

જનરલ મેરીટ નંબર :-

વિદ્યાર્થીનું પુરુપુરુ નામ:-

કેટેગરી મેરીટ નંબર :-

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તારીખ :- / /૨૦૨૩

૧) મો. નંબર :-

૨) મો. નંબર :-

પ્રતિ,

ડીનશ્રી,

બી. જે. મેડીકલ કોલેજ, અમદાવાદ

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

માનનીય સાહેબશ્રી,

ઉપરોક્ત વિષયે સવિનય જણાવવાનું કે, શૈક્ષણિક વર્ષ ૨૦૨૩-૨૪માં મેડીકલ પ્રવેશ સમિતિ, ગાંધીનગર (ACPUGMEC) દ્વારા મને તા. / /૨૦૨૩ ના રોજ આપની સંસ્થા ખાતે પ્રવેશ ફાળવવામાં આવેલ છે. પ્રવેશની શરત મુજબ હું આજરોજ તા. / /૨૦૨૩ ના રોજ એમ.બી.બી.એસ. અભ્યાસ કરવા માટે હાજર થાઉં છું. જે અંગે બોન્ડ સોલ્વન્સી સર્ટીફિકેટ તા.૧૫/૦૮/૨૩ સુધીમાં જમા કરવવાની બાહેધરી આપું છું. આ સાથે મારો એડમીશન ઓર્ડર અસલમાં બિડાણે સામેલ છે. જે આપશ્રીને વિદિત થાય.

આભાર સહ,

આપનો/આપની વિશ્વાસુ

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B.J.MEDICALCOLLEGE,AHMEDABAD,380016.(INDIA)

CIVIL HOSPITAL CAMPUS, ASARWA, AHMEDABAD

OFFICE :079 -29705706

EMAIL : dean.bjmc@hotmail.com

Website : www.bjmcabd.edu.in

No.

Date:-

ANNEXURE-I

UNDERTAKING BY THE CANDIDATE/STUDENT

1. I
and S/o. D/o. of Mr./Mrs./Ms. have
carefully read 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 Institution, 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 from,
 - 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:-



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 :

I-CARD

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

Year of Admission _____

Valid Up to _____



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:- _____

PERMEANENT 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.

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 | ADMITED CATEGORY | | | |
| 13 | MARKS DETAILS | OBTAINED | OUT OF | PERCENTAGE |
| | PCB (THEORY ONLY) (12 TH) | | | |
| | ENGLISH (12 TH) | | | |
| | NEET- 2023 | | | |
| 14 | ADMISSION DATE | | | |
| 15 | FULL RESIDENTIAL ADRESS | | | |
| | | | | |
| | | | | |
| | 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

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 INFORMATIN FORM

Affix a Passport
sized
photograph
within this box

ROLL NO. _____

BATCH- 2023-24

**DEPARTMENT OF ANATOMY
B. J. MEDIAL COLLEGE, AHMEDABAD
(FILL ALL DETAILS IN CAPITAL LETTERS)**

NAME - _____
(Surname) (Name) (Father's Name)

DATE OF BIRTH - ____/____/____

DATE OF ADMISSION - ____/____/____

BLOOD GROUP - _____

CONTACT NO. - _____

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 WTH PINCODE :

ACADEMIC PROGRESS REPORT

COUNSELING FOR ATTENDANCE, PERFORMANCA AND OTHERS

| Counseling | Date | Signature of Student | Signature of Parents/Guardian | Any remarks |
|----------------------|------|----------------------|-------------------------------|-------------|
| 1 st Term | | | | |
| 2 nd Term | | | | |

Signature of Student

FOR OFFICE USE ONLY

SIGNATURE OF STUDENT

SIGNATURE OF IN-CHARGE