

M.B.B.S. ADMISSION BOOKLET ACADEMIC YEAR 20 - 20



FOR OFFICE USE ONLY

Admission Register

Page No.:

Sl. No.:

**BHIMA BHOI MEDICAL COLLEGE & HOSPITAL,
BALANGIR, ODISHA. PIN: 767 002.**

Ph. NO. 06652 – 236001, Fax: 06652 – 236002,

website: www.gmchbalangir.infocreatives.com, e-mail id: gmcbalangir@gmail.com

AIQ: SQ:
[Please tick in the appropriate box.]

Name of the Candidate:

NEET Rank No.: Roll / Confirmation No.:

Application No. / Testing Id.: Date of birth:

Category: UR: SC: ST: OBC / SEBC: PwD: ES: GC:
[Please tick in the appropriate box.]

ROUND	Date of Admission	Date of Relieve / Resignation
AIQ 1:	<input type="text"/>	<input type="text"/>
AIQ 2:	<input type="text"/>	<input type="text"/>
SQ 1:	<input type="text"/>	<input type="text"/>
SQ 2:	<input type="text"/>	<input type="text"/>
SQ MOP UP:	<input type="text"/>	<input type="text"/>

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2	BIO-DATA
3	MEDICAL EXAMINATION
4	DOCUMENT SUBMISSION SHEET
5	VERIFICATION OF ORIGINAL DOCUMENTS
6	UNDERTAKINGS
7	IDENTITY CARD PROFORMA
8	APPLICATION FOR ALLOTMENT OF HOSTEL SEAT
9	CUSTODIAN CERTIFICATE

MBBS ADMISSION FEES		
Sl. No.	Government fees:	Amount in INR
1	Admission Fees	1000/-
2	Tuition Fees	17000/-
3	Fees for supply of blank answer book	100/-
	Total	18100/-
Non-Government fees:		
4	Security deposit (refundable)	10000/-
5	Student union Fees	500/-
6	Academic society Fees	200/-
7	Games Fees	200/-
8	Magazine Fees	150/-
9	Cultural society Fees	100/-
10	Audio visual society Fees	200/-
11	Dramatic society Fees	100/-
12	University Athletic Fees	65/-
13	University Cultural Fees	40/-
14	University Migration Fees	201/-
15	Identity Card Fees	100/-
16	Orissa Red Cross Society Fees	20/-
17	Students Aid Fees	24/-
	Total	11900/-
	Grand total	30000/-

HOSTEL ADMISSION FEES: Allotment of seats in all the hostels is made by the Dean and Principal according to availability and preferentially to the needy and deserving students.

HOSTEL ADMISSION FEES		
Sl. No.	Category	Amount
1	Hostel Fees (Govt) *	2500/-
2	Elec and Water Charges (Govt) *	3500/-
3	Hostel Fund *	1500/-
4	Hostel Common Room Fee *	500/-
5	Caution Money *	2000/-
	Total	10000/-

N.B.: FEES TO BE DEPOSITED ONLY AFTER THE CANDIDATE IS ALLOWED FOR ADMISSION / ALLOTTED A SEAT IN THE HOSTEL.

PROCEDURE TO REMIT THE FEES:

Open a browser like chrome / firefox etc. – in the address bar type <https://www.onlinesbi.com> – Click the agree button and click next – click the link “SBCollect” at the top of the page – Select Odisha and Educational institutions from the drop down menu and click next – Select Government Medical College and Hospital, Balangir from the drop down menu and click next – Fill in all the desired informations [please do not any signs such as comma, full stop, hyphen, etc in any space], in the lower part again put candidates details in the spaces provided and click next – check the correctness of information and click next if correct – pay from the various payment options.

*** **



BIO-DATA OF THE CANDIDATE:

Affix your
recent Passport
size
photograph
here.

Name [Student]:

Date of Birth [in numericals & words]:

Aadhar No.:

Age in years:

Sex:

Category:

Father's details:

Name:

Aadhar No.:

Occupation:

Annual income in INR:

Mother's details:

Name:

Aadhar No.:

Occupation:

Annual income in INR:

Present Address:

At:

P.S.:

P.O.:

District:

State:

Pin:

Permanent Address [if other than present address]:

At:

P.S.:

P.O.:

District:

State:

Pin:

Contact details:

Mobile no. with Whatsapp:

Student:

Father:

Mother:

e-mail id:

Student:

Father:

Mother:

Bank Account details [for refund of fees, if required]:

Name of the Ac. Holder:

Ac. No.:

IFSC Code:

Bank Name:

Name of Branch:

Date:

Signature of the Student

MEDICAL EXAMINATION REPORT:

Certified that on this day we have examined
Mr. / Ms.: Rank / Merit No:
 for physical fitness to pursue Medical Studies. The findings are as detailed below.

1. Name of the candidate:
2. Father's name:
3. Age & Sex: Height in cms: & Weight in Kgs:
4. Personal Marks of identification:
i:
ii:
5. P: I: Cy: Cl: E: // Pulse: B.P.: mm of Hg,
Respiratory rate: Chest: CVS: CNS:
Musculo-skeletal system:
6. Chest X Ray: PA & Lateral views:

Department of Radio-Diagnosis
7. Sputum for A.F.B.:

Department of Microbiology
8. Urine for R.E. & M.E.:

Department of Pathology

Result of Medical Examination:

Whether found fit / unfit:
[if unfit give reasons].

