



Office of the Principal, Pt. Jawaharlal Nehru
Government Medical College, Chamba Distt. HP

Website: <https://gmccchamba.edu.in/>

Email: gmccchamba@gmail.com

Telephone: 01899-223959



ADMISSION FORM

Academic Year: 2026-27

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. NEET UG Roll Number.....12. All India NEET Rank.....

13. Person with Benchmark Disability (PwBD) Yes/No

14. 10th Within state / Outside HP

15. 12th Within state / Outside HP.....

16. Permanent address

17. Present address

.....

.....

.....

.....

.....

.....

.....

.....

18. Mobile:

19. Email:

20. Local guardian, address & mobile number

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

Date of admission:

Signature of the Student

Latest Passport sized
photo



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ADMISSION CHECKLIST & SCRUTINY (Academic Year 2026-27)

Candidate's name:

Parent's name:

Quota: All India/State

All India NEET Rank:

Admission Fee:

Date of admission:

Category:

Payment ID:

List of documents to be arranged in order as below:

Sr. No	Certificate/Document	Original	Photocopy	Remarks
1	Matric/10 th class showing date of birth			
2	10+2/12 th 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 under:

1. Reporting Date & Time: Report at 09:00 am on the day of joining. The venue shall be Darbar 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 + 2 photocopies. All documents must be presented in a plastic folder.

- The required documents include the
 - o Matric/10th class certificate showing the date of birth,
 - o 10+2/12th class marksheet with detailed marks,
 - o Character Certificate (Appendix 16),
 - o Migration Certificate,
 - o NEET Admit Card,
 - o NEET Result,
 - o Affidavit for the benefit of the Himachal Pradesh State Quota seat (for HP quota),
 - o 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)- Appendix 2-15 (as applicable),
 - o Aadhaar Card (bring original),
 - o Provisional Allotment Letter,
 - o Gap Year Certificate (if applicable),
 - o Affidavit of Anti-Ragging Undertaking by the student (Appendix 17),
 - o Affidavit of Anti-Ragging Undertaking by the parent (Appendix 18), and
 - o 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.
- All supporting documents must be latest (where applicable) & presented in original for scrutiny.
- All affidavits on ₹20 stamp paper must be notarized. Use the applicable proforma provided in the appendix.
- *Note: Candidates should download, print, and fill out the relevant sections and applicable annexures (1–22). Seats of candidates without necessary or proper documents may be cancelled.*

4. Medical Examination: Must undergo medical examination and must be declared medically fit (Appendix 19).

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 or equivalent from the NRE account 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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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.: _____

Contd.

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 _____

AFFIDAVIT FOR THE BENEFIT OF THE HIMACHAL PRADESH STATE QUOTA SEAT

I, _____ son/daughter of Shri _____

Resident of _____

aged, _____ years, do hereby solemnly affirm and declare as under:-

(i) That the deponent has appeared in the NEET UG-2026 and has qualified the NEET-UG-2026 for seeking admission to MBBS Course under State Quota in Himachal Pradesh.

(ii) That the deponent fulfilled the prescribed eligibility conditions of the prospectus issued by the AMRU for admission to MBBS course for the session 2026-27.

(iii) That the advantage of Domicile state is being taken in Himachal Pradesh only and nowhere else.

DEPONENT

DECLARATION

I, the above-named deponent does hereby affirm and declare that the above particulars of the affidavit are true and correct to the best of my knowledge and no part it is false and nothing has been concealed there from.

Verified at Chamba on this _____th day of _____ in the year of _____ .

DEPONENT

Visiting Pt. Jawaharlal Nehru Government Medical College (GMC), Chamba, HP

1. How to Reach the Campus (**DO NOT GO TO SAROL CAMPUS**)

- **By Bus:**

- **Main Bus Stand:** Alight at the Chamba main bus stand. From there, take a local bus (subject to availability) or hire a local taxi directly to Chamba town.
- **Old Bus Stand Route:** If your bus route terminates at the Old Bus Stand, the college campus is a flat **15-minute walk**.
- **Via Kariyan/Bharmour Buses:** If traveling on a bus headed toward Kariyan or Bharmour, alight at **Bharmour Cross (Zero Point)**. From Zero Point, board an HRTC electric van to reach Chowgan. It is five-ten minutes' uphill walk to the Akhand Chandi Palace campus.
- **Pedestrian Shortcut:** A direct walking path connects the Chamba Bus Stand to Chowgan via Kasakada, exiting at Gandhi Gate. *Note: This is a very steep uphill climb and is not recommended if carrying luggage.*

