

**MAA VINDHYAWASINI AUTONOMOUS STATE MEDICAL COLLEGE, MIRZAPUR. UP.**

University: Atal Bihari Vajpayee Medical University, Lucknow, U.P.

**MBBS 2026-27, STUDENT ADMISSION CHECKLIST**

Ref.No. MVASMC/MZP/UG AD/2026-27/....

Date of Reporting:- / /

**STUDENT DETAILS**

Allotment Quota:- 1. All India Quota [ ] 2.State Quota [ ]

Name of Student as per 10<sup>th</sup> Certificate (In Capital Letter): -

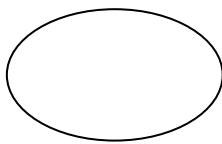
First Name.....Middle Name ..... Last Name.....

Gender- [ ] D.O.B.- \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth-\_\_\_\_\_

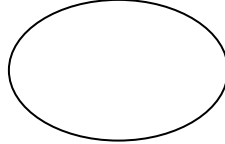
E-Mail ID (Student) ..... What App. No (Student)\_\_\_\_\_

NEET Exam. Roll No.:..... NEET Rank..... Applied Category:- .....Category Rank .....

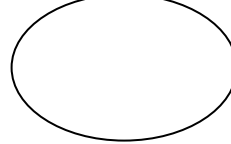
State Rank ..... Allotted Category: -



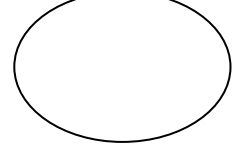
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**FATHER'S DETAILS**

Father Name (In Capital Letter)

First Name..... Middle Name ..... Last Name.....

What App. No (Father) ..... E-Mail ID (Father).....

(Signature of Parent)

(Signature of Student)

| S. No | Original Documents List (Verified by Verification authority)                                                          | Original Document            | 2 Set Photo Copies Yes |
|-------|-----------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------|
| 1     | Fees Receipt                                                                                                          |                              |                        |
| 2     | Allotment Letter                                                                                                      |                              |                        |
| 3     | NEET –Score Card of Qualifying Examination                                                                            |                              |                        |
| 4     | Proof of Identity Aadhar Card/Driving license/Passport/Vote ID                                                        |                              |                        |
| 5     | NEET-Admit Card                                                                                                       |                              |                        |
| 6     | Document Verification Slip                                                                                            |                              |                        |
| 7     | Candidate NEET Admission Detail Sheet                                                                                 |                              |                        |
| 8     | Report of the Medical Board                                                                                           |                              |                        |
| 9     | High School Mark Sheet & High School Certificate                                                                      |                              |                        |
| 10    | Intermediate Mark sheet & Intermediate Certificate                                                                    |                              |                        |
| 11    | Character Certificate issued not more than 6 months<br>( By last educational institute or Issued by gazetted officer) |                              |                        |
| 12    | Transfer Certificate / Migration Certificate                                                                          |                              |                        |
| 13    | Domicile Certificate (If intermediate Passed from Other State)                                                        |                              |                        |
| 14    | Category Certificate ( SC/ST/OBC /EWS/PH/NCC/EX Arym/FF certificate of<br>Currant financial Year )                    |                              |                        |
| 15    | Rs.20/-(Non Judicial Stamp Paper) Regarding Gap(>1Year)                                                               |                              |                        |
| 16    | Rs.20/-(Non Judicial Stamp Paper) Regarding Anti Ragging Affidavit By Parents                                         |                              |                        |
| 17    | Rs.20/-(Non Judicial Stamp Paper) Regarding Anti Ragging Affidavit By Student                                         |                              |                        |
| 18    | Rs.100/-(Non judicial stamp paper) Regarding Service bond by students                                                 |                              |                        |
| 19    | Rs.20/-(Non judicial stamp paper) Regarding Self Declaration Affidavit                                                |                              |                        |
| 20    | Eight passport size colour photographs of student as on admit card                                                    |                              |                        |
| 21    | Five Self Address envelop with 55 Rs. Dak Ticket in each envelop                                                      |                              |                        |
| 22    | Hostel Undertaking ( If hostel required )                                                                             | On the basis of availability |                        |

VERIFICATION OFFICER  
MVASMC , MirzapurNEET NODAL OFFICER  
MVASMC ,MirzapurPRINCIPAL  
MVASMC ,Mirzapur

**GAP CERTIFICATE AFFIDAVIT**

I, \_\_\_\_\_ Name of the Student)  
S/o or D/o Sri/ Smt \_\_\_\_\_ (Father/Mother/Guardian's  
Name) residing at: \_\_\_\_\_  
\_\_\_\_\_ (Residential Address) do hereby solemnly declare  
and affirm as under:-

1. That I am a resident of the above-mentioned address.
2. That I have successfully passed \_\_\_\_\_ {Name of the degree/qualification  
passed) in \_\_\_\_\_ ( month and year of passing):  
from \_\_\_\_\_ (name of college/  
university/ institution attended).
3. That I, to state further, have not joined/attended any other school/ college/ University/institution  
since passing out due to \_\_\_\_\_  
(reason for gap).

