



AIPGMEE-2026

GOVERNMENT MEDICAL COLLEGE, SURAT

Outside Majura Gate, Surat-395 001

**ALL INDIA****NEET P. G. ENTRANCE EXAM-2026****REPORT FOR ADMISSION IN POST GRADUATE COURSE**

(To be submitted in duplicate)

Date of Report: _____.

Name: _____

Address: _____

E-mail I.D. _____

1st Round**2026-27 Year**

To,
The Dean,
Govt. Medical College,
Out side Majura Gate,
SURAT-395 001.

AIR-Merit No. _____ NEET PG Roll No _____.

Mobile No.(self) _____ Whatsapp No.(self) _____

Whatsapp Mo. No. (Father) _____ Mo.No.(Mother) _____

Sir,

I the undersigned here by report for admission in Postgraduate course at your College,

I submit herewith the following Certificate/documents.

- (1) Subject: _____ Degree _____
- (2) Date of Internship Completed : _____
- (3) Name of the University : _____
From which MBBS passed with the: _____
- (4) Name of State. : _____

Following Documents are attach with the application form

- | | |
|---|--------------------------------|
| (1) Provisional Allotment Letter issued by MCC. | :(Original)+(Xerox)Attested. |
| (2) Cast Certificate. (Validity Certificate)-(ST/SC/OBC/EWS) | :(Original)+(Xerox)Attested. |
| (3) Admit Card issued by NBE. | :(Original)+(Xerox)Attested. |
| (4) Result/Rank letter issued by NBE. | :(Original)+(Xerox) Attested. |
| (5) Mark Sheet MBBS 1 st , 2 nd , 3 rd Professional Examinations. | :(Original)+(Xerox) Attested. |
| (6) Degree Certificate. (Provisional / Permanent). | :(Original)+(Xerox) Attested. |
| (7) Internship Completion Certificate. (College & University) | :(Original)+(Xerox) Attested. |
| (8) U.G. State Registration Certificate. (Provisional/Permanent). | :(Original)+(Xerox) Attested. |
| (9) Birth Date Proof. (As per 10th Mark sheet/Passing Certificate.)
(Birth Certificate/Leaving Certificate). | :(Original)+(Xerox) Attested. |
| (10) Aadhar Card | : (Xerox) Attested |
| (11) 12 th MARK SHEET. | :(Original)+(Xerox) Attested. |
| (12) Disability Certificate. (If Applicable) | : (Original)+(Xerox) Attested. |

I hereby undertake that the information given above and documents submitted are correct.

Place :-Surat.

Date :- _____.

Yours Faithfully,

(Signature of Student)

Please accept FIRST YEAR DEGREE Residency Deposit.

PLA DEPOSIT :-

Rs. _____.

P.T.O.

..2..

I shall produce the Following Certificate / Documents within 30 Days.

- (1) **Certificate of Permanent Registration from Gujarat Medical Council, Ahmedabad.**
(2) _____
(3) _____
(4) _____
(5) _____

I know that, if I fail to produce the above remaining certificate / documents within 30 days, my admission will be cancelled.

Place :-Surat.

Date :-

(Signature of Student)

PLEASE RIGHT IN BLOCK LETTER

Date of Report :- _____

Name :- _____

Address :- _____

Merit No. _____

Mobile No. _____

Undertaking
(Make it on 300/- stamp paper)

I, hereby declare that the information/documents given by me at the time of application/counselling/joining are true. If anything is found to be incorrect or false or misguiding at any time, I understand that my admission shall be cancelled and I may be prosecuted, also I shall be ineligible to apply in future. I shall abide by the consequences.

I read and understood all the rules and regulations of Admission to Post Graduate Medical courses. I shall abide by all the rules and regulations. I accepted all the terms and conditions pertaining to Admission to Post Graduate Medical courses and I do not have any objection with rules and regulations.

I am not engaged in any post graduate course in any institute at the time of submission of Application form & at present. After my admission. I **do not join the course or resign** from course/leave the seat after Counselling is complete, in such conditions, I also understand that,

1. My admission and registration will be cancelled without any notice thereof.
2. I will not be eligible for future admission in this University.
3. My all deposit amount, Admission fees, tuition fees and university fees are forfeited and I will have no claim on it.
4. I have to pay 50% of the bond amount as per the rules of Government of Gujarat for Government College.

If I do not comply with above conditions, then legal action can be initiated against me.

I will obtain **Permanent Registration** with Gujarat Medical Council within one month from the date of my admission, failing which my admission shall be cancelled without any notice thereof; fees forfeited and will not be eligible to apply in future.

I will have to submit the topic of **Dissertation** in the prescribed form duly completed, through the College within three months from the last date of Joining. If it does not reach to the University within three month from the last date of Joining then one term of Candidate will not be granted.

I will have to participate in **Post Graduate Orientation Program** during the first year of residency, within six months of my admission to become eligible to appear in university examination. I will undergo **DRP, BCBR, GCP/GCLP and ACLS/BCLS** training during my residency as per PGMER 2023.

I shall abide by G.R. No. MCG/1019/1643/J, dated: 30/01/2020 & Circular No. MCG/Bond/Policy/AIQ/II/28100-11/2022, dated 14/09/2022 of Gujarat Government that **bond of Rs.40,00,000/-** (Rupees Forty Lacs) shall be applicable to all Post graduate degree students admitted in Government Medical Colleges of Gujarat State. **(This bond is applicable to the students admitted under both State Quota and All India Quota. This bond is not applicable for the students admitted in Anatomy, Physiology, Biochemistry, Community Medicine, Pharmacology and Forensic Medicine.)**

I give undertaking that I will submit required bond documents and complete official formalities within one month of joining in concerned department. Failing which I will be liable for actions taken by Medical College and Government of Gujarat.

I will have to pay the deposits and fees of College and University as per the rules and regulations of Government of Gujarat and Veer Narmad South Gujarat University.

I give undertaking that if I remain absent during P.G. teacher allotment; I shall have no claim for my post graduate teacher of choice.

I have also verified my eligibility before submission of Application for admission to Post Graduate Medical Courses /Post Graduate Medical Admission and also verify my eligibility to apply against category to which I am entitled. If through mistakes/error, the forms are accepted and through mistake/error I admitted in Post Graduate Medical course & if I found to be ineligible, in such case I cannot claim any right or interest arising out of acceptance of form/admission in Post Graduate Medical course.

I will abide by the rules and regulations of National Medical Commission, MCC/ACPPGMEC, Government of Gujarat, Veer Narmad South Gujarat University and Government Medical College, Surat.

Name:

NEET PG 2025 Roll no.:

NEET PG 2025 Rank:

Course:

Date of Birth:

Institute Name:

Residential Address:

Mobile Number:

Email ID:

Signature:

Date:



**Office of Dean,
Government Medical College,
Majuragate ,Surat.**



Website: www.gmc Surat.edu.in, E-Mail: dean.health.surat@gmail.com, Fax No.: 0261-2241025, Phone No.: 0261-2244175.

Department : - _____

ANTIRAGGING UNDERTAKING BY THE CANDIDATE/STUDENTS

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 the copy of MCI(NMC) regulation on Curbing the Meance of Ragging in Higher education
Institution, 2009
3. I hereby undertake that :
 - I will not indulge in any behavior or act that may come under the definition of ragging.
 - I will not participate in or abet or propagate ragging in any form,
 - I will not hurt anyone physically or psychologically or cause any other harm.

I hereby agree that if found guilty of any aspect of ragging, I may be punished as per provisions
of NMC Regulation mentioned above and / or as per cause law in force.

Signed this _____ day of _____ month of _____ Year

Signature :

Address : _____

Name :

1) Witness :

2) Witness :

Candidate's Course/Branch: _____

MEDICAL FITNESS CERTIFICATE

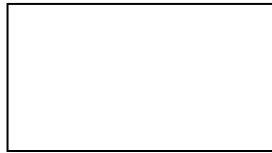
MEDICAL EXAMINATION OF A CANDIDATE FOR ADMISSION TO MEDICAL POSTGRADUATE COURSES

I hereby certify that I have examined
Shri/Kum/Smt.....
.....a candidate for admission to the medical postgraduate
courses and cannot discover that he/she has any disease, constitutional weakness or bodily
infirmity,except.....
.....

I do not consider this as a disqualification for admission to the Medical postgraduate
courses. His/Her age, according to his/her own statement, is.....years
and appearance.....years.

Marks of identification: _____

Impression of left thumb:



(1) Signature

(2) Full Name

(3) Qualification (Minimum M.B.B.S)

(4) Registration No.

Date: __/__/20__