- **By Private Car or Taxi:**

- Drive directly up to the main college gate at **Akhand Chandi Palace** (located adjacent to the historic Laxminarayan Mandir).
- **Navigation:** Google Maps Location: <https://maps.app.goo.gl/PhYfgnzXAxrM216v6>

2. Parking & Accommodation

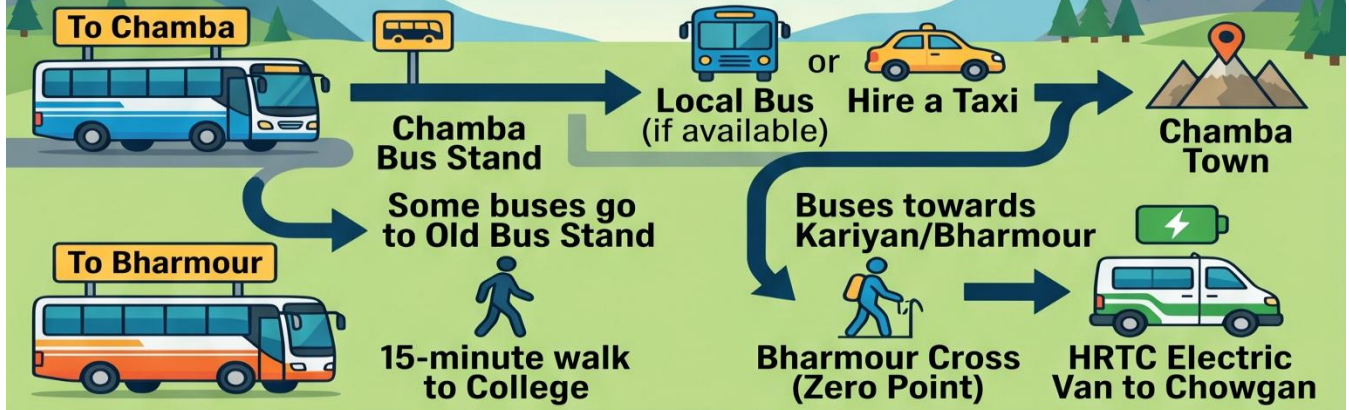
- **Campus Parking:** Vehicle space inside the college premises is extremely limited. Paid parking facilities are available nearby at the hospital complex (<https://maps.app.goo.gl/1hWuSgUApKS6F1nB6>).
- **Accommodation:** The college does not offer guest house facilities. Visitors and candidates staying overnight must arrange their own private lodging in town.

3. Candidate Verification & Medical Examination Workflow

- **Document Scrutiny:** Takes place at the **Durbar Hall** inside the Akhand Chandi Palace campus. There are no canteen or photocopying facilities inside the college campus.
- **Medical Examination:** Conducted lower down at the **Hospital Complex**.
- **Escort & Assistance:** Candidates will be guided and escorted between the two locations in designated batches by college staff.
- **Bank officials** and a **notary** will likely be on campus to assist with fee payments and the notarization of affidavits.

HOW TO REACH PT. JAWAHARLAL NEHRU GOVERNMENT MEDICAL COLLEGE, CHAMBA, HP

OPTION 1: BY BUS



OPTION 2: OWN CAR OR TAXI



IMPORTANT NOTICES



PARKING

Campus space is extremely limited



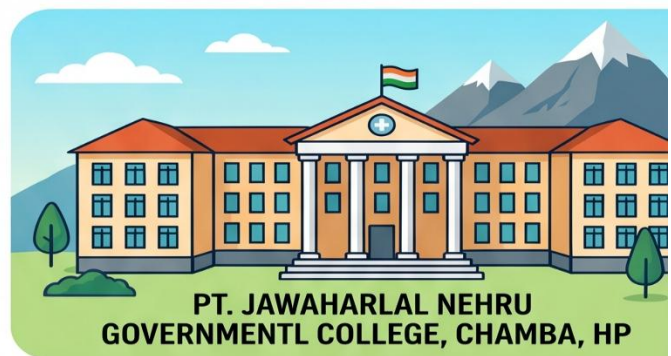
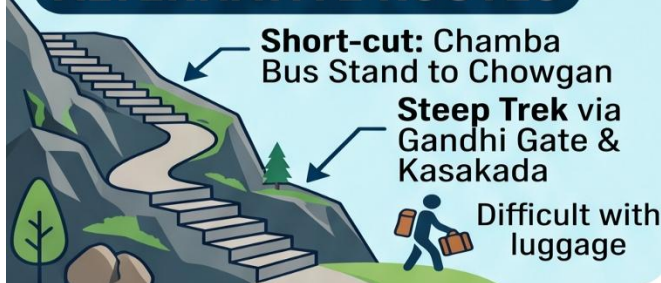
Paid Parking near Hospital Complex



