



**DATTA MEGHE MEDICAL COLLEGE**  
**SHALINITAI MEGHE HOSPITAL AND RESEARCH CENTRE**  
A Constituent Unit of Datta Meghe Institute of Higher Education & Research  
(Deemed to be University)  
Wanadongri, Hingna Road, Nagpur-441 110. (M.S.)  
Tel: 8552829222 E mail Id: [meghesmshealth@gmail.com](mailto:meghesmshealth@gmail.com) visit us at: [dmmcnagpur@com](mailto:dmmcnagpur@com)

**FACULTY OF MEDICINE**  
**Admission Form for M.B.B.S.**  
**(Management/Paid Seats)**  
**2023-2024**

Affix Passport  
size Colour  
Photograph  
(Latest of Three  
Months)

1. **Name of the Student as it appears in S.S.C. Board Certificate (In Capital Letter)** : \_\_\_\_\_  
\_\_\_\_\_
2. Address for Correspondence : \_\_\_\_\_  
\_\_\_\_\_
3. **Student Date of Birth** : \_\_\_\_\_  
**Student Blood Group** : \_\_\_\_\_  
**Student Mobile No.** : \_\_\_\_\_  
**Student E-mail-ID** : \_\_\_\_\_  
**Student Aadhar No.** : \_\_\_\_\_
4. Nationality : \_\_\_\_\_  
Religion : \_\_\_\_\_  
Caste & Sub Caste : \_\_\_\_\_
5. Name of Previous School/College : \_\_\_\_\_
6. **H.S.S.C./XIIth marks as per Mark Sheet** : Total Marks \_\_\_\_\_ Marks Obtained \_\_\_\_\_  
Percentage \_\_\_\_\_

Sr.No.	Subject	Total Marks	Marks Obtained	Percentage
a.	English			
b.	Physics (P)			
c.	Chemistry (C)			
d.	Biology (B)			

**Total PCB Marks** \_\_\_\_\_ **PCB Percentage** \_\_\_\_\_

7.	<b>H.S.S.C Year &amp; Month of Passing</b>	:	Year _____ Month _____
8.	<b>NEET-2023 Roll No.</b>	:	_____
9.	<b>NEET-2023 Marks</b>	:	_____
10.	<b>NEET-2023 All India Rank (Overall Rank )</b>	:	_____
11.	<b>1<sup>st</sup> / 2<sup>nd</sup> / MOP-UP / Stray Vacancy ROUND</b>	:	Date _____

...2...

12. **Parents Details**

Name of Father : \_\_\_\_\_

Name of Mother : \_\_\_\_\_

Profession / Occupation - Father : \_\_\_\_\_

Profession / Occupation - Mother : \_\_\_\_\_

Telephone No. (with STD CODE) : (0) \_\_\_\_\_ ® \_\_\_\_\_

Mobile No. : Father \_\_\_\_\_

: Mother \_\_\_\_\_

E-mail Id - Father : \_\_\_\_\_

E-Mail Id \_ Mother : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. **Extra Curricular Activities**

Sports : \_\_\_\_\_

Dramatics : \_\_\_\_\_

Music : \_\_\_\_\_

Debate : \_\_\_\_\_

14. **If you have any serious medical problems, please mention**

: \_\_\_\_\_

All the information given above is true to the best of my knowledge and belief. I further understand that in case if the above information is found to be incorrect or false, my admission will automatically stand cancelled.

**Signature of Parent/Guardian**

**Signature of Student**

**Encl.: All original certificates & 2 photocopies each as per Check List.**

**ADMITTED**

**Date of Admission:** \_\_\_\_\_

**Checked by**

**DEAN**  
**Datta Meghe Medical College**  
**Wanadongri, Nagpur.**