Department of Medicine

Department of Surgery

Department of Obstetrics & Gynaecology [For female candidates only]

Signature of the candidate in full:

DOCUMENT SUBMISSION & VERIFICATION SHEET:

Name of the candidate:

Roll No.:

Application No.:

D.O.B. (DD / MM / YYYY):

Category: UR:

SC:

ST:

OBC / SEBC:

PwD:

ES:

GC:

[Please tick in the appropriate box.]

Sl. No.	Document Submitted (original & self-signed photocopy)	Document Serial No.	Found correct or not	
1.	ID Proof (Original to be returned after verification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	NEET Admit Card (Roll No)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	NEET Rank Letter & NEET Score Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Online generated Self-declaration Slip [only for AP-TL-JK natives] [Verified online- yes/no]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Provisional Allotment Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Relieving Letter (applicable for second round)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	10 th Certificate [for age proof, UR:05.05.1994-31.12.2002 & SC/ST/OBC/PwD:05.05.1989-31.12.2002]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	+2 Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	+2 Mark Sheet [must have passed in the subjects of Physics, Chemistry, Biology/Bio-technology and English individually & in PCB for UR – 50%, SC/ST/OBC – 40%, UR-PwD – 45%]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Transfer Certificate / College Leaving Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Conduct Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Reservation Certificate: (ST/SC/OBC/SEBC/PH/GC/ES) Mention: Issued by native state <input style="width: 100px;" type="text"/> [OBC status verified from Central OBC list online -yes/no]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Two passport size photographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Resident Certificate [for SQ candidates only]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Declaration to participate in further rounds of counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Medical Fitness certificate by the Institute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Admission fees for Rs: <input style="width: 100px;" type="text"/> Receipt No. <input style="width: 100px;" type="text"/> <input style="width: 100px;" type="text"/> & Date: <input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18.	Affidavit for payment of penalty of Rs.1.00 lakh in case the candidate leaves the seat after counselling is over [for SQ candidates only]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Bond, if required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Other documents if any (mention): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUALIFYING MARK DETAILS:							
21.	Subject	Eng	Phy	Chem	Bio	Found correct or not	
	Mark Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Maximum Mark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Total	Eng <input type="checkbox"/>	PCB <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Percentage	Eng <input type="checkbox"/>	PCB <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- I am submitting herewith the documents as listed above in Original Numbers in total along with photocopy of each for verification and institutional custody for admission to the MBBS course during the year 20 - 20 at Bhima Bhoi Medical College & Hospital, Balangir, Odisha.
- I do hereby undertake that, all the documents and information submitted by me is true to the best of my knowledge and belief. If the same are found to be false at any point of time now onwards, my admission to the course will stand cancelled and I shall be entitled for any legal action as deemed proper under rule.

Signature of the Candidate

Name:

Eligible for Admission / Not Eligible for Admission [reason there to]:

Signature of Clerk

Signature of the Scrutinizing Officer

Dean & Principal,
BB MCH Balangir.

WILLINGNESS FOR UPGRADATION

I do here by express my willingness to participate / not to participate in the further rounds of the counseling.

Signature of candidate in Full

Place: Balangir

Date:

UNDERTAKING TOWARDS TIME BOUND SUBMISSION OF DEFICIENT DOCUMENTS

I Mr. / Miss. do hereby undertake to produce the following documents within days failing which my conditional admission into the course will stand cancelled and I shall forfeit my claim for admission into the college.

1.
2.
3.
4.
5.

Signature of candidate in Full

Place: Balangir

Date:

LETTER OF RESIGNATION

To,
The Dean & Principal,
BB MCH Balangir.

Sir,

I Mr. / Miss. admitted to

MBBS course at you institute do hereby state that I want to resign from the said seat for (purpose). I am fully aware that I will have no claim over the seat in future.

Signature of candidate in Full

Place: Balangir

Date:

UNDERTAKING FOR NOT TO BE INVOLVED IN RAGGING ACTIVITIES

I, Mr./Miss:

Son/Daughter of Shri / Smt:

At:

P.O.:

Via:

in the District of

State:

a candidate for admission to 1st Semester M.B.B.S. course at Bhima Bhoi Medical College & Hospital, Balangir, Odisha do hereby undertake that, I shall not resort to Ragging Activities or any other acts of mischief / misconduct in the Medical College premises or outside, with the newly admitted MBBS Students of this Medical College. In case, I am found // detected involved in such unwanted activities, I will be sent back to my home by striking off my name from the College Rolls as per Rules prevailing and am further liable for such legal and other proceedings as will be deemed fit and proper under Law.

Full Signature of the Candidate with date.

I agree with the above undertaking submitted my son // daughter.

Full Signature of the Parent/Guardian with date.

