## RBTS GOVT. HOM. MEDICAL COLLEGE & HOSPITAL, RAMDAYALU NAGAR, MUZAFFARPUR, BIHAR - 842002

Receiving application

No\_\_\_\_\_Date\_\_\_

To be filled-in by insttute

## **Check - Slip**

For counselling for admission in PG MD. (HOM) course.

4	]	To be fi	lled by the candia	ate in clear handwr	iting.
1.	Name				
					lication No
3.	Quota	Roll N	0	_ All India Rank	Category
4.	Father's Nar	me			
6. Permanent Address					
_					
	Name of Last School/High School/College				
8.					)
9.	Mobile No		E-Mail		Date
10	).Name of the	institution f	rom where passed	the BHMS Exam	
11	L.Name of the	University f	rom where degree	obtained	
12	2.Board from	where obtair	ned the practice re	gistration with numb	per
13	3.The subject	for which ad	mission is sought_		
Się	ignature of Father/Guardian				Signature of Candidate
ŀ	В	Fo	or College Couns	selling Committee	
1.			sed in Original:-		
	1. ☐ PWD c	ertificate (if	applicable)		
	2. Provisi	onal allotme	nt letter		
	3. ☐ Caste certificate (if applicable)				
	4. ☐ Admit	card issued k	y AIAPGET-2024		
	5. ☐ Rank le	etter issued k	y AIAPGET-2024		

12 <sup>th</sup> Mark Sheet
12 <sup>th</sup> certificate/provisional 12 <sup>th</sup> certificate.
$10^{\text{th}}$ certificate & Date of Birth certificate (if $10^{\text{th}}$ certificate does not been the same).
Does candidate satisfy minimum AIAPGET-MD Qualification
Marksheets of 1 <sup>st</sup> to final year BHMS
Internship Certificate (Internship joining & completion date)
BHMS Degree Certificate
Permanent/Provision Practicing Regd. No. Certificate from State Board & CCIM.
College leaving certificate
Character certificate
Migration certificate
Aadhar Card (Xerox Copy)
Passport Size (4 piece)
Medical Fitness Certificate
Student Undertaking regarding geniuness of their documents

Signature of checking officer (Team Head)