



OFFICE OF THE DEAN
ATAL BIHARI BAJPAYEE GOVT. MEDICAL COLLEGE, VIDISHA
Infront of Khelparisar Sanchi Road Vidisha (M.P.) 464001
E-mail ID- deangmcvidisha@gmail.com Website - www.gmcvidisha.org

//LIST OF REQUIRED DOCUMENTS//

1. Admit Card (NEET)
2. Allotment Letter
3. Score Card (NEET)
4. Mark sheet of 10th, 11th and 12th
5. DOB Certificate.
6. Domicile Certificate.
7. Caste Certificate. (If Applicable)
8. Transfer Certificate (T.C.).
9. Migration Certificate.
10. Character Certificate.
11. Gap Certificate. (If Applicable)
12. Income Certificate (If Applicable)
13. EWS Certificate. (If Applicable)
14. Aadhar Card/Photo ID (Photocopy)
15. Affidavit for SN Quota (Proforma-2) (If Applicable)
16. Freedom Fighter Certificate (Proforma-3) (If Applicable)
17. *M.P. Domicile* Affidavit (Proforma-7)
18. Seat Leaving Bond (Proforma-8)
19. Rural Bond (Proforma-8)
20. Proforma-9 (वचन-पत्र)
21. Affidavit for UPGRADE OPTION (Who are opting for upgradation).
22. PWD/PH Certificate. (If Applicable)
23. Medical Certificate. (A.B.V.G.M.C. Vidisha)
24. PENDRIVE (Containing Scan Copy of All Original Documents)

- *Note:-**
1. Above is the list of all documents, Students are instructed to bring all the documents which are applicable to the candidate.
 2. All candidate who are allotted to A.B.V.G.M.C, Vidisha must bring all above original documents and 2 Sets of Color/Black & White photocopy and arrange as per above serial order strictly at the time of reporting.
 3. Student also bring 20 recent colored photograph (2.5 X 2.5 cm) (As on NEET admit card) and write the name, NEET application no. and merit no. with ball point pen on the back on one 4x6 colored photographs

DEAN
A.B.V.GOV.T. MEDICAL COLLEGE,
VIDISHA

List of Disability Certification Centres who will issue Disability Certificates as per NMC norms to PwD candidates in support of their claim to avail 5% PwD reservation in UG/ Broad Speciality PG Courses

S/No.	Name of Disability Certification Centre	City/State	Specialities Available for which Disability Certificate can be issued as per category of Disabilities mentioned in Disability Certificate
1.	Vardhman Mahavir Medical College & Safdarjang Hospital (VMMC & SJH)	New Delhi	All Disabilities as mentioned in Disability Certificate except Visual disabilities category and Intellectual Disabilities & Behavioural disabilities.
2.	All India Institute of Physical Medicine and Rehabilitation (AIIPMR)	Mumbai	For Locomotor Disability only
3.	Institute of Post Graduate Medical Education & Research (IPGMER)	Kolkata	All Disabilities as mentioned in Disability Certificate
4.	Madras Medical College (MMC)	Chennai	All Disabilities as mentioned in Disability Certificate
5.	Grant Government Medical College, J.J. Hospital Compound	Mumbai, Maharashtra	All Disabilities as mentioned in Disability Certificate
6.	Goa Medical College	Goa	All Disabilities as mentioned in Disability Certificate except Speech Disability.
7.	Government Medical College, Thiruvananthapuram	Thiruvananthapuram, Kerala	All Disabilities as mentioned in Disability Certificate. Ophthalmology Tests to be conducted at Regional Institute of Ophthalmology, Thiruvananthapuram under GMC Thiruvananthapuram
8.	SMS Medical College	Jaipur, Rajasthan	All Disabilities as mentioned in Disability Certificate except: 1. Neurology- Genetic Testing 2. ENT- Speech & Language Disability Testing Orthopaedics/ PMR- Gonitometer Adult. Plumb Line, Hand Dynamometer, Laser
9.	Govt. Medical College and Hospital, Sector32	Chandigarh	All Disabilities as mentioned in Disability Certificate

