Office of the Principal, Pt. Jawaharlal Nehru
Government Medical College, Chamba Distt. HP
Website: https://gmcchamba.edu.in/
Email: gmchchamba@gmail.com
Telephone: 01899-223959

ADMISSION FORM

Academic Year: 2026-27

Latest Passport sized photo

1. Name of the student .....
2. Mother's name .....
3. Father's name .....
4. Date of birth ...../...../..... Age.....
5. Gender.....6. Blood group.....
7. Identification mark .....
8. Nationality .....
9. Aadhaar Number .....
10. Category .....
11. All India NEET Rank .....
12. Person with Benchmark Disability (PwBD) Yes/No .....
13. 10th Within state / Outside HP .....
14. 12th Within state / Outside HP.....
15. Permanent address

.....
.....
.....
.....

16. Present address

.....
.....
.....
.....

17. Mobile:
18. Email:
19. Local guardian, address & mobile number .....

I hereby declare that the above-mentioned information is true.

Date of admission:

Signature of the Student

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ADMISSION CHECKLIST & SCRUTINY (Academic Year 2026-27)

Candidate's name:
Parent's name:
All India NEET Rank:
Admission Fee:
Quota: All India/State

Date of admission:
Category:
Hostel Fee:
Payment ID:

List of documents to be arranged in order as below:

Sr. No	Certificate/Document	Original	Photocopy	Outside HP/Remarks
1	Matric/10th class showing date of birth			
2	10+2/12th with detailed marks			
3	Character certificate (issued by Tahsildar)			
4	Migration certificate			
5	NEET Admit card			
6	NEET Results			
7	Affidavit for the benefit of Himachal Pradesh State Quota seat			
8	Bonafide certificate of Himachal Pradesh			
9	Certificate for reservation: SC/ST/OBC/EWS/Ex-Servicemen/Defense Personnel/Backward Area/Physically Handicapped/Single Girl Child/Children of J&K/Tibetan Refugee			
10	Aadhaar card			
11	Provisional allotment letter			
12	Gap year			
13	Affidavit of anti-ragging undertaking by the student			
14	Affidavit of anti-ragging undertaking by the parent			
15	10 Passport sized photos in an envelope: Yes/No			
16	Medical fitness: Yes/No			
17	Fees paid: Yes/No			

Scrutiny committee (Name & Signature):

1	4
2	5
3	6

Nodal Officer

Principal

Instructions to Students- MBBS Admission Reporting

All allotted candidates are instructed to report to their allotted institution as per the schedule given below:

1. Reporting Date & Time: Report at 09:00 am on the day of joining. The venue shall be MEU hall. Candidates arriving beyond the admission date will not be entertained and their admission may be cancelled. As medical examination takes a lot of time, being present early will be helpful.

2. Accompaniment: Must be accompanied by a parent / local guardian.

3. Documents to be Submitted: Submit the following documents in original + 1 photocopy. All documents must be presented in a plastic folder.

- The required documents include the
  - Matric/10th class certificate showing the date of birth,
  - 10+2/12th class marksheet with detailed marks,
  - Character Certificate,
  - Migration Certificate,
  - NEET Admit Card,
  - NEET Result,
  - Affidavit for the benefit of the Himachal Pradesh State Quota seat,
  - Bonafide Certificate of Himachal Pradesh, applicable reservation certificate (SC/ST/OBC/EWS/Ex-Servicemen/Defence Personnel/Backward Area/Physically Handicapped/Single Girl Child/Children of J&K/Tibetan Refugee),
  - Aadhaar Card,
  - Provisional Allotment Letter,
  - Gap Year Certificate (if applicable),
  - Affidavit of Anti-Ragging Undertaking by the student,
  - Affidavit of Anti-Ragging Undertaking by the parent, and
  - 10 passport-sized recent photographs in an envelope.
- Photocopies: All photocopies must be self-attested.
- EWS Certificate: Must be the latest certificate of the current financial year, if applicable.
- Character Certificate: Must be issued by the Tehsildar.
- All supporting documents: Must be latest (where applicable) & presented in original for scrutiny.
- All affidavits must be notarized.
- *Note: Seats of candidates without necessary or proper documents may be cancelled*

4. Medical Examination: Must undergo medical examination and must be declared medically fit.

5. Payment of Fees: Must pay the course fees for admission. Candidate will not be admitted without payment of fees. Payment modes: Cash or UPI. NRI candidates may pay in USD by NEFT or UPI. Bank details:

A/c holder Principal, Pt. Jawaharlal Nehru Govt Medical College Chamba

Bank ICICI, A/c No. 199201000455, IFSC code: ICIC0001992

Please ensure all requirements are completed before reporting. Those found with fake or counterfeit documents will be dealt per applicable laws and regulations.

Principal

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Government Medical College, Chamba Distt. HP
Website: https://gmcchamba.edu.in/
gmchchamba@gmail.com, 01899-223959

APPLICATION FORM FOR ALLOTMENT OF HOSTEL ACCOMMODATION

Academic Session: _____

To

The Principal
Pt. Jawaharlal Nehru Government Medical College,
Chamba (H.P.)

