

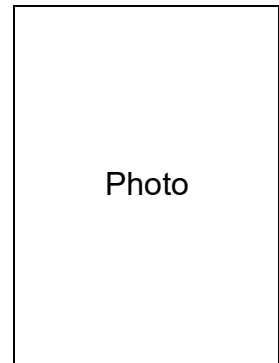
Standard Of Physical Fitness For Admission To The
For The Admission Year

Name:.....

Father's Name

NEET Roll No..... NEET Marks.....

Category Of Admission (In Which Selected)



| <i>OPHTHALMOLOGY DEPARTMENT</i> | | | |
|--------------------------------------|--|----------------------|--|
| 1) | EYES | Signature With Stamp | |
| A) | The Absence Of One Eye Shall Not Be A Bar. The Vision Of The Remaining Eye Shall Not Be Less Than 6/9 With Or Without Glasses. | | |
| B) | The Minimum Vision Of Persons In Possession Of Both Eyes Will Be 6/12, 6/18 With Or Without Glass. | | |
| C) | There Shall Be No Fundus Diseases Adversely Defective The Vision. | | |
| <i>E.N.T. DEPARTMENT</i> | | | |
| 2) | EARS | | |
| | The Hearing Power Shall Be Such As To Enable A Candidate To Use His Stethoscope Effectively. | | |
| <i>MEDICINE DEPARTMENT</i> | | | |
| 3) | HEIGHT (A Candidate May Be Of Any Height) | | |
| 4) | PULSE: - Regular | | |
| 5) | BLOOD PRESSURE: - Normal | | |
| 6) | HEART: - No Organic Disease | | |
| 7) | LUNGS: - No Organic Disease | | |
| 8) | LIVER, SPLEEN, KIDNEY AND LYMPHATIC: - No Permanent Abnormality | | |
| 9) | NERVOUS SYSTEM: - Candidate Should Be Mentally Sound. | | |
| <i>SURGERY DEPARTMENT</i> | | | |
| 10) | Surgical Check-Up. | | |
| <i>ORTHOPAEDICS DEPARTMENT</i> | | | |
| 11) | EXTREMITIES | | |
| A) | Anyone With Bad Deformity Or An Absent Limb Shall Be Debarred. | | |
| B) | There Shall Be No Deformity Of Lower Limb Or Spine To Hinder Normal Locomotion. | | |
| C) | There Shall Be No Active Or Infectious Disease Of Any System. | | |
| <i>RADIO-DIAGNOSIS DEPARTMENT</i> | | | |
| 12) | Every Candidate Shall Have X-Ray Screening Of The Chest To Excluded Active Pulmonary Tuberculosis. | | |
| <i>CLINICAL PATHOLOGY DEPARTMENT</i> | | | |
| 13) | <u>URINE</u> :- Free From Albumen Or Sugar. | | |
| <i>OBST. & GYNAE DEPARTMENT</i> | | | |
| 14) | Gynae Check-Up For Girls | | |
| <i>BLOOD BANK DEPARTMENT</i> | | | |

| | | |
|-----|----------------------------|--|
| 15) | BLOOD GROUP | |
| | <u>IDENTIFICATION MARK</u> | |

Signature Of The Candidate

Chairman Of Medical Board,
DIPS New Delhi

**List Of Documents Received At The Time Of Joining
MBBS/BSC MED/BSC/BMLT Course or.....
Under State Quota (85%) & AIQ (15%)Quota For The Session**

Name : _____
 Father's Name : _____
 Mother's Name : _____
 Category (In Which Selected) _____
 Under Quota (State Or AIQ) : _____
 NEET Roll No.: _____ Marks _____ Out Of _____

