

Admitted on .....

Enrolment No .....



# KING GEORGE'S MEDICAL UNIVERSITY U.P., LUCKNOW

## KGMU INSTITUTE OF PARAMEDICAL SCIENCES

(TO BE FILLED THE STUDENT'S OWN HANDWRITING)

Name .....  
(In Capital Letters)

Roll No. / Rank .....

Father's Name ..... Occupation .....

Father's Income : Rs. .... Per Month .....  
(Attach Income Certificate)

Mother's Name ..... Occupation .....

Place and Date of Birth .....

Caste ..... Sub Caste ..... Blood Group .....

Aadhar card No : Self ..... Father ..... Mother .....

Telephone No..... Mobile ..... Email .....

Permanent Address .....

..... District ..... PIN .....

Local Guardian's Name, Address & Phone No. ....

..... PIN .....

### A. General Education

Particulars	Year	School or College Board / University	Name of Subject	Total Marks Obtained / Max. Marks	Division
High School					
Intermediate					
Other Examinations					

### B. Co-curricular activities

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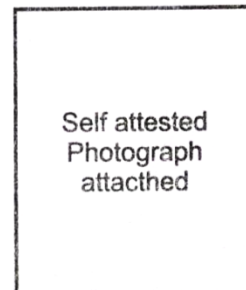
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(Signature of Student)

Verified By

(Signature of Parents/Guardian)

With Full Name



**DECLARATION**

I, Mr/Miss/Mrs \_\_\_\_\_ D/O / S/O Mr \_\_\_\_\_  
and Mrs \_\_\_\_\_ resident of \_\_\_\_\_  
\_\_\_\_\_ admitted in  
\_\_\_\_\_ course for the academic year \_\_\_\_\_ solemnly declare that:

1. I have not taken admission or continuing in any other course at the time of admission in King George's Medical University, UP, Lucknow. If I apply or opt for any other course during my tenure, I will get the no objection certificate from the Dean, Paramedical Sciences or equivalent competent authority for the same. I understand that both my caution money as well as fees will be forfeited in event of leaving the course without passing the exit exam.
2. I promise to abide by the University rules and regulations in practice as well as imposed from time to time. I promise to wear the specified apron along with nameplate throughout my presence in the University premises.
3. I agree to pay fees as imposed by State Medical Faculty from time to time.
4. I understand that my roster of posting may involve routine as well as emergency hours.
5. I understand that at least 75% attendance is mandatory to appear in the final examination.
6. I will not take part or involve myself in any anti-social activity, unlawful activity or act of misbehavior within or outside the University premises. If found guilty for so, may be rusticated / expelled / heavily fined as per the discretion of the Dean Faculty of Paramedical Sciences/ University administration .
7. I state that all the documents furnished for eligibility for admission in the \_\_\_\_\_ course are real and have been duly released by the competent issuing authorities. If any of them is found to be fake at any time during or after the admission, I am liable to expulsion from the University.



Photograph of  
the Student

Date:

Place:

\_\_\_\_\_  
Signature of the Student

\_\_\_\_\_  
Name of the Student

\_\_\_\_\_  
Course and Year

\_\_\_\_\_  
Signature of the Parent / Guardian

\_\_\_\_\_  
Name of the Parent / Guardian

## छात्रवृत्ति घोषणा पत्र

मैं.....S/o, D/o, W/o..... एतद् द्वारा यह घोषणा करता/करती हूं कि-

- मेरा प्रवेश डिप्लोमा इन..... में होना है।
- छात्रवृत्ति के माध्यम से शुल्क की प्रतिपूर्ति शासन स्तर से नहीं होने पर किंग जॉर्ज चिकित्सा विश्वविद्यालय/के0जी0एम0यू0 इंस्टीट्यूट ऑफ पैरामेडिकल साइन्सेज का कोई उत्तरदायित्व नहीं होगा।
- समय-समय पर प्रदेश सरकार द्वारा छात्रवृत्ति प्रतिपूर्ति हेतु जारी निर्देश/शासनादेश मुझ पर लागू होंगे।
- मैं सहमति देता/देती हूं कि छात्रवृत्ति के माध्यम से शुल्क की प्रतिपूर्ति न होने की दशा में भी अपना प्रवेश डिप्लोमा इन.....में कराने को इच्छुक हूं।

स्थान.....

दिनांक.....

हस्ताक्षर

छात्र/छात्रा

हस्ताक्षर

पिता/माता/अभिभावक



# King George Medical University

Uttar Pradesh, Lucknow – 226003, India

## Faculty of Paramedical Sciences

(KGMU Institute of Paramedical Sciences)

Email: [kipms@kgmcindia.edu](mailto:kipms@kgmcindia.edu)

Website: [www.kgmu.org](http://www.kgmu.org)

### Checklist of Documents Mandatory for Paramedical Admission Process

S.No.	Documents	Yes/No
1.	*Copy of Online Application Form	
2.	*Provisional Allotment Letter	
3.	Admission Form (Filled)	
4.	Demand Draft (Fee) DD No.....Date.....Amount.....	
5.	*10th/HSC Pass Certificate & 10th /HSC Marksheet	
6.	*12th / SSC Pass Certificate & 12th / SSC Pass Marksheet (Only Science Stream: Candidate Should be passed in Physics, Chemistry and Biology/Mathematics)	
7.	*Medical Fitness Certificate Issued by Government Medical Officer/District Hospital.	
8.	*Category Certificate in original (If applicable) (For OBC candidates: - Not older than 6 months, Check Creamy layer for OBC Validity)	
9.	*Economically Weaker Section (EWS) Certificate in original (If applicable, Not older than 6 months for Validity)	
10.	*Other Sub-Category Certificate in original & Valid (If applicable, only for the PH/FF/ Ex-Army candidates)	
11.	*Aadhar card	
12.	*Domicile Certificate (if applicable)	
13.	*Transfer/Migration Certificate in Original	
14.	*Character Certificate in Original	
15.	Thumb Impression	
16.	4 Passport Size Photograph	
17.	UPSMF Affidavit (An affidavit on INR 10/- Non-Judicial Stamp Paper as per UPSMF information brochure)	
18.	Other Affidavits as below on Non-Judicial Stamp Paper of Rs.10/- in original: - (Format Provided on Website <a href="http://www.kgmu.org">www.kgmu.org</a> , Faculty of Paramedical Sciences Admission Section OR Search QR code) A. Declaration B. Declaration Regarding Scholarship (Ghoshna Patra)	
19.	Kindly Fill Antiragging Undertaking & Compliance Submission Form and Note Reference Number here .....	

**Note: \***Candidates are instructed to submit 2 Sets of self attested photo copies of documents marked (\*)

Date:.....

Name of Candidate.....

Place:.....

Signature of Candidate.....

Signature of Verification Officer-1

Signature of Verification Officer-2

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