The As	sst. R Hardi	Regis	strar (Academic), Medical College, New Delhi.	Quota:	Category:		
					4		
		Sir,	ject: Admission to MD/MS Course based on Nationa merit/marks of NEET PG – 2024 for the Session 2024	-0.			
	n fo	CICI	I hereby report for admission to PG Course (MD/MS/MDS) at t/marks of National Eligibility cum Entrance Test NEET I ence to letter of M.C.C., Director General of Health Services wing documents in original:	Lady Hardinge Med PG – 2024 for the dated	lical College based on Session 2024-25 with and submit the		
	8	Step	I:				
	a h		Online Registration at Delhi University website (a twww.fms	sc.ac.in), Certificate	Uploading and		
	c	. A	Online Fee Payment atwww.fmsc.du.ac.in (amount to be verifyed in the printout" of Receipt. Inti-ragging undertaking (Both from the Student and www.antiragging.in OR www.amanmovement.org and				
		C	www.antiragging.in OR www.amanmovement.org and andidate's own e-mail id (printout to be enclosed in file).	Acknowledgement	Receipt obtained at		
	S (d)	tep					
		S	urety Bond in stamp paper of Rs.100/-for Rs.10 Lakh (Rupe ureties (Aadhar Card is must of both) and attested by ww.fmsc.ac.in).	ees Ten lakhs)duly s oy Notary (as per	igned by two Performa available at		
	e)	A	ffidavit in stamp paper of Rs.10/- if there is a gap of six mon	ath or more.			
Y.	f)	De th	emand Draft in Favor of Director, LHMC payable at New lee time of admission.	Delhi of Rs. 25,000	D/- (Security Money) at		
	St	ep l	III:				
Sp. EW		3. 4.	Provisional allotment letter issued by Medical Counseling Co Aadhar Card Photocopy (original to be shown for verification NEET – 2024 Examination Roll No. & Admit Card. NEET – 2024 Result (Score Card).	ommittee (MCC).			
		5. 6.	Five (05) Passport size Color Photograph.				
		8. 9.	One Passport size Color Photograph of each parents/guardia Matriculation (10 th Class) Mark sheet and Passing certificate 12 th Class Passing Certificate & Mark sheet. MBBS/BDS all Mark sheets and degree.	ns. showing date of birt	h. 🗖		
		11.	Certificate & attempt certificate Certificate from competent authority on prescribed SC/ST/OBC/Armed Forces Personnel/PWD. (The Non-Crea or after 01.04.2024).	form if belonging my Layer Certifica	to reserve categor		
		13.	State Medical Registration Certificate		De Issueu of		
		15.	Overseas Citizen of India (OCI) and if				
		0	set of photocopies from serial no.7 to 15 duly attested by sadditional photocopy of student's Caste Certificate duly at	student.			
	Ste	p IV	Conline locking of seat at MCC interface and confirmation of	tested by student.			
			or seat at MCC interface and confirmation of	f admission.			
	You	rs fa	aithfully,				
<u>s</u>			re of Student & Date				
			Name:				
			oll No				
	NEE'	T Ra	ank (All India Rank)				
	Stud	ent	Mobile No				

To,



LADY HARDINGE MEDICAL COLLEG

&ASSOCIATED HOSPITALS

NEW

DELH

लेडी हार्डिंग मेडिकल कॉलेज एंव सह अस्पताल, नई दिल्ली

Application Form for PG (MD/MS) Admission (Session 2024-25)

_			
			* - ^ wex
Conditions at the ti	be considered as provisional	its and satisfying Eligibilit	Affix Your Recent Passport Size Photograph Here
1. Course applied	l for:		
2. Candidate's Na	me{In CAPITAL LETTERS	S as per qualifying exam	}
First Name Date of Birth: Quota: All India	Day Month	Year Year	Surname Blood Group
	I/DU		
. Parent's Name a	and Address (IN CAPITAL	LETTERS}:	
Father's Name		Mother's Name	
Parent's Name a Father's Name Profession/ Designation			
Father's Name Profession/		Mother's Name Profession/	
Parent's Name Father's Name Profession/ Designation Address (Office Address If Employed/		Profession/ Designation Address (Office Address If Employed/ Business)	
Parent's Name a Father's Name Profession/ Designation Address (Office Address If Employed/ Business)	and Address (IN CAPITAL	Profession/ Designation Address (Office Address If Employed/ Business)	

5. Candid	date's Address:						
Perma	nent Address:	1.00	Ac	dress for (Correspondenc	200	
						e:	
							0 2*
							78.
				71.2	San Erra		
2.7.1.1							
Mobile	No:		E-	Mail:		-	
. Gender	Mala						
• Gender	: Male Femal	e	Transger	ıder			
Policies							
. Religion	1		*** State	Medical C	ouncil Registra	ation No.	/NMC:
State			_	NET			
State			Nationa	lity			
• 0							
. Catego	ory: SC/ST/OBC/O	General/PH					
Nam Acco IFSC	Account Details of Stee of the Bank: unt No.: Code: Annual Income of Factional Qualifications:	mily from all					
	School/	Board/	Year of				
Class	Institution	University	Passing	St	ıbjects	% Marks	%
10 th						MAINS	Aggregat
		`					
12 th	=						
							in the second
UG							
	1						
If any							
				-	30 E		
T 6		1		1			

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.

N	Name of the Candidate	-	Signature of the Candid	late
4. Parents	/Guardian Declaration:			
	Affix Your Mother's Recent Passport Size Photograph Here		Affix Your Father's Recent Passport Size Photograph Here	
				e de
Signatuı	re of Mother/Guardian		Signature of Father/Guardia	an
Name:	*		Name:	
	F	OR OFFICE US	E ONLY	
Details ve Name)	erified for admission to	······································		(Cour
Signature Designati	on:Nar	ne:		
Signature Designation		ne:		
Document	ts Pending, if			
any				
	••••••			
		8		

Assistant Registrar (Acad.)

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

ANTI-RAGGING UNDERTAKING BY PARENT / GUARDIAN

	TOTAL AND THE STATE OF THE STAT
1.	I, Mr./Mrs/Ms. Parent/Guardian), (Full Name of the Father/Mother/Guardian 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
- 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					
*	I,	having	been	admitted	to	Lady

- 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:			