



**Surat Municipal Institute of Medical Education & Research, Surat**  
(Municipal Medical College)  
Umarwada, Surat – 395010



**UG STUDENT DATA ENTRY FORM - ( SCMS)**

COURSE NAME	MBBS						RECENT PHOTO	
DATE OF ADMISSION	/ /2024							
GENDER	MALE ( ) / FEMALE ( )							
CATEGORY	(1) OPEN( ), (2) SC( ), (3) ST( ), (4) SEBC( ), (5) EWS( )							
ADMISSION OF QUOTA	(1)GQ ( )(2) LQ ( )(3) MQ ( )(4) NRI ( )							
STUDENT NAME (CAPITAL LETTER)	SURNAME		FIRST NAME		MIDDLE NAME(Father Name)			
BOARD :	GB( ), CBSE ( ), IC( ), NIOS( ), OTHER( )							
HSC SCHOOL NAME:								
OBTAINED MARKS OF THEORY ONLY	PHYSICS		CHEMISTRY		BIOLOGY		ENGLISH	
OBTAINED MARKS OF PRACTICAL	PHYSICS		CHEMISTRY		BIOLOGY			
OBTAINED MARKS OF (PCB) THEORY *			OBTAINED MARKS OF NEET-2024		ALL INDIA NEET RANK			
DATE OF BIRTH					GENERAL MERIT NO.			
AGE					CAT RANK NO.			
RELIGION					REGISTRATION NO.			--
CASTE					DATE OF REGISTRATION			--
SUB CASTE					MONORITY : (1) YES ( ), (2) NO ( )			
NATIONALITY					HANDICAP : (1) YES ( ), (2) NO ( )			
PRESENT NATIONALITY					NRI TYPE : **			
PLACE OF BIRTH								
CITY OF BIRTH					HOSTEL : (1) YES ( ), (2) NO ( )			
DISTRICT OF BIRTH								
WHATS UP NO.								
MOBILE NO.								
PRESENT ADDRESS	STREET :							
	CITY :			DISTRICT:				
	STATE :			COUNTRY:				
	PINCODE :							
E-MAIL ID :								
PHONE NO. WITH STD CODE					OFFICE PHONE NO.			
					EMERGENCY CONTACT NO.			
DATE : / /2024				STUDENT SIGNATURE				

# Surat Municipal Institute of Medical Education & Research, SURAT

Admission Year : 2024-25

For Office Use Only :

Registration Entry No.

Roll No.

Date of First Time Reporting Student

Admission Category & Merit No.

Date of Admission taken

Library/Hostel Deposit Receipt No. & Date

## (Form to be submitted in Duplicate with Certificates Copy)

An Application Form for Admission in First Yr. M.B.B.S. Course for Adm. Yr. 2024-25

1. Please read the instructions carefully before filling up relevant entries in this Form.
2. All Information should be filled by Student only.
3. Use Capital Block Letters only. Give right Code No. where it is given
4. Letters should be CLEAN & READABLE hand writing
5. Fill up all the information as per Last School Record

AFFIX  
YOUR RECENT  
PASSPORT SIZE  
PHOTOGRAPH  
Don't Stapler

To,

The Dean

Surat Municipal Institute of Medical Education & Research

SURAT.

Sir,

I undersigned kindly inform you that I have been provisionally selected as a student of First Year M.B.B.S. at your college through Admission Committee for Professional Under Graduate Medical Courses (ACPUGMEC) I request you to accept fees & Deposits & give me a final admission in your College.

I have attached the following Certificates/Documents with admission form.

