જનરલ મેરીટ નંબર :	વિધાર્શીનું પુરેપુરુ નામ :				
કેટેગરી મેરીટ નંબર :	સરનામું :				
	તારીખ :- / /૨૦૨૨ 1) મો. નંબર :				
પ્રતિ.					
ડીનશ્રી,	,				
બી. જે. મેડીકલ કોલેજ, અમદાવાદ.					

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

માનનીય સાફેબશ્રી,

ઉપરોક્ત વિષયે સવિનય જણાવવાનું કે શૈક્ષણિક વર્ષ ૧૦૧૨-૧૦૧૩ માં મેડીકલ પ્રવેશ સમિતિ, ગાંધીનગર (ACPUGMEC) દ્વારા મને તા. / /૧૦૧૨ ના રોજ આપની સંસ્થા ખાતે પ્રવેશ ફાળવવામાં આવેલ છે. પ્રવેશની શરત મુજબ હું આજરોજ તા. / /૧૦૧૨ ના રોજ એમ.બી.બી.એસ અભ્યાસ કરવા માટે ફાજર થાઉ છું. જે અંગે બોન્ડ સોલ્વન્સી સર્ટીફિકેટ મને પ્રવેશ મળ્યા તારીખ એક માસમાં જમા કરાવવાની બાઢેધરી આપું છું. આ સાથે મારો એડમીશન ઓર્ડર અસલમાં બિડાણે સામેલ છે. જે આપશ્રીને વિદિત થાય.

આભાર સફ, 🦠

આપનો/આપની વિશ્વાસું

(



# B. J. MEDICAL CULLEGE, AMMEDABAD - 380016. CINDIA)

### GOVERNMENT OF GUJARAT

OFFICE : 079 - 22680074 DEAN : 079 - 22681024

Email : dean.bjmc@hotmail.com

No. :

Date:

#### <u>ANNEXURE I</u>

## UNDERTAKING BY THE CANDIDATE/STUDENT

O/ D/a of Mr /Mrs	/Ms			have carefully read
and fully understoo	od the law prohibit	ing ragging a	and the directio	ns of the Hon'ble
Surrome Court an	d the Central/State	e Governmen	t in this regard	as well as the well as
MCI Pagulatio	ons on Curhing the	Menace of F	Ragging in Hig	her Educational
Institutions, 2009.	e converthe MCI	Regulations	on Curbing the	e Menace of Ragging in
			011 0 1111 0	
		9.		
I hereby undertake	e that-		como under :	the definition of ragging,
<ul> <li>I will not indulge</li> </ul>	e in any behavior o	or act that ma	y come under	m
<ul> <li>I will not particip</li> </ul>	oate in or abet or p	ropagate rag	ging in any iro	III,
• I will not hurt an	yone physically or	psychologic	cally or cause a	any otner nami.
I hereby agree that	if found guilty of	any aspect of	of ragging, I ma	ay be punished as per the
provisions of the N	ACI Regulations n	nentioned ab	ove and/or as p	per the law in force.
Signed this	day of		month of	year.
		Address:-		
			,	
Jame :				
) Witness:				
	S/o. D/o. of Mr./Mrs and fully understood Supreme Court and the MCI Regulation Institutions, 2009.  I have received a Higher Educational I hereby undertaked I will not indulged I will not participed I will not hurt and I hereby agree that provisions of the Manney I hereby agree that I hereby agree I had a provisions of the Manney I hereby agree I had a provisions of the Manney I had a provisions	and fully understood the law prohibit Supreme Court and the Central/State the MCI Regulations on Curbing the Institutions, 2009.  I have received a copy of the MCI Higher Educational Institutions, 200 I hereby undertake that- I will not indulge in any behavior of I will not participate in or abet or p I will not hurt anyone physically on I hereby agree that if found guilty of provisions of the MCI Regulations in Signed this day of	and fully understood the law prohibiting ragging a Supreme Court and the Central/State Governmen the MCI Regulations on Curbing the Menace of F. Institutions, 2009.  I have received a copy of the MCI Regulations Higher Educational Institutions, 2009.  I hereby undertake that-  I will not indulge in any behavior or act that material will not participate in or abet or propagate ragge. I will not hurt anyone physically or psychological hereby agree that if found guilty of any aspect of provisions of the MCI Regulations mentioned above the material signature and signature a	I have received a copy of the MCI Regulations on Curbing the Higher Educational Institutions, 2009.  I hereby undertake that-  I will not indulge in any behavior or act that may come under  I will not participate in or abet or propagate ragging in any fro  I will not hurt anyone physically or psychologically or cause at hereby agree that if found guilty of any aspect of ragging, I more provisions of the MCI Regulations mentioned above and/or as provisioned this day of month of  Signature Address:

### <u>I-CARD</u>

# B. J. MEDICAL COLLEGE, AHMEDABAD for U.G. Students

Year of Admission Valid Up to  FILLED IN BLOCK CAPITALS	PHOTO
FULL NAME (As per Mark sheet):  DATE OF ADMISSION:  DATE OF BIRTH (As per L.C./Documents):  BLOOD GROUP: LOCALITE/HOSTELITE (ROOM LOCAL ADDRESS:	1 NO):
PHONE NO: Email ID (Student): MOBILE NO: PERMEANENT ADDRESS:	
PHONE NO :- (Residence):	_

### FOR OFFICE USE ONLY

Remarks: -

Signature of In-charge

Dean B. J. Medical College, Ahmedabad.



