

Raiganj Government Medical College & Hospital
Raiganj, Uttar Dinajpur
UG admission under State Quota 2023
Document Verification Checklist

Round: 1st / 2nd / 3rd / Stray Date / / 2023
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Name of the candidate: _____

NEET-UG Roll Number: _____ **DOB:** _____ (dd-mm-yyyy)

Percentile score: _____ **All-India rank:** _____ **Mobile:** _____

Proposed Admission category: Gen (UR) SC ST OBC-A OBC-B EWS PWD

----- SECTION BELOW THIS LINE FOR USE BY VERIFICATION OFFICERS ONLY -----

Checklist

Remarks, if any

No.	Description	Yes	No	Remarks, if any
1	Photo ID proof [Passport / Voter card / AADHAR Card].	<input type="checkbox"/>	<input type="checkbox"/>	
2	Candidate profile letter and Proof of payment of counselling fees	<input type="checkbox"/>	<input type="checkbox"/>	
3	NEET-UG Admit card.	<input type="checkbox"/>	<input type="checkbox"/>	
4	NEET-UG Rank letter / Score card.	<input type="checkbox"/>	<input type="checkbox"/>	
5	Age proof [Birth Certificate or Secondary / Higher Secondary examination admit card / marksheet issued by a recognized Board or Council stating date of birth]. DOB must be on or before 01.01.2007.	<input type="checkbox"/>	<input type="checkbox"/>	
6	Class 10+2 Pass Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
7	Class 10+2 Marksheet for verification of marks English <input type="checkbox"/> Ok Physics <input type="checkbox"/> Ok Chemistry <input type="checkbox"/> Ok Biology <input type="checkbox"/> Ok	<input type="checkbox"/>	<input type="checkbox"/>	
8*	Domicile certificate <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B <input type="checkbox"/> WB eDomicile	<input type="checkbox"/>	<input type="checkbox"/>	
9	In case of Domicile B or E-domicile, any 2 photo ID proof of either <input type="checkbox"/> Father OR <input type="checkbox"/> Mother showing residential address in West Bengal from among <input type="checkbox"/> Passport <input type="checkbox"/> Voter card <input type="checkbox"/> AADHAR Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NA
10	Medical Certificate from Registered Medical Practitioner with Reg. No. and Official Seal	<input type="checkbox"/>	<input type="checkbox"/>	
11*	Valid <input type="checkbox"/> SC Certificate <input type="checkbox"/> ST Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NA
12*	Valid OBC Certificate <input type="checkbox"/> OBC <input type="checkbox"/> OBC-A <input type="checkbox"/> OBC-B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NA
13*	In case OBC Certificate issued before 01.04.2023, valid NCL / Certificate issued by appropriate authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NA
14*	Valid Economically Weaker Section (EWS) Certificate issued on or after 01.04.2023	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NA
15*	Valid Person with Disability (PwD) Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NA

* As per format provided by Government authorities.

** Suppression of any information may lead to seat cancellation if detected at later stage.

Signature of candidate with date

Signature of Verifying Officer with date



GOVERNMENT OF WEST BENGAL
 OFFICE OF THE PRINCIPAL
 RAIGANJ GOVERNMENT MEDICAL COLLEGE & HOSPITAL
 RAIGANJ, UTTAR DINAJPUR-733134
 E-mail: prinraiganjgmch@gmail.com
 Telephone No: (03523) 243-338

PROFORMA FOR HOSTEL ACCOMMODATION

To
 The Principal
 Raiganj Government Medical College & Hospital
 Raiganj, Uttar Dinajpur, Pin- 733134

[Sub: Seeking hostel accommodation in Boys' / Ladies' hostel of this Institution]
Through Proper Channel

Respected Sir/ Madam,

This is for your kind information that I
 Student of of batch
 Want hostel accommodation in Boys' / Ladies' hostel of this Institution. My details given below.

1. Rank:
2. Name of The Student:
3. Sex:
4. Address(Permanent / Correspondence):
5. Physically Handicapped: Yes/No
6. Date of Birth:
7. Category: GEN/SC/ST/OBC A/OBCB
8. Entrance Examination Name:
9. Maximum Marks In Entrance Examination:
10. Date of Admission:
11. Percentile:
12. Purpose for Seeking Hostel:

Signature



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OFFICE OF THE PRINCIPAL
RAIGANJ GOVERNMENT MEDICAL COLLEGE & HOSPITAL
RAIGANJ, UTTAR DINAJPUR-733134
E-mail: prinraiganjgmch@gmail.com
Telephono No: (03523) 243-338

To whom it may concern

This is to certify that

Son / daughter of.....

Residing at

is admitted to MBBS course on

during the session of 20..... to 20.....

He / She also deposited his / her 10+2 Examination **Mark Sheet & Certificate in Original** to this Office.

Principal
Raiganj Government Medical College & Hospital