STAY ARRANGEMENTS

College has **NO GUESTHOUSE**. Make own stay arrangements

ALTERNATIVE ROUTES



DOCUMENT SCRUTINY & MEDICAL EXAM



APPENDIX -1

FORM OF CERTIFICATE OF BONAFIDE HIMACHALI

Certified that Shri/ Km.....S/O
/DO Sh.....resident of Village.....Post-
Office.....Tehsil.....
District Himachal Pradesh is a bonafide Himachali.

- (i) Having his permanent home in HP; or
- (ii) Residing in H.P. for a period of 20 years or above; or
- (iii) Having his permanent home in Himachal Pradesh but living outside Himachal Pradesh on account of his occupations.

Place:

Authority

Date:

Signature of the Competent

issuing the certificate (with stamp).

Seal of the issuing Authority

Note:

1. *Certificate in respect of guardian will be accepted, if candidate's father is not alive and the candidate is solely dependent on the guardian, the relationship of the candidate with the guardian should be stated.*
2. *The adoption deed in original duly registered in the Court in the year in which the candidate was adopted by the legal guardian will only be valid as per law.*
3. *The certificate should be issued on or after 01.01.2015.*
4. *Doubtful certificates will be got verified through the competent authority and if found wrong, will render the student liable to expulsion and suitable legal action.*

APPENDIX -2

CERTIFICATE OF BELONGING TO SCHEDULED CASTES/SCHEDULED TRIBES

This is to certify that Shri/Kumari.....
son/daughter/adopted son/adopted daughter of Shriof
village.....Post Office.....Tehsil
..... District..... State..... belongs to the
..... community (community must be indicated) which is recognized as
Scheduled Caste/Tribe for Himachal Pradesh under the Constitution (Scheduled Castes)
(Union Territories) Order, 1951, and an amended from time to time.

As such Shriand/or his family
ordinarily reside(s) in the..... District of Himachal Pradesh.

Place
Date :

Signature
*Designation with seal of office of
certificate issuing authority

Seal of the Court

Note : (i) The certificate (Form given above) should be signed by Sub-Divisional Magistrate/Executive Magistrate(Tehsildar) of the area concerned of Himachal Pradesh to which the father/ mother of the candidate belongs. It should be signed and not countersigned. The certificate should be issued on or after 01.01.2015.

(i) Doubtful certificates will be got verified from the competent authority and if found wrong, will render the student liable to expulsion and suitable legal action.

APPENDIX - 3
FORM FOR CERTIFICATE FOR THE OTHER BACKWARD CLASSES

This is to certify thatson/daughter of
resident of VillageP.OTehsil.....District
..... (H.P.) belongs to thecommunity which is recognized as
other Backward class in Himachal Pradesh by the State Government vide notification No
..... Dated..... Shri/Smt..... and his/her family ordinarily reside(s) in
the District.....Division of the (H.P) State. This is also
certified that he/she does not belong to the person /sections(Creamy Layer) mentioned in
the Schedule.

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

**Signature of the Sub-Divisional Magistrate/
Tehsildar/Executive Magistrate of the Area with stamp.**

Seal of the Court

Note :

1. *The certificate as given above may be issued after verification from Revenue Records by the Sub- Divisional Magistrate/Executive Magistrate/ Tehsildar of the area concerned of Himachal Pradesh to which the father/mother of the candidates belongs. Certificate issued by other authority will not be valid.*
2. *The certificate should be issued on or after 1.7.2023.*
3. *Doubtful certificate will be got verified from the competent authority and if found wrong, will render the student liable to expulsion and suitable legal action.*

APPENDIX -4

FORM FOR CERTIFICATE TO BE PRODUCED BY THE WIDOWS/WARDS OF EX-SERVICEMEN WHO ARE BONAFAIDE RESIDENTS OF HIMACHAL PRADESH

Sr. No.....

Certified that Kumari/Ms.....
Daughter/Son/Wife of Shri.....Resident of village.....
P.O.....Tehsil..... District.....
Himachal Pradesh is the dependent daughter/Son/widow of
Shri..... who was a member of Defence services. He served w.e.f.
.....to
in the Indian Army as Rank No in
(Batl./Regiment).....

