



**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)**  
**2025-2026**

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-2025 Roll No.</b>	:	_____
9.	<b>NEET-2025 Marks</b>	:	_____
10.	<b>NEET-2025 All India Rank (Overall Rank )</b>	:	_____

11.	<b>1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> / Stray Vacancy ROUND</b>	:	Date_____
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...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.**