

BPS GOVT. MEDICAL COLLEGE FOR WOMEN, KHANPUR KALAN, SONEPAT

Office of the Dean Academics

Document Retaining for Admission Session 2025-26

Na	me D/o, S/o, W/o					
NEI	NEET Roll No/NEET Score/					
PG	PG / DNB Course/Speciality//					
1)	Five Photographs					
2)	Admit Card					
3)	Rank/Result Letter					
4)	Allotment Letter					
5)	Medical Fitness Certificate issued by Chairman Medical Examination Board					
6)	10th Class Mark Sheet					
7)	10th Class Passing Certificate					
8)	12th Mark Sheet					
9)	12th Class Passing Certificate					
10)	MBBS All Prof (Marks Sheet)					
11)	Internship Completion Certificate					
12)	MCI/NMC Registration Certificate					
13)	MBBS Degree Final /Provisional					
14)	FMG Score and Passing Certificate issued by NMC					
15)	Migration Certificate					
16)	Haryana Domicile Certificate					
17)	Category Certificate (If Applicable)					
18)	PH Certificate (If Applicable)					
19)	Port Graduate Diploma Medical Qualification Pass certificate / Provisional Pass certificate.					
20)	Proof Of having passed the Post Graduate Diploma Final Examination on or before 31st January, 2025					
21)	Screenshot of NMC website confirming that the Post Graduate Diploma Medical Qualification is recognized					
22)	as per NMC Act, 2019 and the repealed Indian Medical Council Act 1930. If a candidate is employed or under any kind of bond, he/she has to furnish a NO OBJECTION CERTIFICATE / RELIEVING LETTER issued by competent authority of concerned University / Employer/Institution in case her / she submitted while participating in the counselling, after allotment of as seat, a RELIEVING LETTER issued by the employer/institution is mandatorily required to be submitted to join the DNB (Post Diploma course. Extension of date of joining on the ground of seeking RELIEVING LETTER from the employer/ institution shall be permitted only after approval of NBEMS.					
23)	Aadhar Card/PAN Card (photocopy)					
24)	Establish ID (PPP - copy)					
25)	NOC (HCMS Student) & Relieving letter issued by the competent authority (HCMS Student)					
26)	Gap Year affidavit					
27)	Fee Slip					
28)	Agreement Bond – seat leaving (10 lack) & two agreement and one affidavit					
29)	One set Photocopies all Document of self attested.					
30)	Character Certificate					
31)	Print out of Application Form					
32)	Certificate of ESM/FF issued by competent authority.					
33)	Income and Assets certificate for EWS candidates issued by the competent authority for the year 2024-25 & issued on and after 01.04.2024.					
34)	issued on and after 01.04.2024. Certificate/Affidavit of minority issued by the competent authority.	*:				

AFFIDAVIT

To be typed on Stamp Paper of Rs.10 AttestedbyTHEFIRSTCLASSMAGISTRATE

I	D/S/oSh	Resident of					
NEETF	RANKMD/MS	hereby state that:					
•	I am not registered for any of any other institution at prese	degree/diploma course and not undergoing any training at ent.					
•°	Examination, All India Enti	other examination including NEET, USMLE, Civil Service rance Examination or Pt. B. D. Sharma PGIMS, Rohtak held during the period of my course (after taking admission pletion of course).					
.•	If, I will be found appear admission shall be cancelled	ing in any such examination under circumstances, my					
•	I do hereby aver and undertake that I am submitting my original documents to the Institute till appearing in the final examination of the said course. I agree to terms and condition of the bond policy of state Government.						
•	If, I demand the original documents in the mid-way during my course then I shall be liable to pay bond money before receiving the documents.						
	The project of the second						
FullName:							

AGREEMENT BOND

FOR GOVERNEMNT/GOVERNMENT AIDED MEDICAL / DENTAL COLLEGE

(To Be typed on stamp paper of Rs, 100/- and duly attested by the First Class Magistrate).