- (1) Admission Order of ACPUGMEC (Attested Zerox copy) ..{ }
- (2) Allotment Letter of Help center with Nodal Officer sign ACPUGMEC (Attested Zerox copy) ..{ }
- (3) Receipt of payment of Tution fee at bank (Attested Zerox copy) ..{ }
- Tution Fee Receipt generated thru' Admission Module (Attested Zerox copy) ..{ }
- (4) Copy of NEET-UG-2024 Marksheet (Attested Zerox copy) ..{ }
- (5) Mark sheet of S.S.C.(Std.10) Exam. (Attested Zerox copy) ..{ }
- (6) Mark sheet of H.S.C.(Std.12) Exam. (Three Attested Zerox copy) ..{ }
- (7) Document showing place of birth & Date of Birth & Indian Citizenship (School leaving Certificate/ Transfer Certificate/Passport/Birth Certificate) (Attested Zerox copy) ..{ }
- (8) Domicile Certificate for student born outside Gujarat (with signature & stamp of Authority) issued by Competent Authorities (Mamlatdar/ Executive Magistrate/ Commissioner of Police) of Gujarat state only. (Attested Zerox copy) ..{ }
- (9) For SEBC, ST & SC Category : Cast Certificate issued by Competent Authorities of Gujarat State only. (Attested Zerox copy) ..{ }
- (10) For SEBC Category : Non creamy Layer certificate (Parishista "4" in Gujarati/ English) issued by Competent Authorities of Gujarat State only dated on or after 01/04/2021. (Attested Zerox copy) ..{ }
- (11) For EWS (Economically Weaker Section) Category : EWS certificate issued by Competent Authorities of Gujarat State only ..{ }
- (12) Aadhar Card : Student & Parents-Both (Attested Zerox copy) ..{ }
- (13) Bank Passbook with IFSC CODE & MICR CODE (Attested Zerox copy) ..{ }
- {1} (a) Candidate's Name (As per 12<sup>th</sup> Mark Sheet) **CAPITAL LETTER ONLY**

Mr./Miss \_\_\_\_\_

(b) Candidate's Father's Full Name : {Beginning with Surname First}

Mr. \_\_\_\_\_

(Surname)

First Name

Father's Name

{2} Candidate's Sex : [M/F] (1) Male [ ] (2) Female [ ]

{3} Father/Guardian's Occupation -

{4} Full Postal Address of Candidate for Correspondence :

House No. :

Village :

City :

Street Name :

Taluka :

District's Name & its Pin code No. :

{5} Date of Birth

(DD/MM/YEAR)

{6} Birth place (With District & State

{7} Home Town/Domicile : (With District/State)

{8} Contact No. with S.T.D. Code No. and Mobile No. : 1. Residence/Mother :

2. Personal :

3. Father :

4. Land Line No. :

Email ID :

{9} Admission Category (Write Proper Admission Category No. like 04 for SEBC)  
(1) EWS/OPEN (2) S.C. (3) S.T. (4) S.E.B.C. (5) CBSC - OPEN (6) CBSC-SC (7) CBSC-ST (8)  
CBSC- SEBC (9) PH (10) MQ-OPEN

{10} PAN No :

{12} Admission Merit No. with abbreviated Category | Category Name & Merit No.

{13} As per School Leaving Certificate/Record

(a) Religion : (b) Cast : (c) Sub Cast :

{14} Do you belongs to Reserved Category ? : Yes / No  
If Yes, Mention category, Cast & Sub Cast :

{15} Did you get the admission in Open category : Yes / No

{16} Name of H.S.C. Examination Board : [ ]

1.	G.	S.	E.	B.		2.	C.	B.	S.	E.		3.	I.	C.	S.	E.		4.	O	T	H	E	R
----	----	----	----	----	--	----	----	----	----	----	--	----	----	----	----	----	--	----	---	---	---	---	---

{17} Month & Year of H.S.C. Exam. Appeared :

{18} Exam. Seat No./Roll No. of H.S.C.

{19} Examination Passed

{19} Subject wise Marks : 

Eng	Che.	Bio.	Phyc.		

{20} (a) Marks obtained in P+C+B Subjects in H.S.C. Exam. of Board : /300

(b) Marks obtained in NEET-2024 Exam (Entrance Test) : /720

(c) Obtained Merit Marks for Medical Admission :

{21} Name of Last School attended with Place of H.S.C. Exam.


{22} School Leaving Certificate/Transfer Certificate No. & Date of Issued of Certificate :

No.		Date :	
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{23} Annual Gross Income of Family (Father +Mother +Other)  Rs.

{24} Name of Local Guardian with Address & Contact No. in case of Emergency

{25} Are you require accommodation in SMIMER Hostel ? : Yes / No

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**: D E C L A R A T I O N :**

All the information given in this Admission Form for Admission 2024-25 is correct and true as submitted previously in the Application Form at through Admission Committee for Professional Under Graduate Medical Courses (ACPUGMEC) as per best of my knowledge. We read and understood the rules of Admissions. We agreed/abide to follow all rules of college & University.

**Most Important :**

**\* Students & Parents are Directed To Keep 10 (Ten) Attested Zerox Copies Sets Of Each Under Mentioned Documents For Future Requirement.**

**Original Certificates Or Attested Zerox Copies Will Not Be Provided To Student Up To The Completion Of Final M.B.B.S. Course.**

Date : / /2024

\_\_\_\_\_  
Sign. of Father/Mother

\_\_\_\_\_  
Sign. of Student

F.W.Cs to : Head Clerk (Student Section)

Shri/Ku.....has paid Tuition Fee vide Receipt No. .... Date : / /20 Bank/ Branch Name: ..... and we have check the remain Tuition fee/ Received Tuition Fee etc. and necessary document received from the student and ensure about hostel accommodation, so do the needful for the student admission.

Verified by  
Account Section

Sr. Clerk/ Head Clerk  
Account Section

Submitted,

The above information and necessary documents checked and found correct so please grant the admission at the SMIMER.

Student Section

Personnel Officer

Dean Shri

SURAT MUNICIPAL INSTITUTE OF MEDICAL EDUCATION &  
RESEARCH (OSD)

NAME :

ROLL NO : -

AADHAR NO. :

SPID NO : - --

DATE OF JOINING MBBS :     /     /2024

DATE OF ISSUE : --

VALID UP TO : - --

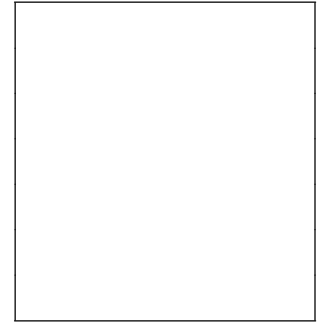
EMAIL ID:

DATE OF BRITH :

BLOOD GROP :

LIBRAY CARD NO : --

RESI. ADDRESS (WITH PINCODE) :



PH.:

MOBILE :

Whats up No.:

\_\_\_\_\_  
Student Signature

## LIST OF DOCUMENT SUBMITTED WITH THE FORM

\*(Zerox copy with self attested)

1	Allotment Letter of ACPPGMEC
2	Help center Reporting letter (With Signature of Nodal Officer)
3	Tuition Fee Receipt
4	Copy of NEET-UG-2024 Marksheet
5	Copy of S.S.C.(Std-10)Marksheet
6	Copy of H.S.C.(Std-12)Marksheet - <b>3 Zerox</b>
7	Proof of Place of Birth & Date of Birth & Indian Citizenship (School Leaving /Transfer certificate/Birth certificate/Passport)
8	Cast certificate issued by competent authorities of Gujarat State only
9	Non-creamy layer certificate (For SEBC Category) issued after 01/04/2022
10	EWS certificate (For EWS Category) issued after 01/04/2022
11	Copy of Passport [if Citizenship is Dual/ Foreign]
12	Aadhar card with Address (Student, Mother & Father)
13	*Transfer Certificate & Migration of Parenting College/University (If resident passed out M.B.B.S. of other University)
14	Bank Passbook/Statement (With IFSC Code & MICR Code)
15	Domicile Certificate for student born outside Gujarat (With signature & stamp of Authority) - If Applicable