# B. J. MEDICAL COLLEGE, AHMEDABAD - 380016. (INDIA)

GOVERNMENT OF GUJARAT

OFFICE DEAN 079 - 22680074 079 - 22681024

Email

dean.bjmc@hotmail.com

No.

Date:

#### ANNEXURE II

#### UNDERTAKING BY THE PARENT/GUARDIAN

1.		
	F/o. M/o. of G/o have carefully re	ead and Fully
	understood the law prohibiting ragging and the directions of the Hon'ble Su	apreme 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 Educationa	l Institutions,
	2009.	
2.	2. I assure you that my son/daughter/ward will not indulge in any act of raggi	ng.
3.	3. I hereby agree that if he/she is found guilty of any aspect of ragging, h	ie/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 yes	ar.
	Signature	
	Address:-	
	Name :	
	1. Witness:	
	2. Witness:	

### **DETAILS OF STUDENTS**

1	FULL NAME OF STUDENT			
2	NAME OF GRAND FATHER	9		
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	-	ë	
10	BLOOD GROUP			
11	CANDIDATE CATEGORY			
12	ADMITED CATEGORY			
13	MARKS DETAILS	OBTAINED	OUT OF	PERCENTAGE
	PCB (THEORY ONLY) (12 <sup>TH</sup> )			¥ .
	ENGLISH (12 <sup>TH</sup> )			
	NEET- <b>2023</b>	14	N.	
14	ADMISSION DATE			
15	FULL RESIDENTIAL ADRESS	ac II		
	y .			а
	×			
	PINCODE			
16	MOBILE NO. 1.		V .39	
	. 2.			

## **DETAILS OF PARENTS/GUARDIAN**

1	FULL NAME OF FATHER								
2	PERMANENT ADDRESS				100				
3	MOBILE NO.								
4	LANDLINE NO		10000					5.	
5	EMAIL ID.	41							
6	LOCAL GUARDIAN'S NAME								
7	LOCAL GUARDIAN'S ADDRESS			77	2		2		
8	LOCAL GUARDIAN'S  MOBILE NO			21	٠	14			

PARENT'S SIGNATURE

STUDENT'S SIGNATURE

## B.J.MEDICAL COLLEGE, AHMEDABAD (Application Form for the Library Membership)

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

Sir.

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 & 1 agree to abide with them.

1.	Full Name :	PARTICULARS	
	In Block Letters Surname	First Name	Father's Name
2.	Father's (Gardian's) Name:		**
	Father's (Gardian's) Occupation:	Official Cours	ict No
3.	Permant Address:		
	(Residential)		
4.	Hostel OR Present Address:		
5.	Designation: U.G/P.G/Faculty	Class & Term	if U.G
6.	Duration		
			Yours' Faithfully,
	*		,
	UNDERTAKING by two sta	ff members / Students of B.J.	
Ι.	Mr./Dr.		
	Mr./Dr		
	I hereby undertaking to pay amoun Mr/Dr_Immediately on receipt of the intim	nt that may be found recover;	able from
	Signature of Staff / Student 1)		Address
	2)		
	The above facts have been verified Recommended / Not recommended	from the office records. for library membership	
			8 7
	HOD (applicable incase of Faculty)	Director (Postgraduate Studies	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
- . 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
- 12. No furniture in the library should be defaced or damaged by any
- 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

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

Signature of In-charge

Name		***************************************	. Roll no.	
Date of bir	rth			no. –
Blood grou	up			ıdmission –
		•••••	05-33-33-33-33-33-33-33-33-33-33-33-33-33	
			Hostel :	Block
		•••••		Room no
<u>PARTICU</u>	LARS OF FAM	ILY:		
Father's na	ıme		Professio	n –
Mobile no.				D –
Mother's n	ame			n –
		• • • • • • • • • • • • • • • • • • • •	C = 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	) <i>.</i>
		WITH PIN CODE	STORE CONTRACTOR TO	<i>y</i>
			***************************************	
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		EMIC PROGRES		
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Counseling	Date	Signature of student	.,	Any remarks
1 <sup>st</sup> term		student	Parents/ Guardiar	1
2 <sup>nd</sup> term				
			Sign	nature of the student
		FOR OFFICE	LISE ONLY	
C:	8 .	FOR OFFICE	USE UNLY	
Signature of	student		731	