

Dr. M. K. Shah Medical College & Research
Centre, Ahmedabad-382424

Institution Joining Form For MD/MS-Academic Year 2025-26

From,
Name:
Address:
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.....
.....
Pin Code:
Contact details:
E-Mail ID:
Date: ____/____/20____

To
The Dean
Dr. MKSMCRC,
Ahmedabad.

Subject: Joining Report for Postgraduate Course MD/MS in department of at Dr. M. K. Shah Medical College and Research Centre, Chandkheda, Ahmedabad.

Quota: _____

Reporting No. of admission order from ACPPGMEC: _____

Respected Sir,

I, Dr. have been admitted to the MD/MS in department for the academic year 2025-26 through NEET-PG 2025. I hereby submit my joining report to confirm my admission and assumption of duties as a Postgraduate Resident in the Department of at Dr. MKSMCRC.

Kindly accept my joining report.

Your faithfully,

.....

HOD
(Signature with department seal)

DEAN

Details of Candidate:

Candidate's Name				NEET PG Roll Number	
Father's Name				NEET Score	
Mother's Name				Date of Birth	
Category				Blood Group	
Sub Category				Gender	
MBBS Passing Institute:		MBBS Passing University:			
UG GMC Registration Number					
NEET PG All India Rank:					
NEET PG State Rank:					
Round No.					
Seat Allocated Category			Allotted Quota		
Institute Allocated	Dr. MKSMCRC		Department		
Mobile No.	Self			Parents	
E-mail ID					
Permanent Address					
Present Address					

Date: ____ / ____ / ____

Sign: _____

Place: _____

Name: _____

Details of required documents with self-attested 2 xerox copies

1. Passport Size Photos (2 Copies)
2. Provisional Admission Order (ACPPGMEC)
3. Bank receipt ACPPGMEC
4. Aadhar Card & PAN Card
5. 12th Marksheets
6. All Year's of MBBS Marksheets & Attempt Certificate
7. Internship Completion Certificate
8. University Provisional Degree Certificate/Degree Certificate
9. Leaving Certificate/Transfer Certificate
10. Certificate of Registration THE GUJARAT MEDICAL COUNCIL
11. Caste Certificate (if applicable)
12. EWS Certificate (if applicable)
13. NEET Admit card & NEET Score Card
14. Medical Fitness Certificate