B.J.MEDICALCOLLEGE,
CIVILHOSPITALCAMPUS,
AHMEDABAD-16

જોઈનીંગ રીપોર્ટ

વિદ્યાર્થીનુ પુરેપુરુ નામ: _____

જનરલ મેરીટ નંબર: _____

કેટેગરી .....મેરીટ નંબર:_____

તારીખ : / /૨૦૨૬

પ્રતિ,
ડીનશ્રી,
બી.જે.મેડીકલ કોલેજ,
અમદાવાદ:૧૬

વિષય-: એમ.બી.બી.એસ. કોર્ષના રીપોર્ટીંગ બાબત....

માનનીય સાહેબશ્રી,

ઉપરોક્ત વિષયે સવિનય જણાવવાનું કે શૈક્ષણિક વર્ષ ૨૦૨૬-૨૭ માં મેડીકલ પ્રવેશ સમિતી, ગાંધીનગર (ACPUGMEC) / ઓલ ઇન્ડિયા ક્વોટા ન્યુ દિલ્હી દ્વારા મને તા: / /૨૦૨૬ ના રોજ આપની સંસ્થા ખાતે પ્રવેશ ફાળવવામાં આવેલ છે. પ્રવેશની શરત મુજબ હું આજરોજ તા: / /૨૦૨૬ ના રોજ એમ.બી.બી.એસ.અભ્યાસ માટે હાજર થાઉ છું. આ સાથે મારા એડમીશન ઓર્ડરની નકલ બિડાણે સામેલ છે .જે આપશ્રીને વિદિત થાય .

આભાર સહ,

આપનો/આપની વિશ્વાસુ

૧) મો.નંબર-:
૨) મો.નંબર-:

( )

B.J.MEDICALCOLLEGE,
CIVILHOSPITALCAMPUS,
AHMEDABAD-16

Joining Report

General Merit no._____ **Student Name_____**

Category ---------- Cat:Merit No._…….. **Date _____**

MobileNo1._____

MobileNo2._____

To,

The Dean

B.J. Medical College,

Ahmedabad

Subject: Regarding M.B.B.S Course Reporting/Joining.

Respected Madam,

Regarding Above mentioned subject, I got admission in academic year 2026-27, Through ACPUGMEC, Gandhinagar / All India Quota New Delhi on date. / /2026. I am Joining B.J. Medical College, Ahmedabad on date. / /2026 I am attaching copy of my admission order along with this.

Thanking you,

Yours sincerely

( )

B.J.MEDICALCOLLEGE,
CIVILHOSPITALCAMPUS,
AHMEDABAD-16

I-CARD First MBBS 2026

Year of Admission _____

Valid Up to _____

PHOTO

TO BE FILLED IN BLOCK LETTERS

FULL NAME (As per Mark sheet):-_____

DATE OF ADMISSION:-_____

DATE OF BIRTH (As per L.C./Documents):-_____

BLOOD GROUP:-_____LOCALITE/HOSTELITE (ROOM NO):-_____

LOCAL ADDRESS:-_____

_____

_____

MOBILE NO:-_____Email ID (Student):- _____

PERMEANENT ADDRESS: - _____

_____

_____

MOBILE NO :- (Parents / Guardian):-_____

Email ID: - (Parents / Guardian):- _____

Signature of Students

FOR OFFICE USE ONLY

Remarks:-

Dean
B.J. Medical College,
Ahmedabad.

B.J.MEDICALCOLLEGE,
CIVILHOSPITALCAMPUS,
AHMEDABAD-16

DETAILS OF CANDIDATE

1	Full name of Candidate			
2	Full name of Father			
3	NEET UG Roll No			
4	All India Rank			
5	HSC Seat No. & Passing Year			
6	Gender (M/F)			
7	Physically handicapped	Yes/No		
8	Date of birth			
9	Candidate category			
10	Admitted Category			
11	Marks details	Obtained	Out of	Percentage
12	PCB (Theory only) (12^{th})			
13	English (12^{th})			
14	NEET UG- 2026			
15	Admission date			
16	Full Residential Address With Pin code			
17	Mobile number	1.	2.	
18	Email (Student Only)			
19	APPAR ID No.			