	As per the	notification issue	d by the Medical Ed	lucation and Resea	rch Departm	ent dated 10 th November 2025,
this agreement	bond on		the day of		e	xecuted between Sh./Smt./Ms.
		S/o, D/o, W/o St	1.	(his/he	r heirs, adm	inistrators, executors and legal
representatives) on the (one part and the		7 - 174-24	_ BPS Govt.	Medical College for Women ,
Khanpur Kalan,	Sonepat, F	laryana on the oth	ier part.			
	Whereas	I have been o	ffered admission	in MD/MS		(subject) course by the
University/Med	ical Educa	tion and Research	Department, Harya	na vide Memo No		Dated
			oining as such on			
	a 1550H	ha daharrad far no	byt three years from	anniving for admis	sion to any P	G Courses in the State.
	1. Will	be departed for the	the Bond Money	e 10 Lakhs (Rs. Te	n Lakhs only) for PG Course for which Bond
	ah all	he executed at the	time of admission b	ny the institute.		
	2 16 11	save the above of	ource midway I will	nay the fee of the	Academic s	session during which I leave the
	3. 11, 11	eave the above co	50% of fee of the ne	xt Academic Sessio	n in addition	to the Bond notified as in point
	(ii) ab		0,00,122 0, 1112 112			
			I and distance of the	hand and hereby	execute the b	oond of Rs. 10,00,000/- (Rs. Ten
	I accept t	the above terms at	nd conditions of the	bolid and hereby		ass after commencement of the
Lakhs only) sup	ported by	two sureties and	equal number of wit	tnesses. In case, I l	eave the cou	rse after commencement of the
		ioc chall be liable	inintly and severally	to pay Rs. 10,00,0	00/- (RS. Ter	Lakii Olily) bolia money
course. I along	With Surce	105 511an 20 marin		enat will have I	right to re	cover such money from the
Govt. Medical	College	for Women, Kr	lanpur Kalan, 5011	· · · · · · · · · · · · · · · · · · ·	 MUEDE I DO I	HERE IN SET MY HANDS ON THIS
defaulter/defau	ulters/sure	ties in accordance	with the low of the	land. IN WITNESS V	MHEKETDO	HERE IN SET MY HANDS ON THIS
DOND AT		THIS DAY IN	THE PRESENCE OF V	VITNESS AND SURE	TIES:	
BUND AT	(a)					
	Dated:					
	_	5 9				Signature of Student/Trainee
	Place:					
					Sr. No.	Signature of Surety
	Sr. No.	Signature of W	/itness		1.	Name :
	1.	Name:			- .	S/o / D/o W/o
		S/o / D/o W/o				Address:
		Address:				Mobile No.
	,	Mobile No.				Tel. No. (if any)
		Tel. No. (if any)			
						f Counchy)
		•••	***		Sr. No.	Signature of Surety
	Sr. No.	Signature of W	litness		1.	Name:
	1.	Name:				S/o / D/o W/o
		S/o / D/o W/o				Address:
		Address:				Mobile No.
		Mobile No.				Tel. No. (if any)
		Tel. No. (if any)			

ATTESTED
THE FIRST CLASS MEGISTRATE

UNDERTAKING BY THE PARENT/GUARDIAN

(ON STAMP PAPER OF RS.10)

I, Mr./Mrs		(full n	ame of	the pa	rent –	father/moth	ner/guardiar	ı) of
Mr. /Mrs. /Ms		(full	name	of	the	student)	admitted	to
MD/MS/PG/DNB/ Diplo	omac	ourse in		,				
(full name of the institut	ion) is fully	aware of	the con	dition	of the	Undertaki	ng given by	/ my
ward.								
Declared this	day of _			of	year_		·	
Signature of Parent								
Name								
Address								
Mobile No	-							
Aadhar No.						, ,		
Witness								
Name								
Address								
MobileNo.								

UNDERTAKINGBYTHESTUDENT

(ON STAMP PAPER OF RS.10) ADMITTEDINGOVERNMENTMEDICALCOLLEGEINTHESTATEOF HARYANA

	I	S/O d/O Mr. /M	rs./Ms	having				
	been admitted for pu	rsuing MD/MS/PG I	Diploma/DNB course	in				
			(full name of the	institution) do hereby				
	undertake that I shall abide by the terms & conditions as laid down in the Policy as already							
	referred in Clause-15 of Admission notification dated 02.09.2024 to incentivize Doctors to opt for Government Service upon completion of Post Graduate Degree/Diploma course							
				Degree/Diploma course				
	from Government M	edical College in the	State of Haryana.	tal duration of Service				
2.	After completion of Post Graduate Course, I shall complete the total duration of Service							
	Incentive Bond as laid down in the Policy to incentivize doctors to opt for Government Service upon completion of Post Graduate Degree/Diploma course from Government							
			late Degree/Diploma coc	,				
	College in the State	of Haryana.	of man fulfillment (of the condition of the				
3.	I do hereby aver ar	id undertake that in	case of non-fulfillment of	as already referred in				
	undertaking and bro	undertaking and breach of the terms and condition of the policy as already referred in						
	clause-15 of Admiss	clause-15 of Admission notification dated 02.09.2024, I shall be liable to pay the Bond money (As applicable) as per the Policy to incentivize Doctors to opt for Government						
	money (As applicab	le) as per the Policy	to incentivize boctors t					
	Medical Colleges in t							
Dool	lared this	day of	of year	·				
Dec	area tilis							
				, ·				
Sian	ature of Student		Signature of p	parent				
_			Name:					
Nan	ne		Name.					
bbΔ	ress							
,,,,,,								
Mob	oile No							
	har No							