

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



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

COURSE NAME	MBBS								
DATE OF ADMISSION	/ /2025								
GENDER	MALE ( ) / FEMALE ( )					1			
CATEGORY	(1) OPEN( ), (2) SC( ), (3) ST( ), (4) SEBC( ),					RECENT PHOTO			
	(5) EWS( )								
ADMISSION OF	(1)GQ ( )(2) LQ ( )(3) MQ ( ) (4) NRI (				RI ( )				
QUOTA									
STUDENT NAME	SURNAME	)		FIRST N	AME		MIDDLE NA	ME(Fathe	er
(CAPITAL LETER)				1110111111111		Name)			
	GB( ), (	CBSE (	) , IC( )	, NIOS(	), OTHER(	)			
HSC									
SCHOOL NAME:									
OBTAINED MARKS	PHYSICS		CHEMISTRY	7	BIOLOGY		ENGLISH		
OF THEORY ONLY	11113103		CHEMISTR	L	BIOLOGI		ENGLISH		
OBTAINED MARKS	PHYSICS		CHEMISTRY	7	BIOLOGY				
OF PRACTICAL	11115165		CHEWISTK	L	BIOLOGI				
OBTAINED MARKS			OBTAINED 1	MARKS		ALL IN	IDIA NEET		
OF (PCB) THEORY *			OF NEET-20			RANK			
DATE OF BIRTH	61 1/221 201			GENERAL MERIT NO.					
AGE					CAT RANK				
RELIGION					REGISTRATION NO.			_	_
CASTE					DATE OF REGISTRATION			_	_
SUB CASTE					MINORITY: (1) YES ( ), (2) N			(2) NO	( )
NATIONALITY					HANDICAP: (1) YES ( ), (2)		(2) NO	( )	
PRESENT					NRI TYPE : *	**			
NATIONALITY									
PLACE OF BIRTH									
CITY OF BIRTH					HOSTEL: (1) YES		( ), (2) NO ( )		
DISTRICT OF BIRTH									
WHATS UP NO.									
MOBILE NO.									
	STREET:								
PRESENT ADDRESS					DISTRICT:				
	STATE:				COUNTRY:				
	PINCODE	:							
E-MAIL ID :							1		
PHONE NO. WITH STD	)				OFFICE PHONE NO.				
CODE					EMERGENCY CONTACT NO.				
DATE: / /2025					5	STUDEN	T SIGNATU	RE	
DATE: / /2025									

### **Surat Municipal Institute of Medical Education & Research, SURAT**Admission Year: 2025-26

For Office Use	<u></u>	Regi Roll	stration Enti	ry No.			
Date of First Time	Admission	Admission Category & Merit No.					
Date of Admission	n taken	Library/Ho	stel Deposit R	eceipt No. 8	& Date	3	
<ol> <li>Please read the</li> <li>All Information</li> <li>Use Capital Bl</li> <li>Letters should</li> <li>Fill up all the in</li> </ol>	Form for Admission in F instructions carefully before for should be filled by Student of ock Letters only. Give right Cobe CLEAN & READABLE hanformation as per Last School	illing up relevant en nly. ode No. where it is g nd writing	tries in this For		CENT SIZE APH	-26	
To, The Dean Surat Municipal In SURAT. Sir,	stitute of Medical Education	& Research					
Year M.B.B.S. at Medical Courses (A in your College.	ed kindly inform you that I your college through Ad ACPUGMEC) I request you ned the following Certificates	mission Committ to accept fees & D	ee for Profess Deposits & giv	sional Unde e me a final	r Grac	duate	
	Order of ACPUGMEC (Attes		dillission form	•	{	}	
	Letter of Help center with N		ACPUGMEC	(Attested	·· \	}	
Zerox copy (3) Receipt of p	=	(Attested Zerox co	рру )		{ {	} } }	
	ET-UG-2025 Marksheet (Att			- F J )	{	}	
	of S.S.C.(Std.10) Exam. (Att				}	}	
* *	of H.S.C.(Std.12) Exam. (Th	/			{	}	
(7) Document	showing place of birth & D tificate/ Transfer Certificate	ate of Birth & Ind	lian Citizensh		{	}	
Authority)	ertificate for student born of issued by Competent Authors of Police) of Gujarat state	orities (Mamlatda	r/ Executive		{	}	
( )	ST & SC Category : Cast Ce e only. (Attested <b>Zerox copy</b>	•	Competent Au	thorities of	{	}	
in Gujarati	Category: Non creamy I Issued on/after 01-04-202 -04-2025, valid for 2025-2	<b>3</b> , valid for 2025-	-26 & in Engl		{	}	
(11) For EWS (	Category: EWS certificate ued on/after 01-04-2023, v	issued by Gujarat	State Authoriti	•	{	}	
on/after <b>01</b> (12) Aadhar Card	<b>-04-2025</b> , valid for 2025–2d: Student & Parents-Both (A	26 (Attested <b>Zerox</b> Attested <b>Zerox copy</b>	copy)		{	}	
· · ·	ook with IFSC CODE & MIC	`			{	_}_	
` '   ` '	te's Name (As per 12 <sup>th</sup> Mar	k Sheet) CAPITAL	LETTER ONL	Y			
Mr.	(	First Name	Fathe	er's Name			
( )	Sex : [M/F] (1) Male [	] (2) Female [	]				
. ,	rdian's Occupation -	_					
House No. Street Nan	ne:	orrespondence: illage:	Ci Tal	ty : uka :			
	Name & its Pin code No.:						
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3. Father:

2. Personal:

4. Land Line No.:

<pre>{9} {10}</pre>	Admission Category (Write Prope (1) EWS/OPEN (2) S.C. (3) S.T. (4) CBSC- SEBC (9) PH (10) MQ-OPEN PAN No:	S.E.B.C. (5)	•		,	7) CBSC	C-ST (8)
{12}	Admission Merit No. with abbreviated	d Category	Catego	ry Name	& Merit No	).	
{13}	( )	) Cast :		` '	Sub Cast :		
<ul><li>{14}</li><li>{15}</li></ul>	Do you belongs to Reserved Category If Yes, Mention category, Cast & Sul Did you get the admission in Open	b Cast:	Yes / No				
{16}	Name of H.S.C. Examination Board. G. S. E. B. 2. C. B.	rd :	[ <b>3.</b> I.	] C. S.	E. <b>4.</b>	ОТ	Н Е І
	1. G. S. E. B. 2. C. B.	J. L.					
{17}	Month & Year of H.S.C. Exam. A						
{18}	Exam. Seat No./Roll No. of H.S.C Examination Passed						
{19}	Subject wise Marks:	Eng	Che.	Bio.	Physc.		
{20} {21}	<ul> <li>(a) Marks obtained in P+C+B S</li> <li>(b) Marks obtained in NEET-20</li> <li>(c) Obtained Merit Marks for M</li> <li>Name of Last School attended with</li> </ul>	)25 Exam (E Iedical Adm	entrance 'aission :	Test):	oard : /720	/300	
{22}	School Leaving Certificate/Transfer	er Certificat	e No. & 1	Date of Is	ssued of Cer Date :	tificate	:
<ul><li>{23}</li><li>{24}</li><li>{25}</li></ul>	Annual Gross Income of Family (I Name of Local Guardian with Add Are you require accommodation in	dress & Con	tact No. i	in case of	Rs. Emergency		
	: D E 0	CLARA	OITA	<u>N:</u>			
Under unders Most * Stud Unde Origi	All the information given in this A mitted previously in the Application Graduate Medical Courses (ACP stood the rules of Admissions. We agamportant: dents & Parents are Directed Tor Mentioned Documents For Futural Certificates Or Attested Zeroletion Of Final M.B.B.S. Course.	n Form at th UGMEC) a greed/abide t Keep 10 ( ure Requir	rough A s per be to follow Ten) At tement.	dmission est of m all rules tested Z	Committee y knowledg of college & erox Copie	e for Proge. We Universes Sets	ofessional read and rsity.  Of Each
Date		Sign. of Fat	her/Mot1	her	Sion	of Stud	ent
F.W.	Cs to : Head Clerk (Student Section)				C		
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Subm	Verified by Account Section itted, The above information and necess	ary docume	ents chec	A	Clerk/ Head Account Sec	tion	ease grant

Email ID:

Student Section Personnel Officer Dean Shri

the admission at the SMIMER.

### SURAT MUNICIPAL INSTITUTE OF MEDICAL EDUCATION & RESEARCH (OSD)2025-26

NAME:	
ROLL NO:-	
AADHAR NO.:	
SPID NO :	
DATE OF JOINING MBBS: / /2025	
DATE OF ISSUE :	
VALID UP TO :	
EMAIL ID:	
DATE OF BRITH:	
BLOOD GROP:	
LIBRAY CARD NO:	
RESI. ADDRESS (WITH PINCODE):	
PH.:	
MOBILE: Stu	dent Signature
Whats up No.:	

# \*(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-2025 Marksheet
5	Copy of S.S.C.(Std-10)Marksheet
6	Copy of H.S.C.(Std-12)Marksheet - 3 Zerox
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 <b>SEBC</b> Category)
	in Gujarati Issued on/after <b>01-04-2023</b> , valid for 2025–26 & in
10	English Issued on/after 01-04-2025, valid for 2025–26  EWS certificate (For EWS Category)
10	in Gujarati Issued on/after <b>01-04-2023</b> , valid for 2025–26 & in
	English Issued on/after <b>01-04-2025</b> , valid for 2025–26
11	Copy of Passport [if Citizenship is Dual/ Foreign]
12	Aadhar card with Address (Student, Mother &
	Father)
13	School leaving Certificate/Transfer Certificate
14	Bank Passbook/Statement (With IFSC Code &
	MICR Code)
15	If student <b>born outside Gujarat</b> : Required <b>Domicile</b>
	Certificate (Original) issued by Gujarat State
	Authorities (Mamlatdar/ExecutiveMagistrate /Police
	Commissioner)