Checklist for submission of documents for admission to MBBS courses in
BARASAT GOVERNMENT MEDICAL COLLEGE & HOSPITAL, North 24 Parganas in 2026-31 Academic Session

Name of the candidate:_____ **NEET-UG Roll Number**:_____

All-India rank:_____ **Admission category**:☐ All-India ☐ State **Caste:** ☐ SC ☐ST☐OBC ☐PWD ☐EWS

Mobile:_____ **E-mail**:_____

AADHAAR No:_____

Checklist

1	This checklist	☐ Yes ☐ No	
2	Acknowledgement slip generated online after successful payment **(for SQ only)**	☐ Yes ☐ No	
3	Domicile certificate (a1/a2/b) or E-Domicile Certificate **(for SQ only)**	☐ Yes ☐ No	
4	College Admission Form duly filled in and signed.	☐ Yes ☐ No	
5	Four copies of recent color passport size photograph, labeled on the back with name, NEET roll number and date of birth, and placed in an envelope stapled to admission form.	☐ Yes ☐ No	
6	Photo ID proof(Voter Card/ AADHAAR Card/ Passport/ Driving License)	☐ Yes ☐ No	
7	Date of birth proof (Birth Certificate or Secondary or Higher Secondary Examination admit card/ mark sheet issued by a recognized Board or Council stating date of birth)	☐ Yes ☐ No	
8	Seat allotment letter.	☐ Yes ☐ No	
9	NEET-UG2026 Admit card.	☐ Yes ☐ No	
10	NEET-UG2026 Rank letter.	☐ Yes ☐ No	
11	Certificate of passing 10+2 Board Examination. Provisional certificate acceptable if original not yet in possession of student passing 10+2 Board Examination in 2026. **ORIGINAL WILL BE RETAINED BY COLLEGE**	☐ Yes ☐ No	
12	Mark sheet of 10+2 Board Examination. Provisional mark sheet acceptable if original not yet in possession of student passing10+2 Board Examination in 2026. **ORIGINAL WILL BE RETAINED BY COLLEGE**	☐ Yes ☐ No	
13*	Caste certificate as proof of SC/ST status	☐ Yes ☐ No	☐ NA
14*	OBC Certificate (sub-caste must tally with central list and in the format mentioned in the certificate)	☐ Yes ☐ No	☐ NA
15*	Disability (PwD) Certificate (issued by one of the recognized Disabilities certifying centres as notified by MCC)	☐ Yes ☐ No	☐ NA
16*	EWS Certificate in appropriate format.	☐ Yes ☐ No	☐ NA
17	Pre mature discontinuation bond on non-judicial stamp paper (not less than Rs. 100/-), duly filled in and notarized. **ORIGINAL WILL BE RETAINED BY COLLEGE**	☐ Yes ☐ No	
18	Responsible conduct certificate. **ORIGINAL WILL BE RETAINED BY COLLEGE**	☐ Yes ☐ No	
19	Medical fitness certificate. **ORIGINAL WILL BE RETAINED BY COLLEGE**	☐ Yes ☐ No	
20	Proof of online fee payment.	☐ Yes ☐ No	
21	Fee payment declaration filled in and signed by candidate.	☐ Yes ☐ No	

* **Format provided by MCC. Old/ outdated certificates will not be accepted.**

☐ I have retained good quality hard copies and softcopies of all original certificates that will be kept in the custody of the College Office since it is difficult for the latter to supply such documents every now and then for copy purpose.

Signature of Candidate with date **Signature of Verifying Officer with date**

Aadhaar No:
Email ID:

OFFICE OF THE PRINCIPAL
BARASATGOVERNMENTMEDICALCOLLEGE&HOSPITAL
BANAMALIPUR, BARASAT, NORTH 24 PARGANAS, 700124

Paste recent color **passport size** photograph here

FORMFORADMISSIONTOMBBSCOURSEACADEMICSESSION:2026– 2031

1. NEET Roll No._____2.NEET Rank_____3.NEET Score_____4. Percentile _____

5. Admission through ☐AIQ☐SQ ☐Round1 ☐Round2 ☐Mop-up (Central) ☐Mop-up(College level)

6. Name in full**(BLOCKLETTERS)**

First Name _____

Middle name _____

Surname _____

Candidate's mobile number

7. Date of Birth (DD/MM/YYYY):_____/_ _____/_____ 8. Sex☐ Male ☐ Female ☐Other

9. Age (Ason31.12.2025):_____years 10.Category ☐UR ☐SC ☐ST ☐OBC-A ☐OBC-B ☐EWS

11. Admission under PWD category: ☐Yes ☐No 12.If **YES**, mention disability category_____

13. Nationality:_____14. Religion:_____ 15. Mother tongue: _____

16. Permanent Address **(BLOCK LETTERS)**_____

_____

P.O.:_____ P.S.: _____

Dist.:_____State:_____ Pin Code: _____

17. Present Address **(BLOCKLETTERS)** Same as above☐ (If yes, please Tick)

_____

P.O.:_____ P.S.: _____

Dist.:_____State:_____ Pin Code: _____

18. Father's Name**(Capital Letters):**_____

19. Father's Contact No/ Mobile No.: _____

20. Mother's Name **(Capital Letters):**_____

21. Mother's Contact No/ Mobile No.:_____

22. If father or mother is not guardian then, Guardian's Name:_____

23) Relation with the student:_____

24) Guardian's Contact No/ Mobile No.:_____

25. Occupation of ☐Father/ ☐Mother/ ☐Guardian:_____

26. Approximate average family income: Rs._____per month

27. Whether receiving Scholarship/ Stipend from any source: ☐Yes ☐No

28. If **YES,** then mention source:_____

29. Subjects pursued in 10+2 Board Examination with percentage of marks obtained:

Subject	First language (_____)	Second language (_____)	Physics	Chemistry	Biology	Total
Full Marks						
Marks obtained						

Year of Passing:_____ Roll No._____ Percentage score: _____

Name of the Board:_____

30. Course last studied:_____

Name & Address of the Institution where last studied:_____

_____

P.O.:_____ P.S.: _____

Dist.:_____State:_____ Pin Code: _____

31. WBUHS Registration No.(If Applicable)_____ Session: _____

I / we hereby agree to abide by the rules and regulations in force at present or that may hereafter be made by the administration of the college and undertake that so long as the applicant is a student at the college, he/she will do nothing either inside or outside the college that will interfere with its administration and discipline.

