MAA VINDHYAWASINI AUTONOMOUS STATE MEDICAL COLLEGE, MIRZAPUR. UP. 231001

University: Atal Bihari Vajpayee Medical University, Lucknow.U.P.

MBBS 2025-26, STUDENT ADMISSION CHECKLIST

Ref.No. MVASMC/MZP/UG AD/2025-26/ .... Date of Reporting.....

Allotment Quota 1. All India Quota [ ] 2.State Quota [ ]

Name of Student as on 10th Certificate (In Capital Letter):- First Name..... Middle Name ..... Last Name.....

Full Father Name (In Capital Letter) First Name..... Middle Name .....Last Name... What App .No.....

E-Mail ID..... NEET Exam. Roll No.:..... .NEET Rank.....

Allotted Category: 1.General ( ) 2.OBC ( ) 3. EWS ( ) 4.SC ( ) 5.ST ( ) 6.Physical Handicap ( ) 7.Freedom Fighter ( ) 8.Others

Left Hand Thumb Left Index Finger Right Index Finger (Full Signature of Student)

S,No	Original Documents List (Must Verified by Verification authority)	Two Set Photo Copies Yes	Two Set Photo Copies No
1	Proof of Identity Aadhar Card/Driving license/Passport/Vote ID		
2	Fees Receipt		
3	NEET-Admit Card		
4	Allotment Letter		
5	NEET –Score Card of Qualifying Examination		
6	Transfer Certificate (If intermediate Passed from UP Board)		
7	Migration Certificate (If intermediate Passed from CBSE Board)		
8	Domicile Certificate ((If intermediate Passed from Other State)		
9	Character Certificate issued not more than 6 months (last educational institute or Issued by gazetted officer		
10	Report of the Medical Board		
11	Undertaking by the student		
12 (A)	High School Certificate		
12 (B)	High School Mark Sheets		
12 (C	Intermediate Certificate		
12 (D)	Intermediate Mark sheets		
13	Category Certificate		
14	Document Verification Slip		
15	Admission Sheets		
16	Candidate Detail Sheet		
17	Rs.10/-(Non Judicial Stamp Paper)Regarding Gap(>1Year)After Intermediate/Other Exam		
18	Rs.10/-(Non Judicial Stamp Paper)Regarding Anti Ragging Affidavit By Parents		
19	Rs.10/-(Non Judicial Stamp Paper)Regarding Anti Ragging Affidavit By Student		
20	Rs.100/-(non judicial stamp paper)regarding Service bond by students		
21	Rs.10/-(non judicial stamp paper)regarding Self Declaration Affidavit		
22	Eight passport size colour photographs of student as on admit card		
23	Five Self Address envelop with 30 Rs. Stamp Ticket in each envelop.		

Signature of Verification authority

Signature NEET NODAL OFFICER Signature PRINCIPAL

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NATIONAL ELIGIBILITY CUM ENTRANCE TEST (NEET) DETAILS

ALL INDIA /UP NEET 2025 MBBS COURSE

Name (In Capital Letter) : First Name.....Middle Name.....

Last Name.....

Father's Name (In Capital Letter) : First Name.....Middle Name.....

Last Name.....

NEET Roll No. : ....., NEET Obtained Marks : .....

NEET Total Marks : .....

Date of Birth : ..... , NEET Total Percentage :.....

Subject wise marks in each subject of Inter mediate or Equivalent Exam

	Obtained Marks	Total Marks
Physics	.....	.....
Chemistry	.....	.....
Biology	.....	.....
English	.....	..... \
Hindi	.....	.....

PCB Obtained Marks ..... PCB Total Marks .....

PCB % .....

Name of the College where passed Intermediate/Equivalent or Higher Qualification : .....

.....

SubCategory/ (as filled in NEET) : .....

Correspondence Address (Whatsapp No.) (As Adhar card)

Name of Building .....House No/Lane No.....

Tehsil ..... District..... State.....

Whatsapp No.....

Permanent Address (Whatsapp No.) (As Adhar card)

Name of Building .....House No/Lane No.....

Tehsil ..... District..... State.....

Whatsapp No.....

E-Mail ID- .....

Whether Hindi Examination (Yes/No) : .....

Date of MBBS Course Admission : .....

(ONLY FOR OFFICE USE)

MBBS 2025-26 BATCH FEE RECIEPT

DATE	RECEIPT NO.	AMOUNT	SIGNATURE OF CASHIER

Signature with Full Candidate Name

SIGNATURE OF PRINCIPAL

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NATIONAL ELIGIBILITY CUM ENTRANCE TEST (NEET) DETAILS

Name of NEET Exam	NEET Exam Roll No.	Merit/Rank		Category		Exam Obtained Marks	Max Marks TOTAL	Percentile
		All India	UP State	Actual	Alloted			
NEET(15%All India)								
UP NEET (85% State)								

Name Of Studentas on 10th Certificate: **(In Capital Letter) First Name** .....

Middle Name ..... **Last Name**.....

Gender : Male ( ) Female ( ) Other ( )

Date of Birth (DD/MM/YYYY):...../...../.....**Whatsapp No.:**.....

E-Mail ID:.....

Place of Birth:.....**Marital Status:** (Married /Unmarried)

Father'sNameas on 10th Certificate:. First .....**Middle**..... .....**Surname**.....