PARENT'S SIGNATURE **STUDENT'S SIGNATURE**

B.J.MEDICALCOLLEGE,
CIVILHOSPITALCAMPUS,
AHMEDABAD-16

DETAILS OF PARENTS/ GUARDIAN

1	Father's full name	
2	Permanent address	
3	Mobile number (Father)	
4	Occupation of Father	
5	Mobile number (Mother)	
6	Occupation Of Mother	
7	Email id	
8	Local Guardian's name	
9	Local Guardian's address	
10	Local Guardian's mobile number	

PARENT'S SIGNATURE **STUDENT SIGNATURE**

B.J.MEDICALCOLLEGE,
CIVILHOSPITALCAMPUS,
AHMEDABAD-16

FORM-I

UNDERTAKING BY THE CANDIDATE/STUDENT

1. I. _____Son/Daughter of Mr./Mrs./Ms._____Admitted to the course of MBBS with Admission No,_____at B.J. Medical College, Ahmedabad affiliated to Gujarat University have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) Regulation, 2021(hereinafter referred to as the said regulations).
2. Ihavecarefullyreadandfullyunderstoodtheprovisionsinthesaidregulations.
3. Ihaveparticularperusedtheprovisionsofregulations3and4ofthesaidregulationsandhavefully Understood what constitutes "ragging"
4. I have also in particular perused the provisions of Chapter IV and read and understood the administrative and penal actions that may be taken against me in case I am found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
5. I hereby undertake that-
    i. Iwillnotindulgeinanybehaviororactthatmaycomeunderthedefinitionofraggingasmaybe constituted under regulation 3 of the said regulations;
    ii. I will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulation 3 of the said regulations;
    iii. Iwillnothurtanyonephysicallyorpsychologicallyorcauseanyotherharm.
6. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the said regulations or as per applicable laws for the time being in force.
7. I also declare that I have never been found to be guilty of ragging or abetting ragging, actively or passively, or beingpartofaconspiracytopromoteraggingandhaveneverbeenpunishedinanymannerfortheseoffences and further affirm that if this declaration is incorrect or false; my admission is liable to be cancelled/withdrawn.

Signed on this the _____ day of_____Month of_____year.

Signature _____
Name: _____
Address_____
_____
_____
Mobile No:-

Signature of Witness1:-
(Name of Witness 1)
Address:

Signature of Witness2:-
(Name of Witness 2)
Address:

B.J.MEDICALCOLLEGE,
CIVILHOSPITALCAMPUS,
AHMEDABAD-16

FORM-II

UNDERTAKING BY THE PARENT/GUARDIAN OF THE CANDIDATE/STUDENT

1. I._____Father/Mother/Gaurdian of Mr./Mrs./Ms._____Admitted to the course of MBBS with Admission No,_____at B.J. Medical College, Ahmedabad affiliated to Gujarat University have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) Regulation, 2021(hereinafter referred to as the said regulations).
2. Ihavecarefullyreadandfullyunderstoodtheprovisionsinthesaidregulations.
3. Ihaveparticularperusedtheprovisionsofregulations3and4ofthesaidregulationsandhavefully Understood what constitutes "ragging"
4. I have also in particular perused the provisions of Chapter IV and read and understood the administrative and penal actions that may be taken against my son/daughter/ward in case he/she is found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
5. I hereby undertake that my son/daughter/ward-
   i. Willnotindulgeinanybehaviororactthatmaycomeunderthedefinitionofraggingasmaybe constituted under regulation 3 of the said regulations;
   ii. Will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulation 3 of the said regulations;
   iii. Will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that if my son/daughter/ward is found guilty of any aspect of ragging, he/she may be punished as per the said regulations or as per applicable laws for the time being in force.
7. I also declare that he/she has never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and has never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false; his/her admission is liable to be cancelled/withdrawn.

Signed on this the_____day of_____Month of_____year.

Signature _____
Name: _____
Address_____
_____
_____
MobileNo:-

Signature of Witness1:-
(Name of Witness 1)
Address:

Signature of Witness2:-
(Name of Witness 2)
Address:

FORM OF CERTIFICATE

MEDICAL CERTIFICATE OF EXAMINATION OF A CANDIDATE FOR ADMISSIONTO MEDICAL & PARAMEDICAL COURCES

I hereby certify that I have examined Shri/ Kum/ Smt. .....

.....a candidate for admission to the Medical / Paramedical courses and cannot discover that he/she has any disease, constitutional weakness or bodily infirmity except .....

.....

I do not consider this a disqualification for admission to the Medical / Paramedical courses. His / Her age, according to his / her own statement, is ..... years and appearance .....years.

Marks of Identification : _____

Impression of left thumb

Date : /4 /201

(1) Signature
(2) Full Name
(3) Qualification (Minimum M.B.B.S.)
(4) Registration No.

