

Name of Student:

## **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**

Wanaongari, Hingna Road, Nagpur.

## **CHECK LIST**

NEET-	All Ind	lia Rank:NEET-Roll No:
Following	g docum	ents have been received in original, from the candidate at the time of Admission
	1.	NEET-2024 Provisional Allotment Letter
	2.	NEET-2024 Admit Card
	3.	NEET-2024 Mark sheet
	4.	S.S.C. Board Certificate
	5.	H.S.C. Mark Sheet
	6.	H.S.C. Passing Certificate
	7.	H.S.C. Attempt Certificate
	8.	H.S.C. College Leaving / Transfer Certificate
	9.	H.S.C Migration Certificate
	10.	Caste & Caste Validity Certificate (if Required)
	11.	Nationality Certificate/Passport Xerox Copy
	12.	Aadhar Card Xerox Copy
	13.	Gap Certificate (if Required)
	14.	Medical Fitness Certificate
	15.	Affidavit (on Rs.100/- Stamp Paper) (College Format)
		TOTAL NO. OF CERTIFICATE
Date:		
Signatu	re:	Signature:
(Name	of Stude	ent) (Name of Competent Authority)