

Coordinator Paramedical Courses

Email ID: gmcanantnag2018@gmail.com	Cnpsgmcana	ntnag@gma	il.com				Website: y	ww.gi	mcanantnag.r	net
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Prov. Enrolment No University Registration No	U	niversity	Enro	lment	No				_	
									•••	
Bank Draft No.						Date	ed.			
BOPEE Notification No.						Date				
Serial No of BOPEE						BOP	EE Rar	nk		
Course										
Fill in capital letters								-		
1. Name of the student:_								-		
2. Father/Guardian:		9 ;					Maria	-	Photo	'
3. Fathers Occupation:						, .	<u> </u>	_		
						&	74	_#		
4. Date of birth:5. (A) Gender :		(B) B	lood	Grou	Jp:	W.	Who was	_	Why are	
6. Religion:(N) ************************************		Wall	d .	
7 (A) Selected under Co	tegory:			1111	8886.	STATE OF THE PARTY	M. 30	Sage .		
(B) Certificate issuing	authority	Other th	an OM	W.	A. Carlotte	William .	The state of	8.		_
(b) commeate issuing	aomomy	(011101111		W	The state of the s		Million K.			
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(C) Postal address of	issuing a	Officially_		1	Din	4				-
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8. Address A. Rural	Urbai	ا ا	N. T. F. F. A.							
B. Permanent:		1 1/2/2	<u>. </u>	The st		-				
PCS1 Patranty-in 1	200000	7. 7. A	/ ************************************	_Pin_			a district	-		
Present Address:	1,000	80. A	No. of	***	and the same				-	
	1	1 11110	S. J. C.	_Pin_				V D	1	
9. Contact No: Personal:		The state of			la la production de la constante de la constan					
		W. 7	r m B							\exists
Father/Guardian:	***	× .			<u> </u>		11			
Email address:	*				@					
10.	, 12 ^{tt}	^h Examin	ation	Deta	ils:					
3, 1994, 1, 199	Marks	Name	of Bo	ard	Year	of	Session	В	oard Regi	stratior
Roll No Marks	obtained	CBSE /			pass	ing			No	
		SGR /		a contract de la lid						
		JMU /	ОТН	ERS			1 6 6			
100000										
11	0 "	(1)			10.0	1 OTh	Clavas			
 Have you joined an Examination: YES 	y College							low)		
						J. J.		/		
A. Name of College:							-	-		
B. University:C. Date of Admission:									1	
D. University registration	number:							-		



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Website: www.gmcanantnag.net

Student Information Details

Course	
Allotted Prov. Roll No.	
S.No (BOPEE)	4
Roll No. (BOPEE)	ff.
Rank (BOPEE)	
Name of Student	
Gender	
Physically Handicapped	
Date of Birth	
Category	
Sub-Category ·	
Marks Obtained (10+2) (PCB)	
Max. Marks (10+2) (PCB)	
(PCB) Percentage	
Marks Obtained 10 + 2 (Eng)	
Maximum Marks 10 + 2 (Eng)	x
English Percentage	
Entrance Exam Name	
Marks Obtained in Entrance Exam	
Maximum Marks in Entrance	
Entrance Exam Percentage	
Date of Admission	
NA. N	

Signature of the Candidate:	
Dulan	
Date:	



GOVERNMENT OF JAMMU AND KASHMIR HEALTH AND MEDICAL EDUCATION DEPARTMENT GOVERNMENT MEDICAL COLLEGE, ANANTNAG Coordinator Paramedical Courses

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-: ID: amcanantnad/U lolu/ulilali.com	Clipogiticalitation

Website: www.gmcanantnag.net

1	ORIGINAL DOCUMENTS/ 2 sets of photocopies SUBMITTED (one set to be
١.	kept with candidate): (Check list) √ mark

Matriculation Certificate (DOB)	
1. Matriculation Certificate (Bes)	
2. Marks Certificate (12 th)	
3. Domicile certificate	ffm.
4. Discharge certificate from college/institution attended	1
5. Migration certificate CBSE	
Migration certificate College	
6. Category certificate (if any)	and the same of th
7. Affidavit from 1st class magistrate to the effect that he/she has not joined any college/institution after passing 12th if any (Time Gap)	7
8. Undertaking from prescribed format	
9. Bank draft for Rs 25000/ drawn in favour of Principal, GMC Anantnag	
10. 02 No.'s of passport size photographs in addition to the pasted photographs on forms.	
11. 2 sets of photocopies of all documents (Self attested)	
12. Medical Fitness certificate	1 1 2

2. Immuniżed against Hepatitis B:

Yes:	No:
103.	

