

Student Mob. No.....

Sl. No.:

E-mail ID:

CHECK SHEET

VERIFICATION OF ORIGINAL DOCUMENTS TO BE SUBMITTED BY
THE CANDIDATE FOR ADMISSION INTO THE M.B.B.S. COURSE AT
DHARANIDHAR MEDICAL COLLEGE & HOSPITAL, KEONJHAR

UNDER STATE / ALL INDIA QUOTA FOR THE SESSION 2023-24

Affix Stamp
size Colour
Photograph

1. Name of the Candidate Rank / Merit No.....
2. Age.....Gender Religion
3. Number of documents submitted by the candidate Remarks of Verifying Officer
(Original with 2sets of Photo-copies)
4. Allotment Letter :
5. Admit Card of CBSE-NEET (UG) :
6. CBSE-NEET (UG) Examination Result (Mark) Card :
- Marks secured in Physics Chemistry Biology Total
- Whether total marks is more than 360 or not (288 for SC/ST/PH) (Yes No)
7. Board Certificate of Passing HSC or
Equivalent Examination in Support of Date of Birth :
8. Certificate of Council / University of passing
+2 Sc. or equivalent qualifying examination. :
9. Mark sheet of +2 Sc. Or equivalent examination :
- Whether the candidate is having Practical examination in Physics, Chemistry & Biology
- % of Marks in PCB Marks in English
10. College leaving Certificate / Transfer Certificate from
the Principal of College last studied. :
11. Conduct Certificate from the Principal of College last studied :
12. Residence / Nativity / Employee Certificate /
Odia belonging to Outlying Odia speaking track :
13. S.C. / S.T. / P.H. / G.C. / Ex. Serviceman
Certificate from the competent authority :
14. Anti-ragging Undertakings downloaded from web (Supplied) :
15. Four Colour Passport size Photographs :
16. Identity Proof (Voter ID Card / Aadhaar Card etc.) :
17. Whether found medically fit :
18. Whether Bond has been executed :
19. Demand Draft / NEFT Only (No other mode of payment will be entertained) for Rs. 37,950/- (Rupees Thirty
Seven Thousand Nine Hundred Fifty) only in favour of "DEAN AND PRINCIPAL DDMCH KEONJHAR"
Account No.-41275191438 of State Bank of India, Keonjhar,IFSC: SBIN0000113; Drawn in
.....Dated.....
20. Whether Eligible for Admission :

Orders of Principal

Dean & Principal

Dharanidhar Medical College & Hospital, Keonjhar
Dharanidhar Medical College & Hospital
Keonjhar

Verifying Authority

**ALL ORIGINAL DOCUMENTS ALONG WITH XEROX COPIES
(TWO SETS) REQUIRED FOR MBBS ADMISSION 2023-24**


#####

**THE FOLLOWING DOCUMENTS IN ORIGINAL ARE MANDATORY FOR ADMISSION
CUSTODIAN CERTIFICATE / UNDERTAKING WILL NOT BE ACCEPTED AS PER RULE
AND WILL LEAD TO FORFEITURE OF THE ALLOTTED SEAT**

1. Provisional Allotment Letter Generated Online
 2. Admit Card of Examination Issued by NEET
 3. Result / Rank Letter Issued by NEET
 4. Class 10th Pass Certificate
 5. Class 10 +2 Pass Certificate
 6. Class 10 + 2 Mark Sheet
 7. Migration Certificate
 8. College Leaving Certificate / Transfer Certificate from the Last Institute Studied
 9. Conduct / Character Certificate
 10. Category Certificate (SC / ST / OBC /EWS / PH) from Competent Authority
 11. 4 (Four) Numbers Passport Size Colour Photographs (Signed on the backside)
 12. Proof of Identity (Aadhar / PAN / Voter ID / Passport / Driving License)
 13. Admission Fees: Rs. 37,950/- (Rupees Thirty Seven Thousand Nine Hundred Fifty) only Name of Account: "**DEAN AND PRINCIPAL DDMCH KEONJHAR**" SBI Account Number – **41275191438**; IFSC: **SBIN0000113**
- ❖ Hostel fees (Rs-14000/-) and University fees to be collected after admission.

Nodal Officer:

Dr. Surendra Nath Soren
Mobile No. +91-9437258776
Contact between 10.00 AM to 5.00 PM


(Signature of Nodal Officer)

(Signature of Verifying Officer)

UNDERTAKING

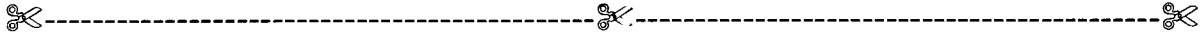
I Son / Daughter of Sri
..... Bearing Rank / Merit No... ..Admitted
into M.B.B.S. Course on under AIQ / State Quota at Dharanidhar
Medical College & Hospital, Keonjhar, do here by undertake that I shall produce the following
documents within 10 days from the date of my admission failing which my name will be struck off
from the admission Register and the fees paid will be forfeited.