(OR)

That I was working as an employee of \_\_\_\_\_ (company name) under  
the designation of \_\_\_\_\_ (position/designation in the company):  
from \_\_\_\_\_ to \_\_\_\_\_

4. That the duration of the gap period is from \_\_\_\_\_ to \_\_\_\_\_
5. That, in the course of this gap period, I was neither involved nor assisted any activity barred Under  
the law.
6. That there is no criminal case pending against me in any court of law.

**Signature of Deponent (Student)**

**Verification:**

The above-mentioned statements are true and accurate to the best of my knowledge. Further, no  
material information has been concealed. If at any time in the future, the stated facts are found not to  
be true, then I

.will take full responsibility for the cancellation of my admission.

Station:

Date:

(Student)

**Signature of Deponent**

## माँ विन्ध्यवासिनी स्वशासी राज्य चिकित्सा महाविद्यालय, मीरजापुर उ०प्र० ।

### दस्तावेजो का सत्यापन एवं प्रमाणिकता घोषणा पत्र

मैं..... पुत्र / पुत्री श्री / श्रीमती.....

.....

नीट यू०जी० / पी०जी०-2026 अनुक्रमांक ..... नीट रैंक ..... जन्म तिथि .....

निवासी....., तहसील....., जिला....., राज्य.....

.. मैं शपथपूर्वक घोषणा करता / करती हूँ -

1. कि मेरे द्वारा दिये गये समस्त अभिलेख एवं प्रमाण पत्र मेरे ज्ञान एवं विश्वास के अनुसार वास्तविक, सही एवं प्रमाणिक है।
2. कि मेरे द्वारा प्रस्तुत किसी भी दस्तावेज में गलत, भ्रामक अथवा असत्य जानकारी नहीं दिगई है और न ही किसी तथ्य को छुपाया गया है।
3. कि यदि भविष्य में मेरे द्वारा प्रस्तुत किये गये अभिलेख एवं प्रमाण पत्र में कोई तथ्य गलत, जाली अथवा अप्रमाणित पाया जाता है तो उसकी सम्पूर्ण जिम्मेदारी मेरी होगी, तथा महाविद्यालय प्रशासन मेरे विरुद्ध नियमानुसार किसी भी कार्यवाई के लिए स्वतंत्र है जिसमें मेरा नामांकन रद्द करना भी सामिल है।

हस्ताक्षर (अभिभावक)

नाम:-

पता:-

मो०नं०-

हस्ताक्षर (छात्र / छात्रा)

नाम:-

मो०नं०-

# माँ विन्ध्यवासिनी स्वशासी राज्य चिकित्सा महाविद्यालय, मीरजापुर उ०प्र०।

## छात्रावास सपथपत्र

मैं..... पुत्र/पुत्री श्री.....

नीट यू०जी०/पी०जी०-2026 अनुक्रमांक ..... नीट रैंक ..... मुझे छात्रावास की आवश्यकता है तथा मैं शपथपूर्वक घोषणा करता/करती हूँ कि -

## छात्र/छात्रा द्वारा दी गयी प्रतिबद्धता

1. मैं छात्रावास के समस्त निर्देशों, नियमों एवं अनुशासन का पालन करूँगा/करूँगी।
2. मैं समय से छात्रावास शुल्क जमा करूँगा/करूँगी तथा महाविद्यालय अथवा प्रशासन विरोधि किसी भी गतिविधि में संलिप्त नहीं होऊँगा/होऊँगी।
3. मैं छात्रावास परिसर अथवा महाविद्यालय परिसर में किसी भी प्रकार की रैगिंग, नशीलें पदार्थों के सेवन, धूम्रपान या अभद्र व्यवहार में लिप्त नहीं होऊँगा/होऊँगी, तथा बिना पूर्व अनुमति के छात्रावास से बाहर नहीं जाऊँगा/ जाऊँगी।
4. मेरे द्वारा छात्रावास में अनुमत सीमा से अधिक क्षमता वाले विद्युत उपकरण या ऐसे किसी उपकरण का उपयोग किया जाता है जिससे आग लगने की संभावना हो, तो महाविद्यालय प्रशासन को मेरे विरुद्ध नियमानुसार कार्यवाई करने का पूर्ण अधिकार होगा।