Signature of the Student:	
Date:	



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(Annexure-II) Affidavit from 1st class magistrate

AFFIDAVIT FOR TIME GAP

S/O,D/O
R/O
Do hereby declare/undertaking that: under Roll No:
1. I have passed the 12 examination in the year From (Board)
2. That after passing the said(12th) examination I have not joined any professional/ Non-
professional degree or diploma course in any institution
3. n College/University in or out side UT of J&K.
4. That i am seeking admission in first year/sem (Course) session
2025-26 in Paramedical Courses, GMC, Anantnag Vide BOPEE Notification No.
Dated: with Rankand S. No.
5. That in case this statement proved incorrect I shall be personally responsible for the
consequences arising there upon.
Deponent



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(Annexure-I)

Agreement / Undertaking

To be executed in presence of 1 st Clas	ss Magistrate on a Non Judicial Stamp Paper)
1	
S/o.D/o	
A the large of the sales of	
R/O	
2. That during the period of Stay in the prescribed by the Institute, University and Kashmir issued from time to time 3. That I shall remain much discipline ragging etc. 4. That presently I am not on rolls in light later on, I shall forfeit my clonotice. 5. That it shall be my endeavour to concourse halfway, I shall pay penalty under that I will maintain it subjects and 100% in clinical areas and 7. That I shall be debarred from appear criteria. 8. That I will not indulge in any kind of ESMA shall be enacted upon me. 9. That if at any stage it is detected to College concerned that I have secur by fraud, concealment of facts, or madmission to the B.SC degree course.	mment Nursing College, GMC Anantnag vide J&KDated:
shall also be liable for criminal proce	redings.
10. I also undertake to pay the fee we the competent authority.	which is fixed for the course from time to time by
the competent duthority.	Signature of the candidate
We affix our signatures Hereunder as sureties	
01	02
S/o,D/o	S/o,D/o
R/O	8/0

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GOVERNMENT OF JAMMU AND KASHMIR HEALTH AND MEDICAL EDUCATION DEPARTMENT

GOVERNMENT MEDICAL COLLEGE, ANANTNAG

Coordinator Paramedical Courses

Email ID: gmcanantnag2018@gmail.com, Cnpsgmcanantnag@gmail.com

Website: www.gmcanantnag.net

STUDENT ENROLLMENT SLIP B.SC

FOR

SESSION 2025-2026

The Head of Department		
1. ANATOMY	РНОТО	
2. PHYSIOLOGY	· ·	
3. BIOCHEMISTRY	. /h.	
4. Pathology		
5. Microbiology		
The candidate namely Mr./Miss	S/o D/	/0
bearing this slip with provisional Ro	- JC -	_
has been granted admission by concerned competent auth	orities to pursu	Jе
B.SC in Paramedical Courses at GN	1C Anantnag f	or
session 2025-2026. As the student has fulfilled the initial adm	nission formalitie	es
with the office of Coordinator at GMC Anantnag, you are here	eby requested	to
enrol the student in your departmental student enrolment	register. Onc	се
enrolment in your department is over, kindly acknowledge	and return th	ne
same with the student to the office of Coordinator Paramedic	al courses, GM	C
Anantnag,		
Anarimag,		

Coordinator Paramedical Courses, **GMC** Anantnag

Departments	HOD Anatomy	HOD Physiology	HOD Biochemistry	HOD Microbiology	HOD Pathology
Signature					
Date	-1 21886				



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Website: www.gmcanantnag.net

Demand Draft (DD) from J & K Bank in favour of:

Principal, Government Medical College, Anantnag

For payment of Rs. 25,000/

GOVERNMENT MEDICAL COLLEGE, ANANTNAG (Camp Office: MMABM Associated Hospital Janglat Mandi Anantnag)

Demand Draft (DD) from J & K Bank in favour of:

Principal, Government Medical College, Anantnag

For payment of Rs. 25,000/-



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AGREEMENT/UNDERTAKING

In connection with my admission to the	course for the batch
ls/o	
R/O	- du
Do hereby declare/undertake that:	
I am seeking admission in (course) in Paramedical courses, da	session MC Anantnag vide BOPEE Notification
in Paramedical courses, dance and S.NO and S.NO That my following original documents are deficient	tedwith
Rank and S.NO	S ining of
That my following original documents are deficien	/under process at the time of Joining as
specified	
specified	
A)	A STATE OF THE STA
A)	
B)	
3)	
C)	
	t to 1 learne onto within a
That I hereby undertake that I shall produce to period of seven days if allowed me to join on proving the factors and seed to be said seed.	he same original documents within a
period of seven days if allowed me to join on prov	isional basis. Failing which I have no right
to claim for the said seat.	
Kindly allow me to join on my own risk a	21.212
Kindly allow me to join on my own risk a	d responsibility.
	Signature of the candidate
	Signature of the candidate
Place:	
Date:	
"Manual	

Medical Fitness Certificate

(To be signed by a registered medical practitioner holding a Medical Degree)

(To be submitted at the time of Admission)

I certify that I have carefully examined Mr./Ms.*	whose signature is given
below. Based on the examination, I certify that h/s	
free from any physical defects which may interfere	with his/her studies including the active outdoor
duties required of a professional.	
Marks of Identification	
Signature of the Candidate	
Place	
Date	

Name & Signature of the Medical Officer

with seal and registration number