



LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS, NEW DELHI

लेडी हार्डिंग मेडिकल कॉलेज एंव सह अस्पताल, नई दिल्ली

Application Form for MD/MS/MDS Admission (Session 2022-23)

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Affix Your

Recent Passport Size
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Important Information:

1. The admission will be considered as provisional admission Subject to Submission & Verification of relevant documents and satisfying Eligibility Conditions at the time of counselling.
2. Original certificates are required to be submitted at the time of admission.

1. Course applied for:

2. Candidate's Name {In CAPITAL LETTERS as per qualifying exam}

First Name

Middle Name

Surname

3. Date of Birth : Day

Month

Year

Blood Group

4. Quota: All India/DU

5. Parent's Name and Address {IN CAPITAL LETTERS}:

Father's Name		Mother's Name	
Profession/ Designation		Profession/ Designation	
Address (Office Address If Employed/ Business)		Address (Office Address If Employed/ Business)	
E-Mail		E-Mail	
Landline No.		Landline No.	
Mobile No.		Mobile No.	

E-Mail/Mobile of either parent is a must.

6. Candidate's Address:

Permanent Address:	Address for Correspondence:
Mobile No:	E-Mail:

7. Gender: Male ☐ Female ☐ Transgender ☐

8. Religion *** State Medical Council Registration No./NMC:

9. State Nationality

10. Category : SC/ ST/ OBC/ General/ PH

Aadhar No. of Candidate:

11. Bank Account Details of Student:

Name of the Bank:
Account No.:
IFSC Code:

12. Gross Annual Income of Family from all sources:

13. Educational Qualifications: (Please Attach Documentary Proof)

Class	School/ Institution	Board/ University	Year of Passing	Subjects	% Marks	% Aggregate
10 th						
12 th						
UG						
If any						

I do solemnly declare that:

- 1. The information given in this application form is absolutely correct and true to the best of my knowledge and belief.
- 2. I undertake that if admitted, I will strictly abide all the rules and regulations of the College in force at present or that may be made/ altered/ modifies hereafter and will do nothing either inside the College or outside that will interfere with its orderly administration and discipline.
- 3. If, at any time subsequent to my admission, it is discovered that any information given in this application form is false. The authorities may take any further action against me.
- 4. Caste/EWS Certificate provided for seeking admission under reserved categories is Genuine, if any discrepancy found during verification process, my admission will be treated as cancelled.

Name of the Candidate

Signature of the Candidate

14. Parents/Guardian Declaration:

Affix Your Mother's
Recent Passport Size
Photograph Here

Affix Your Father's
Recent Passport Size
Photograph Here

Signature of Mother/Guardian

Signature of Father/Guardian

Name:

Name:

FOR OFFICE USE ONLY

Details verified for admission to.....(Course Name)

Signature:..... Name:.....
Designation:.....

Signature:..... Name:.....
Designation:.....

Documents Pending, if
any.....

.....
.....
.....

Assistant Registrar (Acad.)

Note: Attested copies of all the essential documents must be attached.

ANTI-RAGGING UNDERTAKING BY PARENT / GUARDIAN

1. I, Mr./Mrs/Ms.(Full Name of the Parent/Guardian), Father/Mother/Guardian of.....(Full Name of Student) who has been admitted to Lady Hardinge Medical College, New Delhi have carefully read the regulations on curbing the Menace of Ragging in Higher Educational Institutions, 2009, and have fully understood the provisions contained in the said regulations.
2. I have perused, in particular, all the clauses of the Regulations and I am aware as to what constitutes ragging.
3. I have also perused, in particular, all the clauses of the Regulations and I am fully aware of the Penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of ragging, abetting ragging actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aware and undertake that:
 - a. My ward will not indulge in any behaviour or any act that may constitute ragging under the concerned clause of the Regulations.
 - b. My ward will not participate in or abet or propagate through any act of commission or omission that may constitute ragging under concerned clause of the Regulations.
5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to the concerned clause of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any other law in force at that time.
6. 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 ragging, abetting or being part of a conspiracy to promote ragging. And further affirm that, In case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Note: Please also submit online anti ragging on antiragging.in/site/affidavits_registration_form.aspx

Signature of Parent/Guardian

Name:.....

Address:.....

Mobile No.:.....

Date:.....

ANTI-RAGGING UNDERTAKING BY STUDENT

1. I,.....(Full Name of Student), S/o/D/o ./Mrs/Ms. of.....having been admitted to Lady Hardinge Medical College, New Delhi have carefully read the regulations on curbing the Menace of Ragging in Higher Educational Institutions, 2009, and have fully understood the provisions contained in the said regulations.
2. I have perused, in particular, all the clauses of the Regulations and I am aware as to what constitutes ragging.
3. I have also perused, in particular, all the clauses of the Regulations and I am fully aware of the Penal and administrative action that is liable to be taken against me, in case I am found guilty of ragging, abetting ragging actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aware and undertake that:
 - a. I will not indulge in any behaviour or any act that may constitute ragging under the concerned clause of the Regulations.
 - b. I will not participate in or abet or propagate through any act of commission or omission that may constitute ragging under concerned clause of the Regulations.
5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to the concerned clause of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any other law in force at that time.
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 ragging, abetting or being part of a conspiracy to promote ragging. And further affirm that, In case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Note: Please also submit online anti ragging on antiragging.in/site/affidavits_registration_form.aspx

Signature of Student

Name:.....

Address:.....

Mobile No.:.....

Date:.....