I request that I may kindly be allotted accommodation in the **Boys' / Girls' Hostel** of the College. My particulars are as under:

Particulars

Name of Student _____

Father's/Mother's Name _____

NEET (UG) Rank _____

Admission/Roll No. _____

Permanent Address _____

_____

Student Mobile No. _____

Parent/Guardian Mobile No. _____

E-mail ID _____

Hostel Fee Payment Details

Receipt No.: _____ Date: ____/____/_____ Amount (₹): _____

Mode of Payment: □ NEFT □ UPI □ Cash

Transaction/Reference No.: _____

UNDERTAKING BY THE STUDENT

I hereby declare that the information furnished above is true and correct. I undertake to abide by all the Rules & Regulations of Pt. Jawaharlal Nehru Government Medical College, Chamba and the Hostel,

including all terms and conditions governing hostel accommodation. I shall pay the prescribed hostel fees and other charges as applicable from time to time and maintain discipline and decorum in the hostel. I understand that hostel accommodation is purely provisional and may be cancelled in case of violation of the prescribed rules or non-payment of dues.

Date: ___ /_____/_____ Signature of Student: _____

Place: _____ Name: _____

CONSENT OF PARENT/GUARDIAN

I have read the above undertaking and agree to the allotment of hostel accommodation to my ward. I undertake that my ward shall abide by all hostel rules and regulations and that I shall be responsible for payment of the prescribed hostel fees and other applicable charges.

Name of Parent/Guardian: _____

Relationship: _____

Mobile No.: _____

Date: _____/_____/_____ Signature of Parent/Guardian: _____

FOR OFFICE USE ONLY

Hostel: □ Boys □ Girls

Room No.: _____

Fee Verified: □ Yes □ No

Allotted w.e.f.: _____/_____/_____

Hostel Warden _____ Principal _____

APPENDIX -17

PROFORMA FOR UNDERTAKING TO BE SUBMITTED BY THE CANDIDATE AT THE TIME OF THE ADMISSION IN THE COLLEGE IN RESPECT OF ANTI-RAGGING MEASURE

Name of Institution.....

Name of Course.....

i) Name of the Student.....

ii) Parentage with address & Telephone Nos.....

.....

.....

iii) Date of admission in MBBS/BDS course.....

iv) Day Scholar (address with Mobile/Telephone No.). .....

v) Undertaking to be given and signed by the student.

UNDERTAKING

I.....S/O/D/OSh.....
studying in (MBBS/BDS).....course in (Name of College).....for the academic Session 2025-26 and presently a student of .....year/Professional is hereby give an undertaking that I will not indulge in any kind of ragging or in discipline in the campus/Hostel/outside/anywhere. If so, strict disciplinary action may be taken against me as per law/Ordinance issued by the Government of Himachal Pradesh and Regulations of Medical/Dental Council of India.

Date.....
Place.....

Signature of the Student.....
Name.....
Class/Course.....
Mobile/Telephone No.....

COUNTERSIGNED

(Parents/Guardians)
Full Address:.....
Telephone No./Contact No.....

APPENDIX -18

PROFORMA FOR UNDERTAKING TO BE SUBMITTED BY THE PARENTS/LEGAL GUARDIAN OF THE CANDIDATE AT THE TIME OF ADMISSION IN THE COLLEGE IN RESPECT OF ANTI-RAGGING MEASUREMENT DULY ATTESTED BY THE COMPETENT AUTHORITY

(To be submitted on plain paper)

UNDERTAKING

I. father/mother/

legal guardian of Mr./Ms.....resident of (full address with telephone No.) .....who has been admitted in the academic session 2025-26 in (Name of the college ..... presently a student of (MBBS/BDS). .....course do hereby solemnly affirm and declare that my son/daughter/ward will not indulge in any type of ragging or indiscipline in the campus/Hostel and outside. In case of any such violation strict disciplinary action should be followed as per Ordinance issued by the H.P. Govt. and Regulations of Medical/Dental Council of India I/We will not interfere in any way in the action against my son/daughter/ward.

Deponent

(To be signed by the Father/Mother/Legal Guardian of the student)

VERIFICATION

I, the above named deponent do hereby solemnly affirm and declare that the above particulars of the undertaking are true to the best of my knowledge and belief. No part of it is false and nothing material has been concealed therefrom.

Verified at ..... day of.....2025.

Deponent

Appendix-19

STANDARD OF MEDICAL FITNESS CERTIFICATE SUBMITTED BY THE STUDENTAT THE TIME OF MBBS/BDS ADMISSION

Affix recent photograph duly attested by the Medical officer

Name of the Candidate: _____
Father's Name :_____
Date of Birth: _____
Identification Mark: _____

Sr. No.	Standard of Physical fitness	Observation of Medical Officer Conducting Medical Examination
1	EYES:	
(a)	The absence of one eye shall not be a bar, the vision of remaining eye shall not be less that 6/9 with or without glasses	
(b)	The minimum vision in person in possession of both eyes should be 6/12, 6/18 with or without glasses.	
©	There shall be no fundus disease aversely effecting the vision	
(d)	Colour Blindness (upto CP4)	
2.	EARS: The hearing power shall be as to enable a candidate to use his stethoscope effectively	
3.	Blood Pressure: (Normal)	
4.	Heart: (No organic disease)	
5.	Lungs: (No organic disease)	
6	Liver, Spleen Kidney and lymphatic glands: (No permanent abnormality)	
7.	Nervous System: (Candidate should be normal & be mentally sound)	
8.	Urine: (Should be free from albumen or sugar)	
9	Extremities	
(a)	Any one with bad deformity or any absent limb shall be debarred.	
(b)	There shall be no deformity of lower Limbs & spine to hinder normal locomotion.	
10	Every candidate should have X-ray screening of chest to exclude pulmonary cardiology.	
11	Female candidate should be examined by the Gynecologists to exclude any organic disease.	
12	Blood Group:	
13	COVID-19 Test:	

Signature of Candidate_____

Signatures of the members of the Medical Board of the Medical College or CMO/MS in the case of BDS admissions

Place: Date:__ (with seal)