UNDER TAKING

" I hereby agree to conform to the rules and regulations at present in force or that may hereafter be made for governance of Medical and Paramedical courses and I undertake that during such course, I will do nothing either inside or outside the College that will interfere with the orderly governance and discipline. I am also aware that ragging is banned and if found guilty, I shall be liable for cancellation of admission and punishment as per rules. "

Date :

Place :

Signature of the Candidate

Signature of the Parent / Guardian

B.J.MEDICAL COLLEGE, AHMEDABAD
(Application Form for the Library Membership)

To,
The Dean,
B.J.Medical College, Ahmedabad-380016

Sir,

I intend to become a member of our library as UG/Pg/Faculty. I have read the rules & regulation printed on the back of this form & I agree to abide with them.

PARTICULARS

1. **Full Name :**_____
   In Block Letters Surname First Name Father's Name

2. **Father's (Gardian's) Name:**_____
   Father's (Gardian's) Occupation: _____**Official Contact No.**_____

3. **Permant Address:**_____
   (Residential) _____

4. **Hostel OR Present Address:**
   _____

5. **Designation: U.G/P.G/Faculty** **Class & Term if U.G.**_____

6. **Duration**

Yours' Faithfully,

( )

UNDERTAKING by two staff members / Students of B.J.M.C. Ahmedabad.

1. **Mr./Dr.**_____**Designation**_____

2. **Mr./Dr.**_____**Designation**_____

I hereby undertaking to pay amount that may be found recoverable from Mr/Dr_____**due to late fee, loss of books / journals ets. Immediately on receipt of the intimation from the authorities concerned.**

Signature of Staff / Student **Address**
1)

2)

The above facts have been verified from the office records.
Recommended / Not recommended for library membership

HOD	**Director**	**Dean**
(applicable incase of Faculty)	**(Postgraduate Studies)**	**(B.J.M.C)**

B.J.MEDICAL COLLEGE, AHMEDABAD
Library Rules & Regulations

1. Every Student & Teaching Staff of this College is entitled to make use of the library facilities.
2. Always **perfect silence** is expected in the library. Conversation, Discussion, Chatting, Gossiping, mobile talking, Smoking, etc. are strictly prohibited in the library premises
3. Entry with the **personal belongings is prohibited** in the library.
4. The library will remain closed on all Sundays and on Public holidays.
5. The library timings will be notified on the notice board from time to time.
6. Books should be returned to the library as per dates assigned. Failing to comply will cost a reader **Rs. 1=00 (One) penalty per day.**
7. If a book is **lost** or damaged, it should be notified to the librarian immediately. Usually the book has to be **replaced the same or the latest edition of the same** author & title by the reader. The librarian with the consultation of the Dean would claim the total cost of the book in case of unavailability in the market (It may vary as per the circumstances & situation) .
8. Books / Journals / Library Cards etc. are not transferable. They are issued only for the use to the person to whom they are issued.
9. Reference books are not issued for home.
10. The undergraduate students will not be allowed to enter in the Journal Section. (i.e. P.G. & Staff Library) .
11. The books & journals should be used very carefully. No pages should be torned or no writing should be made on any part of the book or journal.
12. No furniture in the library should be defaced or damaged by any reader.
13. **Disregarding the rules, a reader might forfeit the privilege of entering into the library.**
14. All the students will have to collect a no Due Certificate from the library after the completion of their study and similarly the staff members will also required to **collect 'N D C' before leaving the institution.**

I have read the above library rules and I agree to abide with them.

Signature :_____ Name :_____ Date :_____

Received Lib. Card No. :_____ Date :_____ Signature :_____

Affix a passport sized photograph within this box

STUDENT'S INFORMATION FORM

BATCH – 2020–21

Department of anatomy

B.J. Medical College, A'bad-16

Name - …… **Roll no. – ……**

Date of birth - …… **Contact no. – ……**

Blood group - …… **Date of admission – …….**

E –mail ID – ……..

Localite / Hostelite – ……

Local address - ….....Hostel : Block ……..

…… : Room no. ……..

PARTICULARS OF FAMILY:

Father's name -……. **Profession –……..**

Mobile no. - …… **E- mail ID – …….**

Mother's name -……. **Profession – ……..**

Mobile no. - …… **E- mail ID- ……..**

PERMANENT ADDRESS WITH PIN CODE:

.....

……

ACADEMIC PROGRESS REPORT

Counseling for Attendance, Performance and Others

Counseling	Date	Signature of student	Signature of Parents/ Guardian	Any remarks
1st term				
2nd term				

Signature of the student

FOR OFFICE USE ONLY

Signature of student **Signature of In-charge**