10.	Govt. Medical College, Agartala, State Disability Board	Agartala/Tripura	All Disabilities as mentioned in Disability Certificate
11.	Institute of Medical Sciences, Banaras Hindu University,	Varanasi/ Uttar Pradesh	All Disabilities as mentioned in Disability Certificate except Intellectual Disability.
12.	Ali Yavar Jung National Institute of Speech and Hearing Disabilities, Bandra, Mumbai	Mumbai, Maharashtra	For Hearing Disabilities only
13.	AIIMS, Nagpur	Nagpur, Maharashtra	All Disabilities as mentioned in Disability Certificate
14.	Atal Bihari Vajpayee Institute of Medical Sciences & RML Hospital, New Delhi. (ABVIMS & RMLH)	New Delhi	All Disabilities as mentioned in Disability Certificate except ENT For Visual Disability: Candidates who use LVAs may bring their own LVAs which can be checked.
15.	Lady Hardinge Medical College & Associated Hospitals (LHMC)	New Delhi	All Disabilities as mentioned in Disability Certificate
16.	All India Institute of Speech and Hearing (AIISH), Mysuru	Mysuru, Karnataka	For Speech & Hearing Disabilities only

CERTIFICATE OF DISABILITY FOR NEET ADMISSIONS

(As per MCI Gazette Notification No. MCI-18(1)/2018-Med./187262 dated 5th Feb, 2019/ 14th May, 2019 for admission to Medical Courses in All India Quota)

Certificate No : 2022-Aug/XXXX

Certificate Date : 00-XXX-2022

Name of the Designated Disability Certification Centre				PHOTOGRAPH
This to certify that Dr. / Mr. / Ms.				
Age		Son/ Daughter of Mr.		
NEET Roll No.		Rank No.		

Has the following Disability

Disability Details				
Sr No	Disability Type	Type of Disability	Specified Disability	Disability %
1				

Conclusion: Based on quantification of Disability The Disability of candidate is between 40- 80%. Hence, the candidate is eligible to pursue medical education and also eligible to claim PwD reservation.

The Disability Certification Board certifies that the candidate is Eligible for admission in Medical/ Dental courses and to avail 5% PwD reservation as per the NMC/ MCI Gazette Notification.

Eligible for PWD Quota, Eligible for Medical/Dental Course

Functional competency with the aid of **Assistive devices** in case of **Locomotor*/ Visual*/ Hearing* Impairment**, if any. No

Sign & Name:

Assistant Professor
Neurology

Sign & Name:

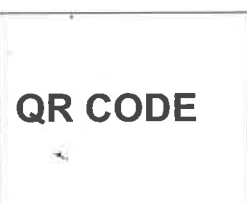
Associate Professor
Orthopedics

Sign & Name:

Associate Professor
Medicine

Disclaimer : This Certificate is Provisional and will be verified by the allotted college authorities at the time of admission. The candidate may be subjected to diagnostic test to specify the level of disability again at the allotted college in case of any ambiguity. The certificate may be cross verified by the admitting college from the Disability Board from where the certificate has been issued. Hence, the Designated Disability Boards and the candidates are advised to preserve the records for any future reference. The Disability Certificate is valid for this academic session only.

Downloading Date: August XX, 2022 00:00 PM



PROFORMA FOR SCHEDULED CASTE AND SCHEDULED TRIBE CERTIFICATE

Form of certificate as prescribed in M.H.A., O.M., No. 42/21/49-N.G.S. dated the 28.1.1952, as revised in Dept. of Per- & A.R. letter No. 36012/6/76-Est. (S.CT), dated the 29.10.1977, to be produced by candidate belonging to a Scheduled Caste or a Scheduled Tribe in support of his/her claim.

CASTE CERTIFICATE

This is to certify that Shri/Smt./Kum.* ----- son/daughter* of ----- of village/town*-----in district/Division*-----of the State/Union Territory* ----- belongs to the -----Caste/ Tribe which is recognized as a Scheduled Caste/Scheduled Tribe*under:

- The Constitution (Scheduled Caste) Order, 1950
 - The Constitution (Scheduled Tribe) Order, 1950
 - The Constitution (Scheduled Caste) (Union Territories) Order, 1951
 - The Constitution (Scheduled Tribe) (Union Territories) Order, 1951
1. (as amended by the Scheduled Caste and Scheduled Tribe Lists (Modification) order, 1956, the Bombay Re-organization Act, 1960, the Punjab Re- organization Act, 1966, the State of Himachal Pradesh Act, 1970 the North Eastern Areas (Re-organization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act, 1976).