यदि मेरे द्वारा इसके बिपरीत कोई भी कार्य किया जाता है, तो महाविद्यालय प्रशासन अथवा छात्रावास अधीक्षक के द्वारा नियमानुसार की गयी, किसी भी कार्यवाई की जिम्मेदार मेरी होगी।

## माता-पिता/अभिभावक द्वारा दी गयी प्रतिबद्धता

मैं .....( अभिभावक/माता/पिता का नाम ) शपथपूर्वक यह घोषणा करता/करती हूँ कि मेरा/मेरी..... (पुत्र/पुत्री का नाम ) द्वारा यदि छात्रावास परिसर में किसी भी प्रकार का तोड़-फोड़ या छात्रावास सम्पत्ति को छति पहुँचायी जाती है। तो उसकी जिम्मेदारी मेरे/मेरी पुत्र या पुत्री की होगी और उसका खर्च मेरे द्वारा वहन किया जाएगा और इसमें मुझे कोई भी आपत्ति नहीं है। यदि यह खर्च मेरे द्वारा वहन नहीं किया जाता है तो यह रकम मेरे द्वारा जमा की गई जमानती राशी (Caution money) से काट लिया जाये। यदि मेरा पुत्र/पुत्री अपनी दी गई प्रतिबद्धता पूरा नहीं करता है तो उसकी जिम्मेदारी मेरी तथा मेरे पुत्र/पुत्री की होगी और पुत्र/पुत्री के उपर की गई कोई भी अनुशासनात्मक कार्यवाही स्वीकार होगी।

हस्ताक्षर (अभिभावक)

नाम:-

पता:-

मो०नं०-

हस्ताक्षर (छात्र/छात्रा)

नाम:-

मो०नं०-

**MAA VINDHYAWASINI AUTONOMOUS STATE MEDICAL  
COLLEGE, MIRZAPUR**

**REPORT OF THE MEDICAL BOARD**

Mr/Mrs/Ms.....

Son/Daughter of Mr/Mrs .....

NEET Roll. No. ....has been examined by us and found  
physically and mentally fit/Not fit for admission to the First Year MBBS Batch-2026-  
27 at Maa Vindhyawasini Autonomous State Medical College, Mirzapur.

1. Head of the Department Medicine :.....
2. Head of the Department surgery :.....
3. Head of the Department Obstetrics & Gynaecology :.....
4. Head of the Department Ophthalmology :.....
5. Head of the Department Psychiatry :.....
6. Head of the Department ENT :.....
7. Head of the Department Orthopaedic :.....

Any Comment/ Remark -

**NEET NODAL OFFICER  
MEDICAL BOARD**  
MAA VINDHYAWASINI AUTONOMOUS  
STATE MEDICAL COLLEGE,  
MIRZAPUR

**CMS**  
MAA VINDHYAWASINI AUTONOMOUS  
STATE MEDICAL COLLEGE,  
MIRZAPUR

**MAA VINDHYAWASINI AUTONOMOUS STATE MEDICAL COLLEGE, MIRZAPUR. UP.**  
**Affiliated by- Atal Bihari Vajpayee Medical University, Lucknow**

**STUDENT NATIONAL ELIGIBILITY CUM ENTRANCE TEST (NEET) DETAILS**

**ALL INDIA /UP NEET 2026 MBBS COURSE**

|                                                  |                |                             |                 |            |
|--------------------------------------------------|----------------|-----------------------------|-----------------|------------|
| Name of Student<br>(In Capital Letter)           | First name     | Middle name                 | Last name       |            |
|                                                  |                |                             |                 |            |
| Date of Birth                                    |                | Aadhar Number (12 Digit no) |                 |            |
| Father's Name<br>(In Capital Letter)             | First name     | Middle name                 | Last name       |            |
|                                                  |                |                             |                 |            |
| Aadhar Number                                    |                |                             |                 |            |
| NEET ROLE<br>Number                              |                |                             |                 |            |
| Subject wise marks<br>in each subject of<br>NEET | Obtained Marks | Maximum Marks               | Percentage<br>% | Percentile |
| Physics                                          |                |                             |                 |            |
| Chemistry                                        |                |                             |                 |            |
| Biology                                          |                |                             |                 |            |
| Total                                            |                | 720                         |                 |            |

