Check List of Documents & Undertaking

(Admission to B.Sc Paramedical Course in Govt. Medical College, Kathua session 2024-25)

S. No.	Documents	Status/Remarks
1.	Particulars of Student (Annexure-I)	
2.	Domicile Certificate	
3.	Date of Birth Certificate (10 th Diploma/Marks Card)	
4.	Marks Certificate of 10th	
5.	Marks Certificate of 12th	
6.	Provisional Allotment Letter	
7.	Admit Card of BOPEE issued by BOPEE	
8.	BOPEE Result/Merit Rank issued by BOPEE	
9.	Proof of Identity (Aadhaar Card)	
10.	Transfer Certificate/ Migration Certificate	
11.	Category Certificate (If Any)	
12.	Income Certificate of Parents from all sources in case of EWS, Poor & Backward Class	
13.	Character Certificate issued from School/Gazetted Officer	
14.	Affidavit by student regarding abiding rules &	
15	regulations of Institution (Annexure-II)	
15.	Medical Fitness Certificate (Annexure-III)	
16.	Online Anti-Ragging Affidavit by Student and Parent	
17.	Admission & Degree Fee (Rs. 20,000/-)	
	Note: Deposit the fee to this account through Online	
	Mode and Enclose the Transaction Proof.	
	Account No.: 0026040510000010	
10	IFSC Code: JAKA0KATHUA	
18.	Five Recent Passport Size Photographs	
19.	Self Attested two sets photocopies of above documents	
20.	Original Set of Academic Qualification and other documents (Wherever Applicable)	
21.	Dak Pad 01 (For purpose of safeguarding documents)	
22.	Verification of above documents by the Admission Committee	

Signature of the Student with Date

Annexure-I

(Particulars of the Candidate seeking admission to B.Sc Paramedical Course in Govt. Medical College, Kathua for the session 2024-25)

1.	BOPEE Notification					1	Dated							
	NO.													
2.	Name of the Student									Affix your pl				
2. Name of the Student here and self at														
3.	3. Mother's Name													
4.	Father's Name													
5.	Date of Birth	.18												
6.	Aadhaar Card No.													
7.	7. Present Address													
8.	Permanent Address													
9.	Mobile No. (Student)						Mobile No. (Father)							
10	Email (Student)					Emai	Email (Father)							
11	Religion			CP.			Caste	!						
12	Domicile Certificate No.					Date	Date of Issuance:							
13	Domicile District					Sex/	Sex/ Gender							
14	Father's Occupation	XU				Moth Occu	er's pation							
Academic Qualification														
10+2		University /Board	Roll No.	Year of Passing	PCB Marks		Eng	English Marks		Total Marks 12th				
					Max.	Obtained	d Max	Obtained	Max.	Obtained				
BOPEE Roll No.		BOPEE BOPEE Rank Score		State Rank			Selection Category		BOPEE Percentage					
)						I		1					

Signature of the Student with Date

Annexure-II

AFFIDAVIT

۱______ S/o, D/o ______

R/o_____

do hereby solemnly affirm and declare on oath as under:-

- 1. That I have passed 10+2 Part-II examination under Roll No. from CBSE/JKBOSE in year ______.
- 2. That after passing my 10+2 Part-II and now I have been selected for B.SC Paramedical Training in Government Medical College, Kathua.
- 3. That I will maintain the discipline during my studies of B.Sc Paramedical course in Govt. Medical College, Kathua as well as in Hostel/ Campus.
- 4. That I will not indulge in any anti-social activities and will abide by terms and conditions and maintain the decorum and discipline of the college.
- 5. That I am soliciting this affidavit for reference and records of the concerned authority.

Deponent

Verification:-

That the contents of the affidavit are true and correct to the best of our knowledge and belief, no part of it is false or wrong, hence verified at Kathua on _____

Deponent

Annexure-III

Medical Fitness Certificate

(To be signed by a registered medical practitioner holding a Medical Degree)

(TO BE SUBMITTED AT THE TIME OF ADMISSION)

Space for Photograph

I certify that I have carefully examined Mr./Ms.* ______ Son/daughter of Shri ______ whose signature is given below. Based on the examination, I certify that he/she is in good mental and physical health and is free from any physical defects which may interfere with his/her studies including the active outdoor duties required of a professional.

Marks of Identification _____

Signature of the Candidate _____

Place:

Date:

Name & signature of the Medical Officer with seal and registration number

* Strike whichever is not applicable.