Whatsapp No.....**Occupation :** Govt Employee /Pvt Employee/ Bussiness/Other

Mother's Name as on 10th Certificate:.First .....**Middle**..... .....**Surname**.....

Occupation:..Govt Employee /Pvt Employee/Housewife/ Bussiness/Other **Whatsapp No**.....

Parents Total Annual Income and Source of Income:.....

Permanent Address:.....**Name of Building**..... **House No/Flat No**.....

Name of Lane .....**Distt.:**.....**State:**..... **Pin Code:**.....

Correspondence Address:.....**Name of Building**..... **House No/Flat No**.....

Name of Lane .....**Distt.:**.....**State:**..... **PinCode:**.....

Phone with S.T.D.CodeNo.:..... **Whatsapp No:**.....

EDUCATIONAL QUALIFICATION:

Examination	Passing Month& Year	Name & Address of College	Name of Board/University	Roll No.	Marks Detail			Percentage (%)
					Subject	Obtained	Total	
INTERMEDIATE					Physics:			
					Chemistry:			
					Biology:			
					English:			
					HINDI			
OTHER								

-:DECLARATION:-

I above named, do hereby declare that the above information is true to the best of my knowledge and belief. Nothing has been concealed there in. If later on any information/my education/document are found to be false atanystage, my candidature will be liable to berejected.

Date:...../...../..... **Signature of Parents/Guardian** **Signature of Student**

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UNDERTAKING BY THE STUDENT

1. I.....S/o/D/o..... solemnly affirm that I shall maintain good conduct and behavior throughout my stay in the hostel.
2. I shall not indulge in any type of ragging undesirable or anti social activities.
3. I affirm that I shall maintain discipline and shall abide by the provision of Act, Ordinances, Discipline, Regulations
4. I follow the instructions of the medical college as in face from time to time.
5. In case of breach of this undertaking. I shall be liable to be expelled or rusticated or otherwise detained wil accordingly.

Signature of Student with date

माँ विन्ध्यवासिनी स्वशासी राज्य चिकित्सा महाविद्यालय, मीरजापुर

रसीद संख्या _____ दिनांक : .....

एम0बी0बी0एस0

नाम _____

पिता का नाम _____

वर्ष प्रथम/द्वितीय/तृतीय/चतुर्थ/पंचम वर्ष

शासनादेश संख्या : 2240/71- 3-10-328/91, दिनांक 20 अगस्त 2010

1.	शिक्षण शुल्क	रू0 9000.00 प्रति वर्ष + 9000/-
2.	अन्य शुल्क	रू0 4000.00 प्रति वर्ष
3.	प्रवेश शुल्क	रू0 2000.00 केवल प्रवेश के समय
4.	विकास शुल्क	रू0 2000.00 प्रति वर्ष
5.	काशनमनी (रिफण्डेबुल)	रू0 10000.00 केवल प्रवेश के समय
6.	छात्रावास शुल्क सिंगल सीटेड	रू0 300.00 प्रति माह
	डबल सीटेड	रू0 200.00 प्रति माह
	ट्रिपुल सीटेट/अधिक	रू0 100.00 प्रति माह
7.	बिजली शुल्क	रू0 200.00 प्रति माह

आरक्षित श्रेणी के छात्र-छात्राओं की शिक्षण शुल्क वास्तविक शुल्क का आधा लिया जायेगा ।

कुल योग _____

शब्दों में रू0 _____

कैशियर

माँ विन्ध्यवासिनी स्वशासी राज्य चिकित्सा महाविद्यालय

मीरजापुर

शासनादेश संख्या- 2250 /71-3-10-328/91, दिनांक 20 अगस्त, 2010 का संलग्नक

(क) स्नातक पाठ्यक्रम

1. शिक्षण शुल्क	रू0 18000/- प्रतिवर्ष
2. अन्य शुल्क	रू0 4000/- प्रतिवर्ष
3. विकास शुल्क	रू0 2000/- प्रतिवर्ष
4. प्रवेश शुल्क	रू0 2000/- केवल प्रवेश के समय
5. कॉशन मनी (रिफण्डेबुल)	रू0 10000/- केवल प्रवेश के समय
6. छात्रावास शुल्क	
सिंगल सीटेड	रू0 300/- प्रतिमाह
डबल सीटेड	रू0 200/- प्रतिमाह
ट्रिपुल सीटेड/अधिक	रू0 100/- प्रतिमाह
7. विद्युत उपभोग	रू0 200/- प्रतिमाह

(ख) स्नातकोत्तर पाठ्यक्रम

1. शिक्षण शुल्क	रू0 24000/- प्रतिवर्ष
2. अन्य शुल्क	रू0 4000/- प्रतिवर्ष
3. विकास शुल्क	रू0 2000/- प्रतिवर्ष
4. प्रवेश शुल्क	रू0 2000/- केवल प्रवेश के समय
5. कॉशन मनी (रिफण्डेबुल)	रू0 10000/- केवल प्रवेश के समय
6. छात्रावास शुल्क	निःशुल्क
7. विद्युत उपभोग	रू0 500/- प्रतिमाह

(नवनीत सिंघल)
विशेष सचिव।