|                                                               |                |                  |                 |          |
|---------------------------------------------------------------|----------------|------------------|-----------------|----------|
| Name of the<br>School/College<br>where passed<br>Intermediate |                |                  |                 |          |
| Subject wise marks<br>in each subject                         | Obtained Marks | Maximum<br>Marks | Percentage<br>% | Division |
| Physics                                                       |                |                  |                 |          |
| Chemistry                                                     |                |                  |                 |          |
| Biology                                                       |                |                  |                 |          |
| Hindi                                                         |                |                  |                 |          |
| English                                                       |                |                  |                 |          |
| Any Other                                                     |                |                  |                 |          |
| Total                                                         |                |                  |                 |          |

|                                                                           |                                           |                      |
|---------------------------------------------------------------------------|-------------------------------------------|----------------------|
| Category/ (as filled in NEET)<br>UR/EWS/OBC/PH/FF/Others                  | Subcategory/ (as filled in NEET)<br>Caste | Allotted<br>Category |
| <b>Correspondence Address</b><br>(If Student residing outside the campus) | <b>Permanent Address (As Aadhar card)</b> |                      |
| Name                                                                      | Name                                      |                      |
| House No /Street Name                                                     | House No /Street Name                     |                      |
| Block/Tehsil/Sadar                                                        | Block/Tehsil/Sadar                        |                      |
| District                                                                  | District                                  |                      |
| State Pin Code                                                            | State Pin Code                            |                      |
| What's app no                                                             | What's app no                             |                      |
| E-Mail ID                                                                 | E-Mail ID                                 |                      |

|                      |                                |
|----------------------|--------------------------------|
| Signature of Student | Signature Of Parents /Guardian |
|----------------------|--------------------------------|

ANNEXURE-I

ANTI-RAGGING AFFIDEVID BY STUDENT

I,..... Son of/Daughter of,..... Resident  
of.....

1. Having been admitted in **Maa Vindhyawasini Autonomous State Medical College, Mirzapur** have received a copy of the AICTE/UGC regulation on Curbing the menace of Ragging in Higher Educational Institution, 2009, (hereinafter called the "Regulation") carefully and fully understood the provisions contained in the said Regulations.
2. I have, in particular, perused clause 3 of the Regulation and aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulation and fully aware of the penalty and administrative action that is liable to be taken against me in case I am found guilty or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
  - a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
  - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 or the Regulations.
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of abetting or being part of a conspiracy to promote, ragging and further affirm, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

PLACE: ..... Signature of Deponent

Full Name.....

DATE: .....

DAY: .....

Mobile No.....

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been cancelled or misstated therein.

Verified at .....(place) on this the.....(day) of .....(month) .....(year) Solemnly affirmed and signed in my presence on this the.....(day) of month.....(year) after reading the contents of this affidavit..

Signature of Deponent

Full Name:

Mobile No:

ANNEXURE-II

**ANTI-RAGGING AFFIDEVID BY PARENT/GUARDIAN**

I Mr./Mrs/Ms..... (Full name of Parent/Guardian), of  
(Full Name of Student) .....  
NEET ROLL No.....

1. Having been admitted to **Maa Vindhyavasini Autonomous State Medical College, Mirzapur,**
2. have received a copy of the UGC regulation on Curbing the menace of Ragging in Higher Educational Institution, 2009, (hereinafter called the "Regulation") carefully and fully understood the provisions contained in the said Regulations.
3. I have, in particular, perused clause 3 of the Regulation and am aware as to what constitutes ragging.
4. I have also, in particular , perused clause 7 and clause 9.1 of the Regulation and fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
5. I hereby solemnly aver and undertake that
  - c) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
  - d) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 or the Regulations.
6. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
7. I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of abetting or being part of a conspiracy to promote, ragging and further affirm, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.  
Declared this .....day of .....month .....year.

Signature of Deponent

Name:

Address:

**What's App No:-**

**VERIFICATION**

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been cancelled or misstated therein.

Verified at .....(place) on this the.....(day) of .....(month and .....(year)

Signature of Deponent

Solemnly affirmed and signed in my presence on this the..... (day) of month.....(year)..... after reading the contents of this affidavit..

Signature of Deponent

Full Name:

Mobile No: