



Government of West Bengal  
**Office of the Principal**  
**Sarat Chandra Chattopadhyay Government Medical College & Hospital**  
Uluberia, Howrah-711315  
Department of Health & Family Welfare

Email: [principal.uluberia@gmail.com](mailto:principal.uluberia@gmail.com)

Website: [www.sccgmch.ac.in](http://www.sccgmch.ac.in)

Phone: 033-2661-0198

**FORM FOR ADMISSION TO MBBS COURSE SESSION: 2025 – 2026**

Paste recent  
passport size  
colour  
Photograph.

1. Name in full (**BLOCK LETTERS**): \_\_\_\_\_

2. NEET Roll No. \_\_\_\_\_ 3. NEET Rank \_\_\_\_\_

4. NEET Score \_\_\_\_\_ 5. Percentile \_\_\_\_\_

6. Admission through ☐AIQ ☐SQ ☐Round1 ☐Round2 ☐Round3

Candidate's mobile:

Candidate Email Id:

\* **Admission Date:**     /     / 2025

7. Date of Birth(DD/MM/YYYY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

8. Sex : ☐Male ☐Female ☐Other

9. Allotted Category: ☐UR ☐SC ☐ST ☐OBC-A ☐OBC-B ☐EWS

10. Admission under PwD category: ☐Yes ☐No 11. If YES, mention disability category \_\_\_\_\_

12. Nationality: \_\_\_\_\_ 13. Religion: \_\_\_\_\_ 14. Mother tongue: \_\_\_\_\_

15. Address in **BLOCK LETTERS** (As per AADHAAR Card) \_\_\_\_\_

P.O.: \_\_\_\_\_ P.S.: \_\_\_\_\_

Dist.: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

16. Approximate distance between residence & Medical College: \_\_\_\_\_

P.T.O

17. Father's Name(**Capital Letters**): \_\_\_\_\_
18. Father's Contact No/Mobile No.: \_\_\_\_\_
19. Mother's Name (**Capital Letters**): \_\_\_\_\_
20. Mother's Contact No/Mobile No.: \_\_\_\_\_
21. Guardian's Name (if father or mother is not the guardian) : \_\_\_\_\_
22. Relation of guardian with the student: \_\_\_\_\_
23. Candidate Aadhaar No.: \_\_\_\_\_

24. **Details of 10+2 Board Examination:**

Subject	Physics (P)	Chemistry (C)	Biology (B)	TOTAL (P+C+B)	English	NEET 2025
Full Marks						
Marks obtained						
Percentage						

Year of Passing: \_\_\_\_\_ Roll No. \_\_\_\_\_ Percentage score: \_\_\_\_\_

Name of the Board: \_\_\_\_\_

Name of the School: \_\_\_\_\_

25. Course studied **after 10+2 Board Examination** if any : \_\_\_\_\_

Name & Address of the Institution where last studied: \_\_\_\_\_

P.O.: \_\_\_\_\_ P.S.: \_\_\_\_\_

Dist.: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

26. The West Bengal University of Health Science Registration No.(If Applicable) \_\_\_\_\_  
Session: \_\_\_\_\_

**Under no circumstances, original documents, once submitted and receipt issued can't be handed back, before completion of the course or premature discontinuation /resignation and completion of formalities for release of documents. Students are strongly advised to retain hardcopies and softcopies of all original documents being submitted. It is not feasible for the college office to give periodically access to originals for photographing and photocopying.**

P.T.O

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 of 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 subsequent to 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.

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**Signature of Guardian**

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**Signature of Applicant**

Date: \_\_\_\_\_

Place: \_\_\_\_\_

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