



OFFICE OF THE DEAN,

Late Shri Lakhiram Agrawal Memorial Govt. Medical College Raigarh, (C.G.)

Bendrachuwa, Raigarh, Chhattisgarh, ph-07762-220742

e-mail: gmcragarh.2013@gmail.com ,Fax No. -07762-220741

Required Document and Fee Detail for
NEET-PG Admission (All India Quota 2020)

Fees -

NEFT / RTGS - Rs. 72,000/-

Bank Details -

Account No - 33232602644

IFSC CODE - SBIN0004802

Account Name - Dean, Late Shri Lakhiram Agrawal Memorial
Medical College Raigarh.

Transaction Completion Receipt to be sent alongwith documents
at gmcragarh.2013@gmail.com

By
Student section)

By
(Account sec)

M. S. Singh

Dean
Late Shri L.A.M. Medical College
Raigarh, C.G.

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List of Essential Documents for Online Admission in PG- Courses

S.No.	Name of Documents
1	NEET-PG Admit card 2020
2	NEET Mark sheet 2020
3	Allotment letter
4	10th Marksheet and Passing Certificate
5	12th Marksheet and Passing Certificate
6	Transfer Certificate
7	Character certificate
8	Gap Affidavit (if Applicable) (on Rs 50 Stamp)
9	Migration certificate
10	Marksheet of Ist MBBS, IInd MBBS , IIIrd MBBS Part-I &Part -II
11	Internship Completion Certificate
12	Attempt Certificate
13	Permanent MBBS Degree /Provisional Degree
14	MBBS Registration (MCI/State Medical Council)
15	Caste Certificate (Central/State) (if Applicable)
16	EWS Certificate (if Applicable)
17	Domicile Certificate
18	Class certificate (S/FE/PH) (If Applicable as per proforma gazette notification)
19	Hand Written Self Attested Undertaking to Provide Rural Service Bond and Discontinuation bond on Physical Verification (Affidavit to be provided on Physical Joining)
20	Declaration of Providing Affidavit for UG Service Bond (Affidavit to be provided on Removal of Lockdown)
21	Document authentication Hand Written Self Attested Undertaking
22	4 Passport Photograph
23	Identity Card (Aadhar Card/Pan Card/Driving License/Passpord /Voter ID)
24	Receipt of payment of fees

All admissions made online will be deemed Provisional , to be confirmed subject to verification of documents at the time of physical joining.

All documents are to be scanned and mailed at gmcragarh.2013@gmail.com

For any query contact Dr. Mitesh Sinha, Mobile No - 7582864095

// UNDERTAKING TO PROVIDE RURAL SERVICE BOND
AND DISCONTINUATION BOND //

Date -

To,

The Dean,

Lt. Shri Lakhiram Agrawal Memorial

Govt. Medical College Raigarh (C.G.)

Sir,

I hereby declare that i will provide affidavit to serve rural service bond and discontinuation bond in Rs. 250/- non judicial stamp as per appendix- 5(d) and 5([k) of Gazette Notification of Govt. of Chhattisgarh No. F 21-01/2018/नौ/55-4 Dated 13-03-2018 on physical verification of documents.

I undertake that in event of not providing above affidavit during physical verification of document, my candidature is liable to be cancelled and I will have no claim on the seat allotted to me by the competent authority.

Signature:-.....

Full Name of Student

Full Address:- (Correspondence)

.....

Full Address:- (Permanent)

.....






 Dean
 Late Shri L.A.M. Medical College
 Raigarh, C.G.

// AFFIDAVIT FOR UG SERVICE BOND //

I ----- S/o, D/o, W/o Shri ----- Address -----
 ----- is candidate for admission in PG courses at Lt Shri
 Lakhiram Agrawal Memorial Govt. Medical College Raigarh, Chhattisgarh .

- 1- I am a All India quota /State quota UR/Reserved category student.
- 2- I hereby undertake that I **am not bonded to provide/have completed**
 rural service after completion of MBBS under state government.
 (Document Attached)

OR

I hereby undertake that I am bonded to provide rural service after
 completion of MBBS under state government and will complete my
 remaining rural service under state government after completion of my
 Post Graduation.

Signature of Deponent

// Verification //

I ----- S/o, D/o, W/o Shri ----- verify at -----
 ----- on ----- day of ----- 2020 that the contents of the
 above affidavit are true and correct to the best of my knowledge and belief.

Signature of Deponent




 Dean
 Late Shri L.A.M. Medical College
 Raigarh, C.G.

// UNDERTAKING //

Date -
To,

The Dean,
Lt. Shri Lakhiram Agrawal Memorial
Govt. Medical College Raigarh (C.G.)

Sir,

"I hereby declare that all the information given/ uploaded by me in the application is factually correct and true to the best of my knowledge and belief. I undertake that in the event of any information being found false or incorrect at any stage, my candidature is liable to be cancelled and I will have no claim on the seat allotted to me by the competent authority."

I shall abide by the directives regarding the discipline and am also prepared to pay fee if and when it is revised by the Govt. of C.G.

Signature:-.....

Full Name of Student

Full Address:- (Correspondence)

.....
.....
.....
.....

Full Address:- (Permanent)

.....
.....
.....
.....

[Signature]

[Signature]

[Signature]
The Dean
Lt. Shri L.A.M. Medical College
Raigarh, C.G.