



**AMC MET MEDICAL COLLEGE**  
(Managed by AMC Medical Education Trust Regd No. G/14185 A'Bad)  
**LG Hospital Campus, Maninagar, Ahmedabad-380 008.**  
*Phone: 25472109, Fax: 25472100, Web site: www.metmedical.edu.in*

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**Application Form**  
**Admission in 2<sup>nd</sup> Year MBBS (By Transfer of College)**  
**Academic Year 2021 -2022**

**APPLICANT'S DETAILS**

1. Full Name: \_\_\_\_\_  
(Surname) (First Name) (Middle Name)
2. Father's Name: - \_\_\_\_\_  
(Surname) (First Name) (Middle Name)
3. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Telephone No with Area Code: \_\_\_\_\_
5. Mobile : \_\_\_\_\_
6. E-mail Address (**Mandatory**) \_\_\_\_\_
7. Sex : Male/Female
8. (a) Date of Birth: \_\_\_\_\_  
(Date) (Month) (Year)
9. Nationality (Applicant) : \_\_\_\_\_
10. Details of present college :  
(a) Name of College : \_\_\_\_\_  
(b) Address of College : \_\_\_\_\_  
:  
:  
(c) Name of University : \_\_\_\_\_  
(d) Address of University : \_\_\_\_\_  
\_\_\_\_\_

**11. Details of 11<sup>th</sup> Std. Examination**

passed by student :

(a) Month &amp; Year of Passing : \_\_\_\_\_

(b) Examination Seat No. : \_\_\_\_\_

(c) Marks obtained out of : \_\_\_\_\_/\_\_\_\_\_

(d) Attempt : \_\_\_\_\_

**12. Details of 12<sup>th</sup> Std. Examination**

passed by student:

(a) Month &amp; Year of Passing : \_\_\_\_\_

(b) Examination Seat No. : \_\_\_\_\_

(c) Marks obtained out of : \_\_\_\_\_/\_\_\_\_\_

(Four semesters of std.11 & 12 of HSC Examination in the theory paper of science subject.  
(Physics, Chemistry & Biology)

(d) Attempt : \_\_\_\_\_

**13. Details of 1<sup>st</sup> Year MBBS Examination passed by student:**

(a) Name of the College : \_\_\_\_\_ University \_\_\_\_\_

(b) Month &amp; Year of Passing : \_\_\_\_\_

(c) Examination Seat No. : \_\_\_\_\_

(d) Marks obtained out of : \_\_\_\_\_

Sr.	Subject	Theory (External)		Practical (External)		Total (External)	
		Obtained	Out of	Obtained	Out of	Obtained	Out of
1	ANATOMY						
2	PHYSIOLOGY						
3	BIOCHEMISTRY						
<b>TOTAL</b>							

(e) Number of attempts : \_\_\_\_\_

**14. List of Attached documents**

- |  |                      |
|--|----------------------|
| 1) School Leaving Certificate / Birth Certificate  | <input type="text"/> |
| 2) NOC from present College - Original   | <input type="text"/> |
| 3) NOC from present University- Original   | <input type="text"/> |
| 4) NOC from AMC MET Medical College- Original  | <input type="text"/> |
| 5) NOC from Gujarat University, Ahmedabad - Original   | <input type="text"/> |
| 6) Certificate mentioning that present college is recognized college                                 | <input type="text"/> |
| 7) Certificate of college mentioning attachment to the University                                    | <input type="text"/> |
| 8) Mark Sheet of std.11 <sup>th</sup> (Examination) or Equivalent Examination                        | <input type="text"/> |
| 9) Attempt certificate for 11 <sup>th</sup> ( Examination)   | <input type="text"/> |
| 10) Mark Sheet of std.12 <sup>th</sup> (HSC Examination) or Equivalent Examination                   | <input type="text"/> |
| 11) Attempt certificate for 12 <sup>th</sup> (HSC Examination)                                       | <input type="text"/> |
| 12) Mark Sheet of 1 <sup>st</sup> MBBS   | <input type="text"/> |
| 13) Attempt certificate for 1 <sup>st</sup> MBBS   | <input type="text"/> |
| 14) Draft of Processing Fee of Rs. 15,000/- in name of " <b><u>AMC Medical Education Trust</u></b> " | <input type="text"/> |
| Amount Rs. .... D.D.No. ....   |                      |
| Name of Bank :- .....  |                      |
| Name of Branch :- .....  |                      |
| Date of Issue :- .....   | <input type="text"/> |

**(Application without above mentioned documents will be treated as not eligible application)**

**ADDRESS FOR SUBMISSION OF APPLICATION**

**Office of  
AMC MET Medical College  
L.G. Hospital Campus, Maninagar,  
Ahmedabad – 380 008**

I solemnly declare that I have personally checked and verified all the information filled in this form and that they are correct and that no relevant information of fact is suppressed or omitted.

I undertake to abide by the decision / order of the Dean/Principal to cancel my admission and/or to expel me from the college and/or to prosecute me in case any incorrect information or discrepancy is found in this form either at the time of admission or at any time during the course of my study.

I hereby agree, if admitted, to conform to the Rules and Regulations of the Medical College in force and that may hereafter be made for the governance of the college and undertake that so long as I am a student of the college I will do nothing either inside or outside the college that will interfere with its orderly governance, discipline and good name.

Date:

Place:

Signature of the  
Father/Guardian

Signature of the  
Student