It is further certified that Sh has been covered under Priority No.....
as per **Appendix- 20** of the prospectus as mentioned hereunder:-

Priority No.	Particular of Priority as per Appendix-20 of the prospectus

Place:.....

Date:.....

Signature of Deputy Director,
Distt. Sainik Welfare Officer
with stamp

Note: The certificate (Form as given above) should be signed by the Secretary, State/District Soldiers, Sailors and Airmen's Welfare Board situated in the State of Himachal Pradesh .

APPENDIX - 5
FORM OF CERTIFICATE TO BE PRODUCED BY THE WARDS/WIVES OF DEFENCE
SERVICES PERSONNEL

Certified that Shri Father of Shri /Kumari
(name of the candidate)..... resident of Village.....
Post Office Tehsil..... District.....of
Himachal Pradesh (State) is a member of Defence Services, serving as
.....(rank) in Bn./Regimentis at present posted
at..... (Station) (State).....

It is further certified that Sh/Ms./Smthas been covered under Priority
No..... as per **Appendix- 20** of the prospectus as mentioned hereunder: -

Priority No.	Particular of Priority as per Appendix-20 of the prospectus

Place :

Date :

Signature of the Officer commanding, (with stamps)

Note: The certificate (Format given above) should be signed by the Deputy Secretary
(Defence) Government of India or the Officer Commanding concerned.

APPENDIX -6
CERTIFICATE TO BE PRODUCED BY THE WARDS OF FREEDOM FIGHTER
HAILING FROM HIMACHAL PRADESH

Certified that Shri/Smt..... Father/Mother/Grand Father/Grand
Mother of (Name of the candidate) Shri/Kumari
resident of Village.....P.O.....
Tehsil..... District..... of Himachal Pradesh has been
declared as a Freedom Fighter vide Himachal Pradesh Government Letter No.....
dated (Photostat copy of the letter duly attested be attached).

Seal of the Court

Signature of the District Magistrate (with stamp)

Place :

Date :

Note:

1. *The certificate (Format given above) should be signed by the District Magistrate of the District concerned of Himachal Pradesh to which the parents of the ward belongs as per the instructions given in the Prospectus.*
2. *An attested Photostat copy of such recognition granted to Freedom fighter be attached with the application form.*
3. *Doubtful certificates will be got verified from the competent authority and if found wrong, will render the student liable to expulsion and suitable legal action.*

APPENDIX -7

CERTIFICATE OF BELONGING TO BACKWARD AREA

Certified that Shri/Kumari.....son/daughter of Shri is a permanent resident of Village Post Office..... Gram Panchayat *Name of Backward Area/Block Tehsil District Himachal Pradesh which has been notified as a Backward Area vide Himachal Pradesh Government's notification No..... datedand has passed at least two examinations out of five i.e. Primary/Middle/Matric/+1 / +2 from the following Schools located in the notified Backward Area(s) :-

Sr. No.	Name of the School	Name of the class/Examinations passed from Backward Area School

It is further certified that above named candidate/student has studied regularly in the above School(s) as located in the backward area as notified by the Government of Himachal Pradesh and has not taken admission in the school(s) as mentioned above during the mid-session.

Seal of the Court

Signature.....

Place :

Date :

***Designation with seal of the
office of Certificate Issuing Authority**

- Note: 1. The certificate Format given above should be signed by Sub-Divisional Magistrate/Executive Magistrate(Tehsildar) of the area concerned of Himachal Pradesh to which the father/guardian of the candidate belongs. It should be signed and not countersigned.
2. The Candidate(s) claiming reservation against backward area seats should fulfil the conditions as laid down in the Prospectus.
3. The Backward areas as listed in the notification No. PLG-F(BASP)-1/95 dated the 16th June, 1995, issued by the Financial Commissioner-cum-Secretary (Planning) Government of Himachal Pradesh, or area as may be notified to be Backward areas by the Government of Himachal Pradesh from time to time."
4. The certificate should be fresh of the year in which admission is applied for. The certificate on the above format will only be entertained.
- Note:** Doubtful certificates will got verified from the competent authority and if found wrong, will render the student liable to expulsion and suitable legal action.

Appendix-8

FORM OF CERTIFICATE TO BE SUBMITTED BY THE FATHER/MOTHER OF THOSE CANDIDATES WHO ARE SERVING IN PARA-MILITARY FORCES (GOVERNMENT OF INDIA).

(To be issued by the Commandant of the Battalion/ Head of concerned force)

Certified that Shri/Smt Father/Mother of
Mr./Ms. (Name of the Candidate)
who is at present working as (Designation)in this
Battalion/Unit of Para-Military Force (Name of Para-Military Force)
.....

