Matushri Prabhaben Khodabhai Boghara

Medical College and Research Centre, Atkot – 360040.

(Managed by Shree Patel Seva Samaj – Atkot)

Admission Form

Academic Session: 2026-27

Date of Admission: _____

Date of Reporting: _____ / _____ / _____

Course: MBBS

☐ Govt. Quota ☐ NRI Quota ☐ Management Quota ☐ All India Quota

Note: Please fill the form in CAPITAL LETTERS only.

Affix
Passport Size
Photograph

Student Information

Field	Details to Fill In
Student's Full Name	
Father's Name	
Mother's Name	
Permanent Address	
Village: Taluka: District: Pin Code:	
Student's Mobile No.	
Email Address	
Father's Mobile No.	
Father's Occupation	
Date of Birth	
Gender	☐ Male ☐ Female
Person with Disability	
Blood Group	
Religion & Sub-Caste	
Category	☐ General ☐ SC ☐ ST ☐ SEBC ☐ PH
ABC ID No.	

Educational Details

Exam Passed	Board/University	Year of Passing	Marks Obtained	Percentage / Grade
10th (SSC)				
12th (HSC)				
NEET (UG)				

CHECKLIST – DOCUMENTS REQUIRED FROM STUDENTS

Original Documents (To be submitted)

Sr. No.	Particulars	Yes / No
1	Admission Order	
2	Allotment Letter	
3	Fee Receipt	
4	Free Fee Receipt Card (For Reserved Category if Applicable)	
5	4 Passport Size Photographs	
6	Fitness Certificate (Other than PH Category students)	

Self-Attested Copies (To be submitted)

Sr. No.	Particulars	Yes / No
1	10th / SSC Mark Sheet	
2	12th / HSC Mark Sheet	
3	SSC / HSC Passing Certificate	
4	School Leaving / Transfer Certificate	
5	NEET Mark Sheet	
6	Provisional Eligibility Certificate of Saurashtra University (CBSE/Other)	
7	Caste Certificate (Only for Reserved Category)	
8	Non-Creamy Layer Certificate (Only SEBC Category)	
9	Address Proof (Aadhar Card / Passport)	
10	Printout of Online Undertaking from UGC Website (http://antiragging.in)	

Declaration

All the information given in this Admission Form is correct and true as submitted previously in the Application Form at Chairman, Core Committee for Professional Undergraduate Medical Educational Courses (ACPUGMEC), Govt. of Gujarat, Gandhinagar, to the best of my knowledge.

We have read and understood the rules of admission. We agree to abide by the rules of Matushri Prabhaben Khodabhai Boghara Medical College & Research Centre and Saurashtra University, and any changes made by the authority from time to time.

Date: _____ / _____ / 20___

Signature of Student: _____

Signature of Parent/Guardian: _____

Undertaking

I, _____, **(Full Name in Block Letters)**

Son/Daughter of **Mr./Mrs./Ms.** _____

(Full Name of Parent/Guardian in Block Letters), have got admission in Matushri Prabhaben Khodabhai Boghara Medical College & Research Centre, Atkot, in the M.B.B.S. course for the academic year _____ via admission order No. _____ dated _____.

At the time of admission, the college authority has informed me of the fee structure and rules regarding discontinuation of the course. I hereby agree and accept liability to pay fees for the entire M.B.B.S. course if I discontinue before completion. Only after fulfilling this condition will, I be eligible to retrieve my original certificates from the college management.

Date: _____ / _____ / 20___ **Place:** _____

Signature of Student: _____

Signature of Parent/Guardian: _____