- 1.
- 2.
- 3.

Signature in full of the Student

Merit No.....

Signature of the Officer In-charge.



UNDERTAKING

I Son / Daughter of Sri
..... Bearing Rank / Merit No... ..Admitted
into M.B.B.S. Course on under AIQ / State Quota at Dharanidhar
Medical College & Hospital, Keonjhar, do here by undertake that I shall produce the following
documents within 10 days from the date of my admission failing which my name will be struck off
from the admission Register and the fees paid will be forfeited.

- 1.
- 2.
- 3.

Signature in full of the Student

Merit No.....

Signature of the Officer In-charge.

DHARANIDHAR MEDICAL COLLEGE & HOSPITAL, KEONJHAR

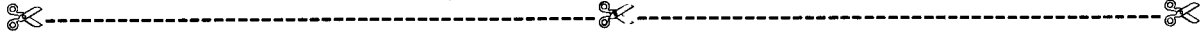
OFFICE COPY

This is to certify that Sri / Kumari _____, son / daughter of Sri _____ is admitted into 1st year M.B.B.S. course at this College on Dt. _____ against AIQ / State Quota, 2022-23 during the _____ Round of

Counselling. The following original documents of him / her are retained here.

1. Matric (H.S.C.) / 10th Certificate
2. +2 Sc. Certificate
3. +2 Sc. Mark Sheet
4. Residence Certificate
5. Admit Card of CBSE-NEET (UG)
6. Category Certificate (GC / SC / ST / PH / EWS)
7. C.L.C. / Transfer Certificate
8. Conduct Certificate

For Dean & Principal
Dharanidhar Medical College & Hospital,
Keonjhar



DHARANIDHAR MEDICAL COLLEGE & HOSPITAL, KEONJHAR

STUDENT'S COPY

This is to certify that Sri / Kumari _____, son / daughter of Sri _____ is admitted into 1st year M.B.B.S. course at this College on Dt. _____ against AIQ / State Quota, 2022-23 during the _____ Round of

Counseling. The following original documents of him / her are retained here.

1. Matric (H.S.C.) / 10th Certificate
2. +2 Sc. Certificate
3. +2 Sc. Mark Sheet
4. Residence Certificate
5. Admit Card of CBSE-NEET (UG)
6. Category Certificate (GC / SC / ST / PH / ES)
7. C.L.C. / Transfer Certificate
8. Conduct Certificate

For Dean & Principal
Dharanidhar Medical College & Hospital,
Keonjhar

UNDERTAKING AGAINST RAGGING

I. UNDERTAKING BY THE STUDENT

1. I,.....,S/o. D/o. of Mr./Mrs./Ms.....,have carefully read and fully understood the law prohibiting ragging and the directions of the Supreme Court and the Central/State Government in this regard.
2. I have read/received a copy of the MCI Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.
3. I hereby undertake that-
 - i. I will not indulge in any behaviour or act that may come under the definition of ragging,
 - ii. I will not participate in or abet or propagate ragging in any form,
 - iii. I will not hurt anyone physically or psychologically or cause any other harm.
4. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the MCI/NMC Regulations mentioned above and/or as per the law in force.

Signature...../date.....

II. UNDERTAKING BY PARENT/GUARDIAN

1. I,..... F/o. M/o. G/o....., have carefully read and fully understood the law prohibiting ragging and the directions of the Hon'ble Supreme Court and the Central/State Government in this regard as well as the MCI Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.
2. I assure you that my son / daughter / ward will not indulge in any act of ragging.
3. I hereby agree that if he/she is found guilty of any aspect of ragging, he/she may be punished as per the provisions of the MCI Regulations mentioned above and/or as per the law in force.

Signature...../date.....

**Dean & Principal
Dharanidhar Medical College &
Hospital,Keonjhar**

Signature of Verifying Officer

N.B :-All Letter should be Capital

Dharanidhar Medical College, Keonjhar

MBBS STUDENTS UNDER AIQ/STATE QUOTA SESSION- 2023-24

PERMANENT ADDRESS

NAME :-

D.O.SB. :-

COURSE :-

ENROLLMENT NO.:-

BLOOD GROUP :-

AT:-

PO:-

PS:-

DIST:-

PIN:-

MOB. NO.:-

*Affix Stamp size
Colour Photograph*

PRESENT ADDRESS

NAME :-

D.O.B. :-

COURSE :-

ENROLLMENT NO.:-

BLOOD GROUP :-

AT:-

PO:-

PS:-

DIST:-

PIN:-

MOB. NO.:-

NOTE/NBE: - SES- BPL/APL

Mother- AWW/ASHA (Health worker)/ NA

Minority :- Yes / No