Certified that Shri/Smt..... is an employee
of (Name of Para-Military Force).....which is Para-Military Force
of the Government of India and he/she is serving in this Para-Military
Force w.e.f..... to

(Note: Struck out which is not applicable)

Signature with legible seal
(Commandant/ Head of Para-Military Force)

Date :

Place :

*Note: (i) This certificate is to be signed not below the rank of Zonal Head/Regional
Head/Divisional Head of the concerned Organization/Government Department.)
(ii) Doubtful certificate will get verified from the competent authority and if found wrong, will
render the student liable to expulsion and suitable legal action*

Appendix-9

FORM OF CERTIFICATE TO BE PRODUCED BY THE SINGLE GIRL CHILD

Certified that Ms/Km.....D/O Sh.....

Resident of Village.....Post- Office.....

Tehsil.....District.....(H.P) is single girl child of her parents.

Date:.....

Signature
Designation with Seal of
the Place:.....
Certificate issuing authority

Note: (i) *This certificate should be signed by the Block Development Officer of the area concerned of Himachal Pradesh to which the parent of the candidate belongs as per Govt. letter No.Per.(AP-B)B(15)5/2014-Loose-I dated 14th July, 2017. It should be signed and not countersigned.*

(ii) *The persons belonging to urban areas of the State of Himachal Pradesh, the aforesaid certificate is to be issued by the Additional/Joint Commissioner of Municipal Corporation/ Executive Officer/Secretary Nagar Parisad/ Sub Divisional Magistrate/Executive Magistrate/Tehsildar as the case may be.*

(iii) *Doubtful certificate will got verified from the competent authority and if found wrong, will render the student liable to expulsion and suitable legal action.*

APPENDIX – 10

FORM OF CERTIFICATE TO BE PRODUCED BY THE CHILDREN OF JAMMU & KASHMIR MIGRANTS

Certified that Shri/SmtFather/Mother of
Mr./Ms.(Name of the candidate)resident of
Village.....Post Office.....Tehsil.....
District.....State Jammu & Kashmir has been declared Jammu & Kashmir
Migrants due to terrorism and residing or rehabilitated at (complete address)
.....
.....

Signature

Place : **Designation with seal of the issuing authority**
Date : **(District Magistrate/Deputy Commissioner of the area concerned)**

Note :

1. *This certificate should be signed by the District Magistrate/Deputy Commissioner of the area concerned and not counter signed.*
2. *Doubtful certificates will be got verified from the competent authority and if found wrong, will render the student liable to expulsion and suitable legal action.*

APPENDIX – 11
A CERTIFICATE TO BE PRODUCED BY THE CHILDREN
OF TIBETAN REFUGEES

Certified that Mr/Ms. S/o / D/o Shri
(complete address).....
.....

has fulfilled the definition of "Children of Tibetan Refugees" and eligibility criteria is hereby sponsored for admission to MBBS course as per merit of NEET-UG-2026 against the seats reserved for the Children of Tibetan Refugees for the Academic Session 2026-27.

Place : Date :	Signature Designation with seal of the issuing authority (Tibetan Govt. in Exile)
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Note :

1. *This certificate should be signed by the Central Tibetan Administration of His Holiness The Dalai Lama. However, an undertaking/bond will be taken by the Central Tibetan Administration of His Holiness that the candidate after completion of the course will serve for the Tibetan Administration at least for 3 years.*
2. *Doubtful certificates will be got verified through the competent authority and if found wrong, will render the student liable to expulsion and suitable legal action.*

APPENDIX – 12(a)
Government of Himachal Pradesh
(Name & Address of the authority issuing the certificate)
INCOME & ASSET CERTIFICATE TO BE PRODUCED BY THE CANDIDATE OF ECONOMICALLY WEAKER SECTIONS

Certificate No.....

Dated:.....

VALID FOR THE FINANCIAL YEAR.....

1. This is to certify that Shri/Smt./Kumari _____ son/daughter/wife
_____ permanent resident of Village/town _____ Post
Office _____ District _____ in the State of Himachal Pradesh, Pin Code _____
whose photograph is attested below belongs to Economically Weaker Sections, since the gross
annual income* of his/her family** is below **Rs. 4 lakh** (Rupees Four Lakh only) for the financial
year His /Her family does not own or possess any of the following assets***:-
- (i) More than 1 hectare of Agricultural land in rural areas and 500 M² land in urban areas;
 - (ii) Residential flat/house of more than 2500 square feet in rural/ urban areas.
 - (iii) Family of income tax payee;
 - (iv) Family of Regular/Contract employees of the Central Government, State Government., Board, Corporations and autonomous bodies and Public Sector Undertakings etc;
2. Shri/Smt./Kumari _____ belongs to the _____ Caste which is not
recognized as a Scheduled Caste, scheduled Tribe and Other Backward Classes.

