NOTICE

URGENT ATTENTION CANDIDATES

It has come to the notice of Medical Counselling Committee (MCC) that the following ‘Application-cum-admission Form for MD/MS/DNB/MDS Course of 50% Government Seat Quota/ Nominated Quota (Copy attached below) is circulating in the social media wherein they have claimed that seats will be allotted on nomination basis by payment of fees under nominated/state quota. General public is hereby informed that the Application-cum-admission Form given below is ‘FAKE’ and has not been issued by MCC/ DGHS or MoHFW.

In view of the above it is reiterated as under:

1. MCC does not host any website other than www.mcc.nic.in. Candidates should beware of fake emails such as approvals@adg-edu.in, admissions@mohfw-gov.co.in

2. MCC does not allot seats on nomination basis. It is further mentioned that no letters are issued by MCC of DGHS to successful candidates. Candidates who have been allotted seats by MCC have to download Provisional Allotment Letters from MCC website and report at the allotted colleges for admission. Hence, candidates are advised to beware of any letters issued by scrupulous persons on behalf of MCC regarding allotment of seats.

3. Candidates should be cautious of Fake agents and are advised to perform all activities related to counselling on the website themselves instead of hiring agents for the same.

4. The Password created for counselling purpose should not be shared by candidates with anyone else.

5. Any case of fraudulent website/agent may be immediately reported to MCC and FIR may be
lodges by candidate for such matters.

6. Candidates and their parents are advised not to circulate/forward this fake form to their contacts or on social media. Strict legal action might be initiated if someone is found to be circulating this or any such fake form.

Notice posted on 14.10.2023
Sr. No…………………..

Sub.: Application-run-admission Form for MD/MS/DNB/MDS/ Course of 50% Government Seat Quota
       Nominated Quota/

To
No.U.292872/7/2023-ME-IV Government of India
  Directorate General of Health Services
  Ministry of Health & Family Welfare
  Nirman Bhawan, New Delhi,

Sir,

I herewith submit my application for admission to MD/MS/DNB/MDS Course-2023 under 50%
Government Seat Quota Nominated quota. The following documents are being sent electronically.

1. Application form, Photocopy of Certificate of having passed MBBS/BDS exam showing equivalent examination from any university or board showing detailed marks / explanation sheets of grade. The candidate may preferably provide the internship completion certificate and if any more educational qualification obtained by the candidate.
3. NEET Score Card
4. Three copies of recent colour photographs (passport size).
6. Photocopy of ID Proof, Aadhar card and other relevant document of Indian student status from a competent authority.

I undertake that I shall submit all the original documents at the time of joining and abide by the college rules and regulations. I shall also submit photocopy of documents showing at the time of joining.

Yours faithfully,

Signature of Applicant __________________________

Full Address __________________________

Phone No ____________ e-mail / Fax No ____________
MINISTRY OF HEALTH & FAMILY WELFARE
Nirman Bhawan, Rajpath Area Central Secretariat New Delhi-110001
APPLICATION FORM FOR ADMISSION IN MD/MS/OB/GYNECOLOGY—2023

THIS FORM TO BE FILLED BY THE CANDIDATE
Candidates are advised to read this form and information leaflet carefully before filling up the application form

(Fill for Office Use Only) Date of Receipt:
Provisionally allowed/Not allowed Diary No./Received No.:
Reason:

(To be filled in by the candidate in his/her own handwriting)
Tick (✓) the appropriate box

1. Details of Demand draft Enclosed
   □

   DD No.…………………… Date…………………… Amount……………………
   Bank Name…………………… Issuing Branch…………………… Payable at………………

2. Course applied for: MD/MS □ MD/MS □

3. Name of the candidate………………………………………………………………………………
   (In block letters) Details of the Examinations passed:

4. Father’s Name…………………………………………………………

5. Mother’s Name…………………………………………………………

6. Date of Birth…………………………………………………………

7. Nationality:………………………………………………………………
   State to which belongs:…………………………………………………………

8. Category (Tick (✓)) i) SC (ii) ST (iii) OBC (iv) PC (v) General

9. Quota (Tick (✓)) i) Central post quota ii) Nominated quota iii) COVID-19 quota

10. Address for Communication: …………………………………………………………………………
    E-Mail:…………………… Mobile No.……………………

11. Permanent address: …………………………………………………………………………………
    Tel. No.……………………

12. Marital Status: (Tick (✓)) Married □ Unmarried □

13. Any close relation (brother, sister, spouse) is appearing in the test: Yes □ No □
   (If Yes, then give names and relationship) ………………………………………………………………