I / we have not provided any false information in this Form; if subsequently any information is found to be false, misleading, or concealed; we understand that the admission may be cancelled.

I / we undertake to update within 30 days, the information in this Form if any changes occur after the submission of the Form, failing which appropriate disciplinary action, as deemed fit by the administration, may be taken.

I/we understand that admission to the MBBS Course does not guarantee hostel accommodation.

_____ _____

Signature of Guardian **Signature of Applicant**

Date:_____ Place: _____

OFFICE OF THE PRINCIPAL
BARASAT GOVERNMENT MEDICAL COLLEGE &
HOSPITALBANAMALIPUR, BARASAT, NORTH 24
PARGANAS, 700124

Undertaking regarding responsible conduct

I Mr. / Ms. / Mrs. _____son / daughter of Mr. / Ms. / Mrs._____with date of birth _____having been selected for undergraduate medical degree (MBBS) course at Barasat Government Medical College & Hospital (BGMCH), Kolkata 700124, do hereby affirm and solemnly declare that:

- I will abide by the rules and regulations of the college (and hostel if applicable) in true sense, letter, and spirit.
- I will refrain from any activity that may be detrimental to maintenance of peace and harmony on campus.
- I will not indulge in any activity that may lead to a breach of college (and hostel if applicable) discipline in any manner.
- I will not indulge in any sort of activity that may constitute ragging. I will abide by the antiragging regulations, currently in force, of the University Grants Commission (UGC), Government of India, and those of the National Medical Commission (NMC) and will also abide by any amendments to these regulations that may come in future.

I understand that in any situation wherein I am found to be guilty of violation of the above stipulations, I shall be liableto any disciplinary / punitive action that the college authority may deem fit to impose on me at any point of time. In caseof any report of ragging against my name, I shall be dealt with according to the guidelines framed by the UGC and the NMC, under the directive of the SUPREME COURT OF INDIA.

_____ _____

Name of the student (in CAPITAL letters) (**Signature of student with date**)

Date ofadmission: _____

Countersigned

_____ _____

Name of the parent / guardian (in CAPITAL letters) (**Signature of parent / guardian with date**)

Permanent Residential Address: _____

_____

P.O.:_____P.S.: _____

Dist.:_____ State:_____ Pin Code: _____

Fee payment declaration from the candidate

To
The Principal
Barasat Government Medical college & Hospital,
Banamalipur, Barasat, North 24 parganas,
Kolkata-700124

Sir,

This is to declare that I, Mr. / Ms. / Mrs……(son / daughter / wife of Mr. / Ms. / Mrs .....) have paid the requisite fees of Rs. ……. (Rupees…….
[in words]) only, online (IMPS)/Demand Draft, to the designated payment portal notified on the website of the Institute vide Transaction No. …… dated ……

Draft NO. …… Dated ……. Bank Name…….

I have read and understood the regulations regarding the refund process for eligible candidates.

In case I am upgraded to different college in 2nd round, or if I surrender my seat while the admission process is still ongoing, the fees deposited may be refunded to the following bank account, details of which are declared below.

Account No.	**Account Name / Holder**
Bank Name	**Branch**
IFS Code	**MICR Code**

Thanking you,

Signature of the Declarant with date

NEET-UG Roll No:_____ NEET-UG Rank: _____

Mobile No. _____ E-mail: _____

Office Copy

Government of West Bengal
Office of the Principal
Barasat Government Medical College & Hospital
Banamalipur, Barasat

Original Documents' Receipt

The following original documents are submitted by the candidate named_____ NEET Rank_____ NEET Roll No._____ at the custody of the undersigned positively.

List of documents:

1) Marksheet of 10+2 or its equivalent examination.
2) Certificate of 10+2 or its equivalent examination.

Principal
Barasat Government Medical College & Hospital
Barasat, North 24 Parganas

Date:_____/_____/_____

Candidate's Copy

Government of West Bengal
Office of the Principal
Barasat Government Medical College & Hospital
Banamalipur, Barasat

Original Documents' Receipt

The following original documents are submitted by the candidate named_____ NEET Rank_____ NEET Roll No._____ at the custody of the undersigned positively.

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Principal
Barasat Government Medical College & Hospital
Barasat, North 24 Parganas

Date:_____/_____/_____

Government of West Bengal
Office of the Principal
Barasat Government Medical College & Hospital
Banamalipur, Barasat

1. Willingness for Participation in 2nd Round Counseling: ☐YES ☐NO (Please Tick)_____(write here)

Name of the Candidate:_____
NEET Rank:_____
NEET Roll No._____

Date:_____/_____/_____ Full Signature of the Candidate

Government of West Bengal
Office of the Principal
Barasat Government Medical College & Hospital
Banamalipur, Barasat

2. Willingness for Participation in MOP-UP Round Counseling: ☐YES ☐NO (Please Tick)_____(write here)

Name of the Candidate:_____
NEET Rank:_____
NEET Roll No._____

Date:_____/_____/_____ Full Signature of the Candidate