Signature with seal of Office _____
Name _____
Designation _____

*Recent
Passport
size
attested*

**Note 1: Income covered all sources i.e salary, agriculture, business, profession etc.*

***Note 2: The term "Family" for this purpose will include the person who seeks benefit of reservation, his /her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.*

****Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.*

4. Doubtful certificates will be got verified through the competent authority and if found wrong, will render the student liable to expulsion and suitable legal action.

5. The EWS certificate must be issued by the competent authority for the financial year 2026-27.

APPENDIX – 12(b)

Government of Himachal Pradesh

(Name & Address of the authority issuing the certificate)

NON-SC/ST/OBC CERTIFICATE TO BE PRODUCED BY THE CANDIDATE BELONGING TO B.P.L. CATEGORY.

Certificate No.....

Dated:.....

This is to certify that Shri/SMT./Kumari_____son/daughter/wife of
_____Permanent resident of Village/town_____Post
Office_____District_____in the State of Himachal Pradesh, Pin
Code_____whose photograph is attested below belongs to the
_____Caste which is not recognized as a Scheduled Caste, Scheduled Tribe and
Other Backward Classes in the State.

Signature with seal of Office_____

Name_____

Designation_____

Recent
Passport size
attested
photograph of
the applicant

Note: *Doubtful certificates will be got verified through the competent authority and if found wrong, will render the student liable to expulsion and suitable legal action.*

APPENDIX – 13

FORM OF CERTIFICATE TO BE SUBMITTED BY THE FATHER/MOTHER OF THOSE CANDIDATES WHO ARE NOT BONA FIDE HIMACHALI AND ARE CENTRAL GOVERNMENT EMPLOYEES WORKING IN H.P. (LIKE ALL INDIA SERVICES/CENTRAL CIVIL SERVICES)/EMPLOYEES WORKING WITHIN THE STATE OF HIMACHAL PRADESH IN AUTONOMOUS BODIES/INSTITUTIONS/ORGANISATIONS/SEMI-GOVERNMENT BODIES ESTABLISHED BY CENTRAL/OTHER STATE GOVERNMENTS/ SERVING JUDGES OF THE HON'BLE HIGH COURT OF H.P./REGULAR EMPLOYEES OF HIMACHAL PRADESH GOVERNMENT/ H.P.GOV'T. UNDERTAKINGS/AUTONOMOUS BODIES WHOLLY OWNED BY HIMACHAL PRADESH GOVERNMENT ON ACCOUNT OF THEIR SERVICE/POSTING IN THE HIMACHAL PRADESH.

(To be issued by the Registrar General, H.P. High Court/ Zonal/Circle Head/Regional Head/Divisional Head of the concerned Government Department/Organization/Institution)

(i) Certified that Shri/Smt Father/Mother of Mr./Ms. (Name of the Candidate) who is at present working as (Designation) in the Hon'ble High Court of Himachal Pradesh, Shimla (applicable only for Hon'ble Judges of the Hon'ble High Court of Himachal Pradesh)

(ii) Certified that Shri/Smt Father/Mother of Mr./Ms. (Name of the Candidate) who is at present working as (Designation) in the Central Government Department/Autonomous Bodies/Institution/Organization/Semi-Govt. Bodies established by Central/Other State Governments/Regular employees of Himachal Pradesh Government/H.P. Government Undertaking/Autonomous Bodies wholly owned by Himachal Pradesh Government (Name of Department/Institution/Organization/Autonomous Bodies).....

Certified that Shri/Smt is an regular employee of the aforesaid Department/Autonomous Bodies/Institution/Organization/Semi-Govt. Bodies established by Central/Other State Governments/Regular employees of Himachal Pradesh Government/H.P. Government Undertaking/Autonomous Bodies wholly owned by Himachal Pradesh Government residing within the state of Himachal Pradesh on account of his/her continuous services w.e.f.....to.....

(Note: Struck out which is not applicable)

Signature with legible seal
Registrar General, H.P. High Court/Zonal Head/Regional Head/Divisional
Head of the Organization Institution/Autonomous Bodies/Central / State Govt. Deptt.)

Date :

Place :

Note : Doubtful certificate will be got verified from the competent authority and if found wrong, will render the student liable to expulsion and suitable legal action.

APPENDIX -14

FORM OF CERTIFICATE TO BE SUBMITTED BY THE FATHER/MOTHER OF THOSE CANDIDATES WHO ARE REGULAR EMPLOYEES OF THE H.P. GOVT./ H.P. GOVT. UNDERTAKINGS/AUTONOMOUS BODIES WHOLLY OWNED BY H.P. GOVT. WHO ARE HOLDING THE POST OUTSIDE HIMACHAL PRADESH ON ACCOUNT OF HIS/HER SERVICE/POSTING.

(To be issued by the Head of Govt. Deptt./Zonal Head/Regional Head/Divisional Head of the concerned Undertakings/Autonomous Bodies)

Certified that Shri/SmtFather/Mother of
Mr./Ms. (Name of the Candidate)
who is at present working as (Designation) in this
Department of H.P. Govt./ H.P. Government Undertakings/Autonomous Bodies wholly
owned by H.P. Government (Name of Department)
.....

Certified that Shri/Smt is regular
employee of Department of H.P. Govt./ H.P. Government Undertakings/Autonomous Bodies
wholly owned by H.P. Government and holding the post outside the state of Himachal Pradesh
on account of his/her continuous services w.e.f..... to
.....

(Note: Struck out which is not applicable)

Signature with legible seal
(Zonal Head/Regional Head/Divisional Head/
Head of Govt. Deptt./H.P. Govt. Undertakings/Autonomous Bodies)

Date :

Place :

Note: (i) This certificate is to be signed not below the rank of Zonal Head/Regional Head/Divisional Head of the concerned Organization/Government Department.)

(ii) Doubtful certificate will got verified from the competent authority and if found wrong, will render the student liable to expulsion and suitable legal action

APPENDIX -15

FORM OF CERTIFICATE TO BE SUBMITTED BY THE FATHER/MOTHER OF THOSE CANDIDATES WHO ARE BONAFIDE HIMACHALI AND ARE WORKING OUTSIDE THE STATE OF HIMACHAL PRADESH WITH OTHER STATE GOVERNMENTS/UNDERTAKINGS/AUTONOMOUS BODIES ESTABLISHED BY OTHER STATE GOVERNMENT.

(To be issued by the Head of Govt. Deptt./Zonal Head/Regional Head/Divisional Head of the concerned Undertakings/Autonomous Bodies)

Certified that Shri/Smt Father/Mother of
Mr./Ms. (Name of the Candidate)
who is at present working as (Designation) in this
Govt. Department/ Government Undertakings/Autonomous Bodies established by the State
Government (Name of Department/Undertakings/Autonomous
Bodies).....and serving w.e.f.
.....to

Signature with legible seal
(Zonal Head/Regional Head/Divisional Head/
Head of Govt. Deptt./Govt. Undertakings/Autonomous Bodies)

Certified that Mr./Ms.(Name of Candidate).....S/O/D/O
Shri..... is not eligible for seeking admission to
MBBS/BDS Courses under State Quota Seat in the Medical/Dent Colleges of the State of
.....

(Note: Struck out which is not applicable)

Signature with legible seal
Director Medical Education & Research

Date :

Place :

Note: (Doubtful certificate will not be verified from the competent authority and if found false, will render the student liable to expulsion and suitable legal action.)

APPENDIX -16

PROFORMA FOR CERTIFICATE OF CHARACTER TO BE SUBMITTED BY THE CANDIDATE
CHARACTER CERTIFICATE

Certified that Mr./Ms.....Son/Daughter of Sh.....
was a student of this School/College from Class.....to..... and has
passed 10+2 examination in..... (Month & Year). During this period
he/she bears character andbehaviour.

Date:

Place:

Signature of the Principal
with Seal

Note: A character certificate must be issued from the Institution from where he/she has passed qualifying examination with regard to status of his/her behaviour pattern "as to whether he/she has displayed persistent violent or aggressive behaviour or any desire to harm other."

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 2026-27
and presently a student ofyear/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 2026-27 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.....2026.

Deponent

Appendix-19

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

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

Affix recent
 photograph
 duly attested
 by the Medical
 officer

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 than 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.	
(c)	There shall be no fundus disease adversely affecting the vision	
(d)	Colour Blindness (upto CP ⁴)	
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)

APPENDIX-20

F.No.6(1)/2017/D(Res.II)
Government of India
Ministry of Defence
Department of Ex-Servicemen Welfare

Room No.237 'B' Wing
Sena Bhawan, New Delhi
May 21, 2018

To

The Chief Secretaries/Administrators
All States/UTs.

