



Netaji Subhas Medical College & Hospital

Amhara, Bihta, Patna – 801 106, Bihar



A Unit of Sitwanto Devi Mahila Kalyan Sansthan | Permitted by National Medical Commission
Hospital Registration No. 263/2017 | Affiliated to Bihar University of Health Science

ADMISSION FORM - PGMAC (MD/MS) - 2025

Institute Roll No. _____

Date of Admission: _____

1. PERSONAL DETAILS (Please Read Carefully and fill the details in Capital Letter)

Passport Size
Photograph
Of
Student

Passport Size
Photograph
Of
Father

Passport Size
Photograph
Of
Mother

ADMISSION QUOTA: 1) GENERAL ☐ 2) NRI ☐

PGMAC ROLL NO: 1ST & 2ND Round: _____ RANK: _____

NEET(PG) ROLL NO. _____ NEET(PG) SCORE _____

DEPARTMENT. _____

BCECE (PGMAC COUNSELING) ALLOTMENT: 1st Round ☐ 2nd Round ☐ MOP-UP ☐

Student's Name: _____ Gender: _____

D.O. B: _____ Category: _____ Nationality: _____

Identification Mark _____

Father's Name: _____ Profession: _____

Mother's Name: _____ Profession: _____

Permanent Address:_____

_____PIN: _____

Communication Address:_____

_____PIN: _____

Mobile: Student:_____Parent_____

Email Address:_____

Student's Aadhar Number:_____PAN:_____

Father's Aadhar Number:_____PAN:_____

Mother's Aadhar Number:_____PAN:_____

Father's/Mother's Annual Income:_____

2. Academic Qualification:

Class	Subjects	Year	Board	Marks (%) Total
10 th				
12 th				
MBBS (PART I,II & III)				

3. Academic Information

MBBS Completion Date:	
Internship Completion Date:	
Name of the Medical College:	
University:	
State:	
Medical Reg. No:-	

4. Declaration & Undertaking:

I _____ S/D/O _____

Resident of _____

_____ hereby declare and undertake that, I will abide by the rules and regulations laid down by the Institution/University/MCI/NMC. If I fail to adhere to the rules & regulations, I will be liable to disciplinary action. I _____ Father/Mother/Parent/Guardian of _____

_____ declare and undertake that my son/daughter/ward will abide by the rules and regulations laid down by the Institution/University/MCI/NMC. If he/she fails to adhere to the rules & regulations my son/daughter/ward will be liable to disciplinary action.

Date:-

Signature (Student)

Place:-

Signature (Parent/Gaurdian)

Student's Signature	Parent/Guardian 's Signature	Verifier's Signature
Admission In-charge	Administrative Office	Principal's Signature

Document Checklist (To be Enclosed)

DOCUMENT	ORIGINAL	DUPLICATE COPY
12 th Marksheet		
12 th Passing Certificate		
10 th Passing Certificate		
MBBS MARKSHEET (PART I,II & III)		
MBBS PASSING CERTIFICATE		
MEDICAL REGISTRATION CERTIFICATE		
Part A & B		
Rank Card		
Allotment Letter		
PGMAC Verification Slip		
NEET (PG) ADMIT CARD		
NEET (PG) SCORE CARD		
Residential Certificate		
Category Certificate		
Aadhar (Student & Parents)		
PAN (Student & Parents)		
Medical Fitness Certificate		
Six Photograph (passport size)		
CLC		
Migration Certificate		
Anti-Raging Affidavit (Student)		
Anti-Raging Affidavit (Parent)		
Rotatory Internship Completion Certificate		
NOC (from Employer) If Applicable		

Student's Signature	Verifier's Signature