| Sr. No. | List Of Documents To Be Given At The Time Of Joining (Please Append The Documents In) | Submitted By Student | Received By DIPS |
|---------|--|----------------------|------------------|
| 1. | Medical Certificate | | |
| 2. | Provisional Allotment Letter | | |
| 3. | Date Of Birth Certificate (10 th Class Certificate) | | |
| 4. | Detail Marks Card 10+1 | | |
| 5. | Detail Marks Card 10+2 | | |
| 6. | Certificate From The Head Of The Institute Where From Passed 10+1 And 10+2 | | |
| 7. | Character Certificate By The Principal Of The Institution Last Attended | | |
| 8. | NEET Admit Card | | |
| 9. | NEET Result | | |
| 10. | Fee Receipt (State Quota) Or Demand Draft (AIQ Candidate) | | |
| 11. | Gap Undertaking | | |
| 12. | Migration Certificate | | |
| 13. | Punjab Resident Certificate | | |
| 14. | Category Certificate (In Which Selected) | | |
| 15. | Affidavit (Not Availed Any Residence Benefit In Any Other State) | | |
| 16. | Aadhar Card | | |

Signature Of Candidate (With Date)

| S.No. | Member Name | Signature |
|-------|--|-----------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | Representative Of Social Welfare Deptt | |

| Class | Name Of Board/ Council | Name Of School With City And State | Year & Session | Roll No. | Date Of Declaration Of Result | Subject | Marks | | |
|-------|------------------------|------------------------------------|----------------|----------|-------------------------------|-----------|------------|------------|-------|
| | | | | | | | Max. Marks | Marks Obt. | % Age |
| 10+2 | | | | | | Physic | | | |
| | | | | | | Chemistry | | | |
| | | | | | | Biology | | | |
| | | | | | | Total | | | |
| | | | | | | English | | | |
| | | | | | | G. Total | | | |

15. Undertaking And Pledge By The Candidate: -

- a) I Hereby Certify That The Entries Made By Me In This Form Are Correct To The Best Of My Knowledge And Belief And I Have Not Concealed Any Information In Any Manner.
- b) I Agree To Observe And Abide By All The Rules And Regulations Of The Institution In Which I Have Been Admitted, Including Those With Regard To Programme Of Studies Syllabus, Scheme Of Examination, Examination Rules And The Hostel Rules That May Be Laid From Time To Time Dips New Delhi This Institutions/ During The Period Of My Studies And I Will Not Associate My Self With Any Activities Prejudicial To Discipline Of Institutions.
- c) I Fully Understand That For Any Violation Or Infringement Of These Rules And Regulations Disciplinary Action Can Be Taken Against Me By The Authorities Which May Include Cancellation Of The Candidate.
- d) I Certify That I Have Not Been Involved In Any Illegal Activity And No Criminal Case Is Pending Against Me In Any Court Of Law.
- e) I Understand That If At Any Stage, It Is Found That I Have Provided Any Wrong Information To Seek Admission My Admission Shall Stand Cancelled Automatically And Shall Have No Claim whatsoever, On The Seat Or The Dues Paid To The Institution.

Signature Of The Candidate (With Date)

Undertaking By Parent/Guardian

I _____ Certify That My _____ Son/Daughter/Ward _____ Mr./Ms. _____ Has Submitted This Application With My Knowledge And Consent And That I Hold Myself Responsible For His/Her Good Conduct And His/Her Maintenance And Any Payment Of Fee During The Stay At Institution. The Entries Made By Him/Her In The Admission Form Are Correct To The Best Of My Knowledge And Belief.

Signature Of the Parent/Guardian (With Date)

UNDERTAKING BY THE CANDIDATE IN AFFIDAVIT SHAPE

1. I, _____ S/O,
D/O Mr./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 Received A Copy Of The MCI Regulations On Curbing The
Menace Of Ragging In Higher Educational Institutions, 2009
3. I Hereby Undertake That: -
 - I Will Not Indulge In Any Behaviour 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.
4. I Have Agree That If Found Guilty Of Any Aspect Of Ragging, I May Be
Punished As Per The Provisions Of The MCI Regulations Mentioned
Above And/or As Per The Law In Force.

Signed This _____ Day Of _____ Month Of _____
Year.

Signature
Address Of Witness

1. Witness: - _____

Name: _____

Signature _____

2. Witness: - _____

Name: _____

Signature _____

UNDERTAKING BY THE PARENT/GUARDIAN IN AFFIDAVIT SHAPE

1. I, _____ F/O,
M/O, G/O Mr./Ms. _____
Have Carefully Read And Fully Understood The Law Prohibiting Ragging
And The Directions Of The Hon'ble Supreme Court And The Central/State
Government In This Regard As Well As The MCI Regulations On Curbing
The Menace Of Ragging In Higher Educational Institutions, 2009.
2. I Assure You That My Son/Daughter/Ward Will Not Indulge In Any Act Of
Ragging.
3. I Hereby Agree That If He/She Is Found Guilty Of Any Aspect Of Ragging,
He/She May Be Punished As Per The Provisions Of The MCI Regulations
Mentioned Above Add/Or As Per The Law In Force.

Signed This _____ Day Of _____ Month Of _____
Year

Signature

Address Of Witness

(1) Witness:- _____

Name: _____

Signature _____

(2) Witness:-

Name: _____

Signature _____

AFFIDAVIT OF THE PARENTS

I, Father Of
Resident Of

..... Do

Hereby Solemnly State and Affirm As Under: -

1. That I Am A Citizen Of India.
2. That Neither the Deponent nor The Child/Ward Of The Deponent Have Obtained The Benefit Of Residence In Any Other State.

Place:..... Deponent

Dated.....

VERIFICATION:

Verified That The Contents Of My Above Affidavit Are True And Correct To The Best Of My Knowledge And Belief And Nothing Has Been Concealed Therefore.

Place:.....

Dated.....

Deponent

.....

Gap Undertaking

I, S/O,
D/O Shri.....
Resident Of

..... Do
Hereby Solemnly State And Affirm As Under:-

1. That I Have Passed 10+2 Examination Held In
..... From
.....
..... (Name Of The College/School).

2. That I Have Not Joined Any College/Institution After Passing 10+2.

OR

That I Have Joined The Course Of
..... At
..... (Name Of Institution)
From And Will Leave The Same Before Joining The
MBBS Course

Place:.....

Dated:.....

Deponent

VERIFICATION:

Verified That The Contents Of My Above Affidavit Are True And Correct To
The Best Of My Knowledge And Belief And Nothing Has Been Concealed
Therefore.

Place:.....

Dated:.....

Deponent

Delhi Paramedical College, New Delhi

To

Deputy Controller (F & A)
Delhi Paramedical College,
New Delhi

Subject Regarding Admission Fee For MBBS Admission Session-2022

On The Subject Cited Above.

Please Accept Admission Fee _____
S/O, D/O Sh. _____ NEET Roll No. _____

Rank _____ Selected In MBBS Under _____ Category Seat Session
2022.

Incharge Training Branch,
Delhi Paramedical College, New Delhi

To

Deputy Controller (F & A)
Delhi Paramedical College,
New Delhi

Subject

Regarding Admission Fee For MBBS Admission Session-2022

On The Subject Cited Above.

Please Accept Admission Fee _____
S/O, D/O Sh. _____ NEET Roll No. _____
Rank _____ Selected In MBBS Under _____ Category Seat Session
2022.

In Charge Training Branch,
Delhi Paramedical College, New Delhi

| Course | Session | Quota (State/AIQ) |
|--------|---------|-------------------|
| | 2023- | |

| | | | |
|------------|--|-------------|--|
| Reg. No. | | | |
| Name | | | |
| F'Name | | | |
| M'Name | | | |
| DOB | | Gender | |
| Address | | State | |
| | | Distt. | |
| Mobile No. | | Email | |
| Aadhar No. | | Nationality | |

Selection Details

| Selection Category | Selection Quota (State/AIQ) | Selection Date |
|--------------------|-----------------------------|----------------|
| | | |

10+2 Details

| Examination Session | | Examination Year | | Examination Roll No. |
|---------------------|--|------------------|--|----------------------|
| State Of School | | Name Of Board | | |

Subject Wise Details

| Subject | Marks Obtained | Maximum Marks |
|-----------|----------------|---------------|
| Physics | | |
| Chemistry | | |

| | | |
|---------|--|--|
| Biology | | |
| English | | |

NEET Details

| | | | |
|-----------------------|---------|---------------|--|
| Name Of Entrance Test | NEET UG | NEET Roll No. | |
| Marks Obtained | | Total Marks | |
| Percentile | | Open Rank | |