ONLINE ANTI-RAGGING AFFIDAVIT

As per the MCI (Prevention and Prohibition of Ragging in Medical Colleges) Regulations, 2009 and as per the Hon'ble Supreme Court and UGC / AICTE Regulations THE MBBS STUDENTS in roll of this Medical College are hereby instructed to fill their Anti-Ragging Affidavit through online process by MHRD and submit the print out of the filled in form duly signed by the candidate and the parents, on the first day of beginning of the course.

AFFIDAVIT CAN BE FILLED ONLINE AT:

www.amanmovement.org

[<https://amanmovement.org/registration/public/amanmovement/raggingmain.html#affidavit>]

or,

www.antiragging.in [http://www.antiragging.in/upload/AntiRagging_HowToFillUndertaking.pdf]

PROFORMA FOR IDENTITY CARD:

Affix your
recent Passport
size photograph
here.

1. Name of the Student:

2. Date of Birth:

3. Blood Group & Rh type:

4. Contact details of the Student: Mobile No. [with whatsapp]:

E-mail id:

5. Father's Name:

6. Address:

7. Course: M.B.B.S.

8. Admission Year:

Enrollment No.:

Signature of the Student

Date:

APPLICATION FOR ALLOTMENT OF HOSTEL SEAT

To

The Dean & Principal
BB MCH Balangir.

The Chairman,
Hostel Council, BB MCH Balangir

Sub: Application for allotment of a seat in the Boys / Ladies Hostel, BB MCH Balangir – Prayer for.

Respected Sir,

I beg to state that, I Mr. / Ms.

have taken admission into M.B.B.S. Course on year and my Roll number is . I am a resident of

and there is no other alternative accommodation facility is available at Balangir for my stay during my M.B.B.S. study at this Medical College. I request your honor to be kind enough to allot me a seat in Boys / Ladies hostel so as to enable me to prosecute my studies smoothly. I undertake to deposit the required Hostel fee etc. including Electricity & Water consumption charges, as admissible under Government rules from time to time and I will abide by the Hostel Rules.

Yours obediently,

Signature of the applicant

Roll No:

Class:

(For Office use only)

Hostel Fees amounting to Rs.10,000/- (Rupees Ten thousand) only paid vide

MR / DD No.:

dated

or, e-Receipt No.:

dated:

Accountant I/c
GMCH, Balangir

Allotted Room No. **in the**
Hostel.

Signature of Chairman, Hostel Council // Warden **Hostel, BB MCH Balangir.**



**OFFICE OF THE DEAN & PRINCIPAL
BHIMA BHOI MEDICAL COLLEGE & HOSPITAL,
BALANGIR, ODISHA**

Tel. (06652) 236001, FAX: (06652) 236002 //

E-mail: gmcbalangir@gmail.com , Website: www.gmchbalangir.infocreatives.com

CUSTODIAN CERTIFICATE

[OFFICE COPY]

This is to certify that, Mr. / Ms.
has joined MBBS course at Bhima Bhoi Medical College & Hospital, Balangir on
. The following original certificates of the candidate are in the custody of
this Institute.

Sl. No.	Document	Document Sl. No.
1.	Admit Card	<input type="text"/>
2.	Rank Letter & Score Card	<input type="text"/>
3.	Provisional Allotment Letter	<input type="text"/>
4.	HSC or Equivalent Certificate for DOB	<input type="text"/>
5.	+2 Certificate	<input type="text"/>
6.	+2 Mark Sheet	<input type="text"/>
7.	TC/CLC	<input type="text"/>
8.	Conduct Certificate	<input type="text"/>
9.	Caste certificate (ST/SC/OBC/SEBC)	<input type="text"/>
10.	Resident / Nativity Certificate	<input type="text"/>
11.	Green Card	<input type="text"/>
12.	PH Certificate	<input type="text"/>
13.	Any Other	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

**Dean & Principal,
Bhima Bhoi Medical College & Hospital,
Balangir**

Received a copy.

Signature of the Candidate:

Date:



**OFFICE OF THE DEAN & PRINCIPAL
BHIMA BHOI MEDICAL COLLEGE & HOSPITAL,
BALANGIR, ODISHA**

Tel. (06652) 236001, FAX: (06652) 236002 //

E-mail: gmcbalangir@gmail.com , Website: www.gmchbalangir.infocreatives.com

**CUSTODIAN CERTIFICATE
[STUDENT'S COPY]**

This is to certify that, Mr. / Ms.
has joined MBBS course at Bhima Bhoi Medical College & Hospital, Balangir on
. The following original certificates of the candidate are in the custody of
this Institute.

Sl. No.	Document	Document Sl. No.
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5.	+2 Certificate	<input type="text"/>
6.	+2 Mark Sheet	<input type="text"/>
7.	TC/CLC	<input type="text"/>
8.	Conduct Certificate	<input type="text"/>
9.	Caste certificate (ST/SC/OBC/SEBC)	<input type="text"/>
10.	Resident / Nativity Certificate	<input type="text"/>
11.	Green Card	<input type="text"/>
12.	PH Certificate	<input type="text"/>
13.	Any Other	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

**Dean & Principal,
Bhima Bhoi Medical College & Hospital,
Balangir**

Date: