

કેટેગરી મેરીટ નંબર :- _____

સરનામું :- _____

તારીખ :- / / ૨૦૨૨

1) મો. નંબર :- _____

2) મો. નંબર :- _____

ડીનશ્રી,

બી. જી. મેડીકલ કોલેજ, અમદાવાદ.

વિષય :- એમ. બી. બી. એસ. કોર્ષના રીપોર્ટીંગ બાબત....

માનનીય સાહેબશ્રી,

ઉપરોક્ત વિષયે સવિનય જણાવવાનું કે શૈક્ષણિક વર્ષ ૨૦૨૨-૨૦૨૩ માં મેડીકલ પ્રવેશ સમિતિ, ગાંધીનગર (ACPUGMEC) દ્વારા મને તા. / /૨૦૨૨ ના રોજ આપની સંસ્થા ખાતે પ્રવેશ ફાળવવામાં આવેલ છે. પ્રવેશની શરત મુજબ હું આજરોજ તા. / /૨૦૨૨ ના રોજ એમ.બી.બી.એસ અભ્યાસ કરવા માટે હાજર થાઉં છું. જે અંગે બોન્ડ સોલ્વન્સી સર્ટીફિકેટ મને પ્રવેશ મળ્યા તારીખ એક માસમાં જમા કરાવવાની બાહેધરી આપું છું. આ સાથે મારો એડમીશન ઓર્ડર અસલમાં બિડાશે સામેલ છે. જે આપશ્રીને વિદિત થાય.

આભાર સહ,

આપનો/આપની વિશ્વાસું

()



B. J. MEDICAL COLLEGE, AHMEDABAD - 380016. (INDIA)
GOVERNMENT OF GUJARAT

OFFICE : 079 - 22680074
DEAN : 079 - 22681024
Email : dean.bjmc@hotmail.com

Date :

No. :

ANNEXURE I

UNDERTAKING BY THE CANDIDATE/STUDENT

1. I, _____ have carefully read
S/o. D/o. of Mr./Mrs./Ms. _____
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 well as
the MCI Regulations on Curbing the Menace of Ragging in Higher Educational
Institutions, 2009.
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.
- 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 :

I-CARD

B. J. MEDICAL COLLEGE, AHMEDABAD

for U.G. Students

Year of Admission _____

Valid Up to _____

PHOTO

FILLED IN BLOCK CAPITALS

FULL NAME (As per Mark sheet):- _____

DATE OF ADMISSION:- _____

DATE OF BIRTH (As per L.C./Documents):- _____

BLOOD GROUP:- _____ LOCALITE/HOSTELITE (ROOM NO):- _____

LOCAL ADDRESS:- _____

PHONE NO:- _____ Email ID (Student):- _____

MOBILE NO:- _____

PERMANENT ADDRESS:- _____

PHONE NO :- (Residence): - _____

MOBILE NO :- (Parents/Guardian):- _____

Email ID: - (Parents/Guardian):- _____

Signature of Students

FOR OFFICE USE ONLY

Remarks: -

Signature of In-charge

Dean
B. J. Medical College, Ahmedabad.



OFFICE : 079 - 22680074
DEAN : 079 - 22681024
Email : dean.bjmc@hotmail.com

No. :

Date :

ANNEXURE II

UNDERTAKING BY THE PARENT/GUARDIAN

1. I. _____

F/o. M/o. of 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 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 :

DETAILS OF STUDENTS

1	FULL NAME OF STUDENT			
2	NAME OF GRAND FATHER			
3	NEET ROLL NO			
4	AIQ MERIT NO.			
5	HSC SEAT NO.			
6	HSC PASSING YEAR			
7	GENDER (M/F)			
8	PHYSICALLY HANDICAPPED	YES/ NO		
9	DATE OF BIRTH			
10	BLOOD GROUP			
11	CANDIDATE CATEGORY			
12	ADMITTED CATEGORY			
13	MARKS DETAILS	OBTAINED	OUT OF	PERCENTAGE
	PCB (THEORY ONLY) (12 TH)			
	ENGLISH (12 TH)			
	NEET- 2023			
14	ADMISSION DATE			
15	FULL RESIDENTIAL ADDRESS			
	PINCODE			
16	MOBILE NO. 1.			
	2.			

