DIRECTORATE OF MEDICAL EDUCATION & RESEARCH PUNJAB, CHANDIGARH

MBBS ADMISSIONS

CHINTPURNI MEDICAL COLLEGE & HOSPITAL VILL, BUNGAL, DISTT. PATHANKOT

The Hon'ble Supreme Court of India vide their interim order dated 18.09.2014 in writ Petition (Civil) No. 469 of 2014 along with related writs in case of Hind Chatitable Trust Shekhar Hospital Pvt. Ltd. verses Union of India & others, has permitted the petitioners Private Medical Colleges to admit students on the basis of undertaking given by them for the academic year 2014-15. The Directorate of Medical Education & Research shall send students in order of their merit to the petitioner Medical College for admission in MBBS Course in accordance with the Rules and Regulations of MCI.

The order of the Hon'ble Court may be seen at the Departmental website www.punjabmedicaleducation.org.

Accordingly the Directorate of Medical Education and Research Punjab invites applications for 150 seats for admission to MBBS course for the session 2014-15 in Chintpurni Medical College and Hospital, Vill Bungal, Distt. Pathankot as on the Merit of AIPMT-2014.

The applications may be submitted to the office of D.R.M.E. Punjab, SCO No. 87, Sector 40-C, Chandigarh by hand so as to reach before 2.00 PM on 28-9-2014. The Performa of application general conditions can be downloaded from the department website **www.punjabmedicaleducation.org**. Application fee of Rs. 4500/- General Category and SC/BC Category 2250/- demand draft in favour of Registrar, Baba Farid University of Health Sciences, Faridkot. Payable at Faridkot.

Note:- Candidate who have already applied to Baba Farid University of Health Sciences, Faridkot as per their prospectus for Admission Open Merit Category of private colleges, have to apply afresh. However, they need not submit fee along with the application, if they produce adequate proof along with the application.

 The fee for the course shall be as prescribed by the Government Medical Colleges which is as under:

 Tuition Fee
 Rs. 26250/- (Demand draft in favour of Registrar, Baba Farid

University of Health Sciences, Faridkot. Payable at Faridkot)

Note: However it has come to our notice that some petitioner's have filed application's for review/ modification of this order for fee to be charged at the rate prescribed by the Government for the Private Medical Colleges. In the eventuality of the petitioner's succeeding in their application's before the Hon'ble Supreme Court, the admitted students shall have to pay the fee at the following rate.

Tuition Fee

(A) Govt. Quota Fee2.20 lacs per year (First 50% students admitted in the merit list)(B) Management Quota Fee6.60 lacs per year Remaining 50% of the students admitted in the merit list)

The merit list shall be displayed on the website of the Department on 28.9.2014 after 5.00 P.M. The Counselling will be held on 29.09.2014 at 11.00 A.M at State Institute of Health & Family Welfare Comlex, Phase 6, Mohali.

Medical Education & Research, Punjab, Chandigarh.

BABA FARID UNIVERSITY OF HEALTH SCIENCES

Admission Application Form for Admission MBBS Session 2014

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21. Undertaking and pledge by the candidate:-

- a) I hereby certify that the entries made by me in this form are correct to the best of my knowledge & belief and I have not concealed any information in any manner.
- b) I agree to observe and abide by all the rules and regulations of the Institution in which I may be admitted, including those with regard to programme of studies, syllabus, scheme of examination, examination rules and the hostel rules that may be laid from time to time by Baba Farid University of Health Sciences and /or institution during the period of my studies and I will not associate myself with any activity prejudicial to the discipline of Institution.
- c) I fully understand that for any violation or infringement of these rules and regulations, disciplinary action can be taken against me by the authorities which may include cancellation of the candidature.
- d) I certify that I am not involved in any illegal activity and no criminal case is pending against me in any court of law.
- e) I certify that I have not passed the qualifying examination from more than one Board/University/any other examining body.
- f) I undertake that if I have been found indulged in ragging in the past or in future, my admission may be refused or I shall be expelled from the institution.
- g) I understand that if at any stage, it is found that I have provided any wrong information to seek admission, my admission shall stand cancelled automatically and I shall have no claim whatsoever, on the seat or the dues paid to the Institution.
- → Male Left Thumb Impression
- --- Female Right Thumb Impression

	() FULL Signature of the Candidate
	Date
Thumb Impression	

Undertaking by Parent/Guardian

(a) I certify that my son/daughter/ward Mr./Ms______ has submitted this application with my knowledge and consent and that I hold myself responsible for his/her good conduct and his/her maintenance and any payment of fee during the stay at Institution. The entries made by him/her in the Admission Form are correct to the best of my knowledge and belief.

(b) I certify that my son/daughter/ward Mr./Ms. ______ has not passed the qualifying examination from more than one Board/University/any other examining body.

Date:

Signature of Parent/Guardian _____

Name of Parent/Guardian

CHECK LIST

(Attach Self Attested Copies Only)

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Note:	Tick relevant box. Leave box empty if not applicable.	By Candidate	For Office use
1) Matric c	r equivalent certificate for Date of Birth		
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3) Detail M	arks Card of 10+1		
4) Qualifyir	ng Examination Detail Marks Card (10+2)		
5) Characte	er Certificate from Institution last attended		
	te in support of claim under reserved category as per the en given in Prospectus		
7) Punjab F	Residence Certificate		
,	king by candidate after affixing self attested recent Photograph availed any Residence benefit in any other state)		
	ing by candidate after affixing self attested recent aph regarding Gap year, if there is Gap after 10+2 examination		
10) Original	Bank Draft .		
11)Copy of A	AIPMT Rollno		
12)Copy of A	AIPMT Result Card		

Checked by (Sign) ____

Name (

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