Paste Photograph and get it attested by Gazetted officer/Head of Institution last attended
15. Details of the Examinations passed:

<table>
<thead>
<tr>
<th>Name of the examination</th>
<th>University/Board</th>
<th>Year</th>
<th>Marks obtained</th>
<th>Maximum marks</th>
<th>% of Marks</th>
<th>No. of attempts</th>
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<tr>
<td>High School or equivalent</td>
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<td>L. Sc. or equivalent of 10+2 level</td>
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<td>MBBS-5&quot; Professional</td>
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<td>BDS 5&quot; Professional</td>
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<td>MBBS-2&quot; Professional</td>
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<td>BDS 2&quot; Professional</td>
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<td>MBBS-3&quot; Professional</td>
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<td>BDS-3&quot; Professional</td>
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<tr>
<td>MBBS-1&quot; Prof.- Part I</td>
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<tr>
<td>BDS-1&quot; Professional</td>
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The candidate should clearly & correctly fill up the Marks Obtained & Total Marks of all the MBBS/BDS Professional Examinations (to be verified at time of admission).

16. Whether the eligibility degree is Foreign Medical/Dental Degree: Yes / No

17. Details of Internship: Name of the Hospital:

18. Permanent/Temporary Registration No.: Date: State:

19. Details of present employment, if any:

<table>
<thead>
<tr>
<th>Name and full address of the employer</th>
<th>Post held with date</th>
<th>Nature of appointment</th>
<th>Tenure of appointment (for Temporary employees)</th>
</tr>
</thead>
</table>

DECLARATION

I declare that I have read the application form and that all the information furnished above by me is true. I declare that I fulfill the minimum eligibility required to get admission. I have not passed MD/MS and MDS course in any subject. In case any information furnished above by me is found wrong at any time, my candidature for the admission/selection to the course may be cancelled outright and I may be debarred permanently from the course and disciplinary action may be taken against me. I declare that I am an Indian National, have not taken part in any activity subversive of law and have not been debarred by any University / Institution for seeking admission or appearing at the test examinations.

Place: Date: 

Signature of the candidate

NOTE:
SC/ST Candidates must attach attested copy of Caste Certificate in support duly attested by a Gazetted Officer. 
OBC (Other Backward Classes/PC (Physically challenged) candidates must attach a copy of recent relevant Certificate duly attested by a Gazette Officer.
LIST OF DOCUMENTS

NOTE: Self-attested copies of the following certificates should be attached with the application form in order as given below:

i. Allotment Letter issued by MOHFW
ii. Admit Card issued by NBE
iii. Result/Rank Letter issued by NBE
iv. Mark Sheets of MBBS/BDS 1st, 2nd, 3rd and final year Professional Examinations.
v. MBBS/BDS Degree Certificate/Provisional Certificate.
vi. Internship Completion Certificate/Certificate from the Head of Institution or College.
vii. Permanent / provisional Registration Certificate issued by NMC, DCI, State Medical or Dental Council.
ix. Candidates allotted seat must carry one of the identification proofs (ID Proof) to the allotted college at the time of admission (as mentioned in the information Bulletin published by the National Board of Examinations (NBE) for AIPGME/AIPGDEE i.e. PAN Card, Driving License, Voter ID, Passport or Aadhaar Card).
x. The Candidate should also bring the following certificates, if applicable
   i. OBC/SC/ST certificate issued by the competent authority. The sub-caste should tally with the Central List.
   ii. Disability Certificate issued from a duly constituted and authorized Medical Board for 21 Benchmark Disabilities under the Rights of Persons with Disability Act, 2016. No other PwD certificate, issued by any other Authority/ Hospital will be entertained.
Dear Student,

I hope this email finds you well. We kindly request your immediate attention and cooperation in filling out the Ministry of Health and Family Welfare (MOHFW) 50% Government seat Quota at NEET-(MD/MS/DND/MDS) College in India.

The MOHFW NEET-(MD/MS/DNB/MDS) Form 2023-24 is attached to this email for your convenience. This form is a vital component of the admission process and is mandated by the Ministry of Health and Family Welfare. To ensure the successful completion of your admission, it is crucial that we receive your completed form at the earliest.

Please carefully review the attached MOHFW NEET-(MD/MS/DNB/MDS) Form 2023-24 and provide accurate information in all the required fields. The form seeks personal details, educational background, and other essential information. It is important to fill it out completely, as incomplete or incorrect information may lead to complications during the admission process.

Once you have filled out the form, kindly scan or take a clear photograph of the completed document. Please email it back to us at admission@mohfw-gov.co.in.