PARENT'S SIGNATURE

STUDENT'S SIGNATURE

DETAILS OF PARENTS/GUARDIAN

1	FULL NAME OF FATHER	
2	PERMANENT ADDRESS	
3	MOBILE NO.	
4	LANDLINE NO	
5	EMAIL ID.	
6	LOCAL GUARDIAN'S NAME	
7	LOCAL GUARDIAN'S ADDRESS	
8	LOCAL GUARDIAN'S MOBILE NO	

PARENT'S SIGNATURE

STUDENT'S SIGNATURE

To,
The Dean,
B.J.Medical College, Ahmedabad-380016

I intend to become a member of our library as UG/Pg/Faculty. I have read the rules & regulation printed on the back of this form & I agree to abide with them.

1. Full Name : _____
In Block Letters Surname First Name Father's Name

2. Father's (Gardian's) Name: _____
Father's (Gardian's) Occupation: _____ Official Contact No. _____

3. Permant Address: _____
(Residential) _____

4. Hostel OR Present Address: _____

5. Designation: U.G/P.G/Faculty _____ Class & Term if U.G. _____

6. Duration _____

1. Mr./Dr. _____ Designation _____

2. Mr./Dr. _____ Designation _____

Signature of Staff / Student
1)

2)

HOD
(applicable incase of Faculty)

Dean
(B.J.M.C)

B.J.MEDICAL COLLEGE, AHMEDABAD
Library Rules & Regulations

1. Every Student & Teaching Staff of this College is entitled to make use of the library facilities.
 2. Always perfect silence is expected in the library. Conversation, Discussion, Chatting, Gossiping, mobile talking, Smoking, etc. are strictly prohibited in the library premises
 3. Entry with the personal belongings is prohibited in the library.
 4. The library will remain closed on all Sundays and on Public holidays.
 5. The library timings will be notified on the notice board from time to time.
 6. Books should be returned to the library as per dates assigned. Failing to comply will cost a reader Rs. 1=00 (One) penalty per day.
 7. If a book is lost or damaged, it should be notified to the librarian immediately. Usually the book has to be replaced the same or the latest edition of the same author & title by the reader. The librarian with the consultation of the Dean would claim the total cost of the book in case of unavailability in the market (It may vary as per the circumstances & situation).
 8. Books / Journals / Library Cards etc. are not transferable. They are issued only for the use to the person to whom they are issued.
 9. Reference books are not issued for home.
 10. The undergraduate students will not be allowed to enter in the Journal Section. (i.e. P.G. & Staff Library).
 11. The books & journals should be used very carefully. No pages should be torned or no writing should be made on any part of the book or journal.
 12. No furniture in the library should be defaced or damaged by any reader.
 13. Disregarding the rules, a reader might forfeit the privilege of entering into the library.
 14. All the students will have to collect a no Due Certificate from the library after the completion of their study and similarly the staff members will also required to collect 'N D C' before leaving the institution.
- I have read the above library rules and I agree to abide with them.

Signature : _____ Name : _____ Date : _____

Received Lib. Card No. : _____ Date : _____ Signature : _____

STUDENT'S INFORMATION FORM

BATCH - 2022-23

Department of anatomy
B.J. Medical College, A'bad-16

Affix a
passport
sized
photograph
within this box

Name -

Roll no. -

Date of birth -

Contact no. -

Blood group -

Date of admission -

E-mail ID -

Localite / Hostelite -

Local address - Hostel : Block

: Room no.

PARTICULARS OF FAMILY:

Father's name -

Profession -

Mobile no. -

E-mail ID -

Mother's name -

Profession -

Mobile no. -

E-mail ID -

PERMANENT ADDRESS WITH PIN CODE:

.....
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ACADEMIC PROGRESS REPORT

Counseling for Attendance, Performance and Others

Counseling	Date	Signature of student	Signature of Parents/ Guardian	Any remarks
1 st term				
2 nd term				

Signature of the student

FOR OFFICE USE ONLY

Signature of student

Signature of In-charge