

Following Documents required for MBBS Admission

1. NEET Admit Card
2. NEET Marksheet
3. Allotment Letter
4. Class X Marksheet
5. Class XII Marksheet
6. Domicile Certificate
7. Income Certificate (OBC Quota)
8. Caste Certificate (If applicable)
9. Rural Service Bond
10. Breakage Bond
11. Transfer Certificate
12. Migration Certificate
13. Gap Certificate (If Applicable)
14. Medical Certificate

Fee Details

1- In favour of

“DEAN BRABVM MEDICAL COLLEGE, RAJNANDGAON”

AMOUNT: - 40,000/- (Forty Thousand) Demand Draft

AND

2- In favour of

“DEAN BRABVM MEDICAL COLLEGE, RAJNANDGAON”

AMOUNT: - 10,000/- (Ten Thousand) Demand Draft

OR

Fee can also be pay through College website's <https://www.abvmgmcrajnandgaon.ac.in/> Online fee pay link

MEDICAL EXAMINATION REPORT

NAME OF THE CANDIDATE : _____

NAME OF THE COURSE : _____

ENTRANCE EXAMINATION : _____

ROLL NO. : _____

ADDRESS OF THE CANDIDATE : _____

SESSION : _____

CHAIRMAN MEDICAL BOARD

CANDIDATE’S STATEMENT AND DECLARATION

The candidate must make the statement below prior to his Medical Examination and must sign the Declaration appended there to. His attention is specially directed to the warning contained in the note below:-

- 1 State your Name in your full : _____
(in Block letter)
- 2 State your age and birth place : _____
- 3 Are you ? : _____
Single / Married / Widow/ Widower
- 4 Name the disease you have : _____
suffered in the past
- 5 Are you being treated for any : _____
disease at present
- 6 Have any of your near relation : _____
been afflicted with insanity
tuberculosis, diabetes mellitus,
allergic disorders gout,
excessive bleeding
- 7 Are you allergic to any : _____
substance/ drug
- 8 Have you been immunized : _____
against the mentioned disease
please give date of vaccination
 - 1. Small Pox : _____
 - 2. Polio : _____
 - 3. Diphtheria : _____
 - 4. Tetanus : _____
 - 5. Tuberculosis : _____
 - 6. Others : _____

All the above answers are to the best of my belief, true and correct.

Candidate’s Signature

Name of the Candidate:

Note: 1. The candidate will be held responsible for the accuracy of the above statement.

By willfully suppressing any information will incur the risk of losing the admission.

2. Please put your name on all the pages indicated.

PHYSICAL EXAMINATION

1. General development _____ Good _____ Fair _____
_____ Poor _____ Height (without shoes) _____
Weight _____ Temperature _____

Girth of chest

- 1) After full inspiration _____
- 2) After full expiration _____
- 2. **Skin** : Any contagious disease _____
- 3. **Eyes:**
 - 1. Any disease _____
 - 2. Night blindness _____
 - 3. Defect in colour vision _____
 - 4. Field of vision _____
 - 5. Visual acuity _____

Acuity of Vision	Naked Eye	With Glasses	Strength of Glass	
			Sph.Cyl.	Axl.
Distant Vision				
R.E.				
L.E.				

OPHTHALMOLOGIST OPINION

Fit / Unfit

SIGNATURE OF OPHTHALMOLOGIST

ENT EXAMINATION

4. Ear _____

Right Ear _____ Left Ear _____

Nose _____ Throat _____

SIGNATUTE OF ENT SPECIALIST

5. **Lymph glands** _____ Thyroid _____

6. **Condition of teeth** _____

7. **Respiratory system**, Does Physical examination reveal anything abnormal the respiratory, if yes, explain fully.

8. **Circulatory system**, Pulse/mim _____ B.P. _____

9. **Heart:** any Organic lesions

10. **Abdomen:** _____ Tenderness _____

Hernia: _____

a) Palpable:

Liver _____ Spleen _____ Kidneys _____

Tumors _____

11. **Nervous System:**

12. **Locomotor System** : Any abnormality

13. **Gynaecology/Genito Urinary System** :

14. **Urine Analysis**

- | | |
|---------------|------------|
| a) Appearance | b) AP. Gr. |
| c) Albumin | d) Sugar |
| e) Casts | f) Cells |

15. **Mental Health:-**

1. Adjustment _____
2. Emotional Problems _____
3. Substance Abuse _____
4. Psychotic disorder _____

16. **Any Other:**

Name of the Candidate: _____

FINAL ASSESSMENT OF THE BOARD

(The Board should record their findings under one of the following three categories)

i. Fit for pursuing the course :-

ii. Unfit for pursuing the course on account of :-

iii. Temporarily unfit on account of :-

CHAIRMAN : _____

MEMBER (PHYSICIAN) : _____

MEMBER (SURGEON) : _____

MEMBER (OPHTHALMOLOGIST) : _____

MEMBER (ENT) : _____

MEMBER (GYNECOLOGIST) : _____

MEMBER (PSYCHIATRIST/ CLINICAL PSYCHOLOGIST): _____

DATE :