration from the Parent/Guardian

I.....father/mother/guardian of Miss/Mr.....
resident of
(full address to be given)

do, hereby, undertake that:

1. That I am a citizen of India.
2. That my child/ward has not been selected in MBBS/BDS course in any other state/UT except central counselling by CBSE.
3. That my son/daughter/ward has not passed the qualifying examination from more than one Board/ University.
4. Tick appropriate:
 - a) That my son/daughter/ward had not been taken admission in MBBS/BDS course in previous session.
 - OR**
 - b) That my Son/daughter/ward had taken admission in course _____ at _____ college during sessions_____.
5. I declare that information related to admission of my son/daughter/ward is true to the best of my knowledge and nothing is canceled therein. If at any stage, the information provided is found false/wrong, the admission of my son/daughter/ward is liable to be cancelled.

Dated:

SIGNATURE OF PARENT/GUARDIAN