- The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956.
- The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959.
- The Constitution (Dadra and Nagar Haveli) Scheduled Caste Order, 1962.
- The Constitution (Dadra and Nagar Haveli) Scheduled Tribes, Order, 1962.
- The Constitution (Puducherry) Scheduled Caste Order, 1964
- The Constitution (Uttar Pradesh) Scheduled Tribes, Order, 1967.
- The Constitution (Goa, Daman & Diu) Scheduled Caste Order, 1968.
- The Constitution (Goa, Daman & Diu) Scheduled Tribes, Order, 1968.
- The Constitution (Nagaland) Scheduled Tribes Order, 1970.
- The Constitution (Sikkim) Scheduled Caste Order, 1978.
- The Constitution (Sikkim) Scheduled Tribes Order, 1978.

2. Applicable in the case of Scheduled Caste/Schedule Tribe persons who have migrated from one State/Union Territory Administration:

This certificate is issued on the basis of the Scheduled Caste/Scheduled Tribe* certificate issued to Shri/Smt*----- -father/mother of Shri/Smt/Kum* - ----- of village/town* ----- in District/Division* ----- of the State/Union Territory*----- who belongs to the -----caste/tribe which is recognized as a Scheduled Caste/Scheduled Tribe* in the State/Union Territory* -----issued by the ----- (name of prescribed authority) vide their No----- - date -----

3. Shri*/Smt.* /Kum* -----and/or his/her* family ordinary reside (s) in village/town* -----of the State/Union Territory of -----.

Signature -----

Place----- State/Union Territory ** Designation-----

Date ----- (With seal of Office)

* Please delete the words which are not applicable.

• Please quote specific Presidential Order.

• Delete the paragraph which is not applicable.

** Should be signed by the Authorities empowered to issue Scheduled Caste/Scheduled Tribe certificates as specified above.

Government of
 (Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____, Village/Street _____ Post Office _____ District _____ in the State/Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her 'family'*** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets*** :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office _____
 Name _____
 Designation _____

Recent Passport size attested photograph of the applicant

*Note1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

PROFORMA FOR OTHER BACKWARD CLASS (OBC-NCL) CERTIFICATE

ANNEXURE 5

(Certificate to be produced by Other Backward Class applying for admission to Central Educational Institute (CEIS) under the Government of India)

This is to certify that Shri/Smt./Kum./Dr. _____ Son/Daughter of Shri/Dr. _____ of Village/Town _____ District/Division _____ in the _____ State belongs to the _____ Community which is recognized as a backward class under:

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary part I Section I No. 88 dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 09/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 06/12/96 published in the Gazette of India Extraordinary part I Section I No. 120 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 06/12/99 published in the Gazette of India Extraordinary part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary part I Section I No. 71 dated 04/04/2004.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary part I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No. 12015/09/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/01/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/04/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/09/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary part I Section I No. 210 dated 16/01/2006.
- (xvi) Resolution No. 20012/129/2009/-BC-II dated 04/03/2014 published in the Gazette of India Extraordinary Part I section I no. 63 dated 04/03/2014.

Shri/Smt./Kum. _____ and/or his family ordinarily reside(s) in the _____ District/Division of _____ State.

This is also to certify that he/she does not belong to the persons/section (creamy layer) mentioned in Column 3 of the Scheduled to the Government of India. Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt. (Res.) dated 09.03.2004 or the latest notification of the Government of India.

Dated:

District Magistrate/Competent Authority Seal

NOTE:

- (a) *The Term Ordinarily used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.*
- (b) *The authorities competent to issue Caste Certificates are indicated below:*
 - (i) *District Magistrate/Additional Magistrate/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate.)*
 - (ii) *Chief Presidency Magistrate/Additional Chief presidency Magistrate/Presidency magistrate.*
 - (iii) *Revenue Officer not below the rank of Tehsildar.*
 - (iv) *Sub-Divisional Officer of the area where the candidate and/or his family resides.*
- (c) *The annual income/status of the parents of the applicant should be based on financial year ending March 31, 2022.*

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प्रारूप -8 (संशोधित)

(अनुसूची-3-11 (i) (ii) स्नातक पाठ्यक्रम हेतु)

(चिकित्सा/दंत चिकित्सा महाविद्यालय में स्टेट कोटा अथवा ऑल इण्डिया कोटे से स्नातक पाठ्यक्रम में प्रवेशित अभ्यर्थी के लिये)

बंध-पत्र

(सम्यक रूप से स्टांपित (बंध पत्र की राशि का 0.5 प्रतिशत)

—: सीट लिविंग बॉण्ड :-

1. मैं,पुत्र/पुत्री/पत्नी श्री..... निवासी
..... मध्यप्रदेश के चिकित्सा/दंत चिकित्सा महाविद्यालय में स्नातक पाठ्यक्रम में शैक्षणिक सत्र में प्रवेश हेतु अभ्यर्थी हूँ।
2. मैंने मध्यप्रदेश शासन चिकित्सा शिक्षा विभाग के मध्य प्रदेश चिकित्सा शिक्षा प्रवेश नियम-2018, संशोधन जून-2019 एवं संशोधन 05 अक्टूबर 2021 तथा संशोधन 26 जुलाई 2022 को भलीभांति पढ़कर समझ लिया है।
3. मैंने मध्य प्रदेश आयुर्विज्ञान परिषद (अनिवार्य चिकित्सा सेवा) पंजीयन नियम 2021 को भली भाँती पढ़कर समय लिया है।
4. मैं एतद्वारा यह बंध पत्र निम्नशर्तों पर निष्पादित करती/करता हूँ कि :-
अ.- मैं चिकित्सा/दंत चिकित्सा स्नातक पाठ्यक्रम में प्रवेश प्राप्त करने के उपरांत अध्ययनरत रहकर पाठ्यक्रम पूर्ण करूंगा/करूंगी।
ब.- यह कि, मेरे द्वारा राज्य स्तरीय काउंसिलिंग के नियमानुसार विनिर्दिष्ट समय सीमा के पश्चात एवं पाठ्यक्रम पूर्ण होने से पूर्व किसी भी परिस्थिति में सीट से त्यागपत्र दिए जाने अथवा मेरा निष्कासन किये जाने की स्थिति में, मैं संबंधित शासकीय चिकित्सा/शासकीय दंत चिकित्सा महाविद्यालय की स्वशासी समिति को सीट लिविंग बांड राशि रु. 30,00,000/- (रूपये तीस लाख) भुगतान करने का वचन देता हूँ/देती हूँ अथवा निजी चिकित्सा/दंत चिकित्सा महाविद्यालय में प्रवेशित सीट से त्यागपत्र दिये जाने पर संबंधित संस्था में सम्पूर्ण अवधि का शैक्षणिक शुल्क शासन को देय होगा।
स.- यह कि सीट लिविंग बॉण्ड की राशि जमा न करने की स्थिति में मेरे द्वारा महाविद्यालय में जमा कराये गये मूल दस्तावेज वापस नहीं किये जायेंगे।

हस्ताक्षर आवेदक

गवाह :-

1.....

2.....

प्रारूप -8 (संशोधित)

(अनुसूची-3-11 (i) (ii) स्नातक पाठ्यक्रम हेतु)

(चिकित्सा/दंत चिकित्सा महाविद्यालय में स्टेट कोटा अथवा ऑल इण्डिया कोटे से स्नातक पाठ्यक्रम में प्रवेशित अभ्यर्थी के लिये)

फोटो

बंध-पत्र

(सम्यक रूप से स्टांपित (बंध पत्र की राशि का 0.5 प्रतिशत)

—: ग्रामीण सेवा बॉण्ड :-

1. मैं,पुत्र/पुत्री/पत्नी श्री..... निवासी
..... मध्यप्रदेश के चिकित्सा/दंत चिकित्सा महाविद्यालय में स्नातक पाठ्यक्रम में शैक्षणिक सत्र में प्रवेश हेतु अभ्यर्थी हूँ।
2. मैंने मध्यप्रदेश शासन चिकित्सा शिक्षा विभाग के मध्य प्रदेश चिकित्सा शिक्षा प्रवेश नियम-2018, संशोधन जून-2019 एवं संशोधन 05 अक्टूबर 2021 तथा संशोधन 26 जुलाई 2022 को भलीभांति पढ़कर समझ लिया है।
3. मैंने मध्य प्रदेश आयुर्विज्ञान परिषद (अनिवार्य चिकित्सा सेवा) पंजीयन नियम 2021 को भली भाँती पढ़कर समय लिया है।
4. मैं एतद्वारा यह बंध पत्र निम्नशर्तों पर निष्पादित करती/करता हूँ कि :-
 - अ.- मैं चिकित्सा स्नातक पाठ्यक्रम पूर्ण करने के उपरांत शासन द्वारा निर्दिष्ट स्थानों पर विहित अवधि तक अनिवार्य रूप से चिकित्सा सेवा प्रदान करूंगी/करूंगा।
 - ब.- विहित अवधि जो कि शासकीय/निजी स्नातक पाठ्यक्रम में प्रवेश लेने पर एक वर्ष शासन द्वारा निर्दिष्ट स्थान पर सेवाएं न देने की स्थिति में, मैं शासन को रू0 10 लाख (अनारक्षित वर्ग हेतु) रूपये 5 लाख (आरक्षित वर्ग हेतु) भुगतान करने का वचन देती/देता हूँ।
 - स.- अन्य पिछड़ा वर्ग के अभ्यर्थी द्वारा छात्रवृत्ति योजना का लाभ लेने की स्थिति में विहित अवधि जो कि शासकीय स्नातक पाठ्यक्रम में प्रवेश लेने पर शासन द्वारा निर्दिष्ट स्थान पर 2 वर्ष की सेवा देने अथवा रू0 10 लाख भुगतान करने का वचन देता/देती हूँ।

अथवा

विहित अवधि जो कि मुख्यमंत्री मेधावी विद्यार्थी योजना/मुख्य मंत्री जनकल्याण योजना का लाभ शासकीय स्नातक पाठ्यक्रम में प्रवेश लेने पर शासन द्वारा निर्दिष्ट स्थान पर 2 वर्ष की सेवा देने अथवा रू0 10 लाख भुगतान करने का वचन देता/देती हूँ। एवं निजी चिकित्सा स्नातक पाठ्यक्रम में प्रवेश लेने पर 5 वर्ष की सेवा देने अथवा रू0 25 लाख भुगतान करने का वचन देता/देती हूँ। निजी चिकित्सा महाविद्यालय में प्रवेश होने पर बॉण्ड का निष्पादन संचालक चिकित्सा सेवा के नाम से होगा।

- द.- यह कि ग्रामीण सेवा बॉण्ड राशि जमा न करने की स्थिति में मेरे द्वारा महाविद्यालय में जमा कराये गये मूल दस्तावेज वापस नहीं किये जायेंगे।

हस्ताक्षर आवेदक

गवाह :-

- 1.....
- 2.....

प्रोफार्मा-9

//वचन पत्र//

(स्नातक/स्नातकोत्तर पाठ्यक्रम में प्रवेश के समय रु. 100/के नोटराईज्ड स्टाम्प पेपर पर निष्पादित)

मैं,.....पुत्र/पुत्री.....

.नीट यू0जी0/पी0जी0 वर्ष.....रोल नंबर.....शपथपूर्वक

कथन करता/करती हूँ कि :-

1. मेरे द्वारा मध्यप्रदेश चिकित्सा शिक्षा प्रवेश नियम 2018 एवं संशोधनों का भली-भाँती अध्ययन कर समझ लिया गया है।
2. मुझे शासन द्वारा निर्धारित पाठ्यक्रम के शुल्क एवं मासिक स्टायपेंड (यदि लागू हो) का संज्ञान है, एवं मैं उक्त निर्धारित शुल्क एवं मासिक स्टायपेंड से सहमत हूँ।
3. मैं सदैव IMC Regulation 2002 (professional, etiquette and ethics) का पालन करूंगा/करूंगी एवं पाठ्यक्रम की अवधि में किसी भी स्थिति में अनुशासनहीनता, रेगिंग एवं अन्य अनुशासनहीनता से संबंधित गतिविधियों में संलिप्तता नहीं होगी। मैं किसी भी स्थिति में अनाधिकृत रूप से अनुपस्थित नहीं रहूंगा/रहूंगी एवं किसी भी हड़ताल (Strike) में शामिल नहीं होऊंगा/होऊंगी। संलिप्तता पाये जाने पर मध्यप्रदेश चिकित्सा शिक्षा प्रवेश नियम 2018 के नियम 17 (3) के अन्तर्गत मेरा प्रवेश निरस्त किया जा सकेगा।
4. मैं शासन के विधि द्वारा स्थापित समस्त अधिनियम तथा समय-समय पर जारी समस्त कार्यपालिक निर्देशों का पालन करूंगा/करूंगी।

वचनग्रहीता

मेरे द्वारा वचनपत्र में दी गई समस्त जानकारी सही एवं सत्य है जिसका सत्यापन आज दिनांक को स्थान में मेरे द्वारा सत्यापन किया गया।

वचनग्रहीता

(1) गवाह :-

नाम.....

पता.....

मोबाईल नंबर.....

(2) गवाह :-

नाम.....

पता.....

मोबाईल नंबर.....

(3) पिता/अभिभावक का नाम -

पता

मो.नं.....

ईमेल.....