



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 visit us at: dmmcnagpur.com

FACULTY OF MEDICINE
Admission Form for M.B.B.S.
(Management/Paid Seats)
2026-2027

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./XIth 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.	H.S.S.C Year & Month of Passing	:	Year _____ Month _____
8.	NEET-2026 Roll No.	:	_____
9.	NEET-2026 Marks	:	_____
10.	NEET-2026 All India Rank (Overall Rank)	:	_____
11.	1st / 2nd / 3rd / Stray Vacancy ROUND	:	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.**