Subject: Inter-se priority for reservation/preference to the wards of Armed Forces personnel by States/UTs for admission to Medical/Professional/non-Professional Courses.

Approval of the Competent Authority is conveyed to the removal of Yudh Sewa Medal series of Awards i.e. Sarvottam Yudh Seva Medal, Uttam Yudh Seva Medal and Yudh Seva Medal from category V of the priority list for reservations/preferences to the wards of Armed Forces personnel by States/UTs/Central/State Universities/Autonomous Institutions for admission in medical/professional/non-professional courses. The revised list of priorities will be as follows:-

- Priority I : Widows/Wards of Defence personnel killed in action.
Priority II : Wards of disabled in action and boarded out from service.
Priority III : Widows/Wards of Defence personnel who died while in service with death attributable to military service.
Priority IV : Wards of disabled in service and boarded out with disability attributable to military service.
Priority V : Wards of Ex-Servicemen and serving personnel who are in receipt of Gallantry Awards:
(i) Param Vir Chakra
(ii) Ashok Chakra
(iii) Maha Vir Chakra
(iv) Kirti Chakra
(v) Vir Chakra
(vi) Shaurya Chakra
(vii) Sena, Nau Sena, Vayu Sena Medal
(viii) Mention-in-Despatches.
Priority VI : Wards of Ex-Servicemen.
Priority VII : Wives of:
i) defence personnel disabled in action and boarded out from service.
ii) defence personnel disabled in service and boarded out with disability attributable to military service.
iii) ex-Servicemen and serving personnel who are in receipt of Gallantry Awards.
Priority VIII : Wards of Serving Personnel.
Priority IX : Wives of Serving Personnel.

2. This issues with the approval of Hon'ble Raksha Mantri and supersedes our earlier letters of even number dated 19.05.2017 and 30.11.2017 on the subject.

Sd/-
(Santosh)
Joint Secretary (Res.II)
Tel.23015772

Appendix-21

FORM OF CERTIFICATE TO BE SUBMITTED BY THE FATHER/MOTHER OF THOSE CANDIDATES WHO ARE BONAFIDE HIMACHALI AND ARE EMPLOYEES OF CENTRAL GOVERNMENT/UNDERTAKINGS OF AUTONOMOUS BODIES ESTABLISHED BY THE CENTRAL GOVERNMENT WHO ARE WORKING/POSTED OUTSIDE THE HIMACHAL PRADESH ON ACCOUNT OF HIS/HER SERVICE/POSTING.

(To be issued by the Head of Deptt./Zonal Head/Regional Head/Divisional Head of the concerned Undertakings/Autonomous Bodies)

Certified that Shri/SmtFather/Mother of
Mr./Ms. (Name of the Candidate) who is at present
working as (Designation)in this Central
Govt.Department/Undertakings/Autonomous Bodies (Name of department
Undertakings/Autonomous Bodies).....

Certified that Shri/Smt is an employee of Central
Govt.Department/Undertakings/Autonomous Bodies (Name of department
Undertakings/Autonomous Bodies and working/posted outside the state of Himachal Pradesh
on account of his/her
service

w.e.f.....to.....

(Note: Struck out which is not applicable)

Signature with legible Seal (Zonal Head/Regional Head/Divisional Head)
Head of Deptt.)

Date :

Place :

Note : Doubtful certificate will be got verified from the competent authority and if found wrong, will render the student liable to expulsion and suitable legal action

Appendix-22
Embassy Certificate of Foreign Candidate (For NRI Candidates)
(ON THE LETTERHEAD OF THE CONCERNED INDIAN DIPLOMATIC MISSION)

F. No. : _____

Date: _____

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. /Mrs. / Ms. _____ S/o / W/o / D/o _____
Holder of Passport No. _____ issued on _____ at _____
_____ valid upto _____ presently residing at _____
_____ has stayed abroad for more than 182 days
during the last financial year and enjoys the status of Non-Resident Indian (NRI) for the period from _____
_____ till date. He may be extended all courtesies and facilities, as admissible to the Non-
Resident Indians (NRIs).
This certificate is issued for his Son/Daughter/Daughter-in-Law/Spouse _____
, for seeking admission in India under NRI Quota.

The validity of this Certificate is for six months only.

PLACE:

SIGNATURE :

DATE :

NAME :

DESIGNATION:

SEAL :

(OF THE ISSUING AUTHORITY)