MBBS ADMISSION

2026-2027 SESSION

NAME:

GOVERNMENT MEDICAL COLLEGE

ARIYALUR- 621713

CHECK LIST

Put a tick wherever applicable		To be filled by candidate	For office use only
1	Selection committee Allotment Order *		
2	Receipt Paid at Selection Committee* (2 set of Xerox copies only) (if applicable)		
3	NEET –Admit Card &Score Card*		
4	SSLC*		
	HSC (11^{th} std)*		
	HSC (12^{th} std)/ /CBSE Mark Sheet*		
5	Pass certificate (ICSE/CBSC Only)		
6	Transfer Certificate*		
7	Community Certificate*		
8	Migration Certificate* (Only for ICSE/ CBSE/OTHER STATE Candidate)		
9	Eligibility Certificate* (Other than ICSE/ CBSE /TN Quota)		
10	Nativity Certificate*		
11	First Graduate Certificate (if applicable)		
12	Physically handicapped Certificate (if applicable)		
13	Hepatitis B Vaccination Certificate*		
14	Declaration by the Candidate and Parent / Guardian*		
15	Photos – 10 no's*		
17	Aadhar Card Xerox Copy*		
18	+2 Admit Card Xerox(Except Tamilnadu State board)*		
19	+2 Mark sheet Digi locker copy(Except Tamilnadu State board)		
20	Bonafide Certificate (only 7.5% students)		

I hereby submit all the original certificates said above and also submit **(SI. No 1 to 12) 3 sets** of Xerox copies.

Signature of the Candidate

For Office Use only:
All the details given above have been verified and found correct:

ASSISTANT OS JAO/AO VICE PRINCIPAL

M.B.B.S ADMISSION FOR 2026 – 2027 SESSION

QUOTA	STATE QUOTA / ALL INDIA QUOTA
NEET CATEGORY	
DATE OF JOINING	
CANDIDATE NAME	
INITIAL & EXPANSION	
GENDER	MALE / FEMALE
DATE OF BIRTH	
FATHER'S NAME Occupation Mobile Number	
MOTHER'S NAME Occupation Mobile Number	
ANNUAL INCOME	
NATIONALITY	
NATIVITY	
NATIVITY DISTRICT	
RELIGION	
COMMUNITY	
SUB – CASTE	
MOTHER TONGUE	
MARITAL STATUS	
BLOOD GROUP	
PERMANENT ADDRESS(IN BLOCK LETTERS) With Pin code	
DISTRICT	
STATE	

PRESENT ADDRESS (IN BLOCK LETTERS) With Pin code	
DISTRICT	
STATE	
CANDIDATE MOBILE NO: email id:	

QUALIFICATION DETAILS

EXAM PASSED	HSC/ CBSE/ICSE		
MOTH & YEAR OF PASSING			
BOARD	STATE / CENTRAL		
LAST STUDIED SCHOOL	GOVT./MANAGEMENT		
NAME OF THE SCHOOL			
PLACE			
STATE			
DISTRICT			
+ 2 REGISTER NUMBER			
EMIS NUMBER			
MEDIUM OF INSTRUCTION	TAMIL / ENGLISH		
NEET CUT OFF MARKS			
NEET RANK	ALL INDIA	STATE MERIT	
		GEN:	COM:
NEET ROLL NUMBER			
AADHAR NUMBER			
ANTI RAGGING UNDERTAKING REF.NO.			

NOTE: Candidates are directed to take sufficient xerox copies of all the certificate with them so as to make use of it for their future use. At any cost taking of xerox copies from his office will not be entertained.

I hereby declare that the statements given above are true to the best of my knowledge.

SIGNATRE OF CANDIDATE **SIGNATURE OF THE PARENT / GUARDIAN**

I M.B.B.S Admission Fees Particulars

Name of the Student :

Community :

CATEGORY : STATE QUOTA / ALL INDIA QUOTA

Sl. No	MBBS	All India Quota	
		STATE Quota SC/SCA/ST(R.)	Other communities (RS.)
1.	Tuition Fees	0	6000
2.	Special Fees	2000	2000
3.	Library Fees	1000	1000
4.	Caution deposit	1000	1000
5.	E consortium Fees - (2000)		
6.	University Reg. Fees - (5473)	7473	7473
7.	Group Insurance	300	300
8.	Youth Red Cross	100	100
9.	Miscellaneous Fees	100	100
10.	Flag Day	100	100
	Total	**12073**	**18073**
	Less advance amount paid at selection committee		
	Balance Amount Paid		

Only for State Quota Candidates:
Paid at selection committee vide receipt No:
Amount :
Date :

AO/JAO

JOINT DECLARATION BY THE CANDIDATE AND PARENT / GUARDIAN

I / we do hereby solemnly and sincerely affirm

1. That the statements made and information furnished in the application submitted by him / her are true. Should it however be found that any information furnished therein untrue in material particulars, I / we realize that he / she is liable for criminal prosecution and forfeiture of His / her seat in the institution allotted during the counseling.

2. That my son / daughter / ward would conform strictly to all the rules and Regulations prescribed by the Selection committee, DME&R as per G.O 667 dt:05.06.2026 and by The Tamil Nadu Dr. M.G.R Medical University, Chennai in force now or which may be introduced in the institution Hereafter and that I / we realize that breach of discipline and rules on My Son's / daughter's /ward's part would entail forfeiture of his / her Seat in the institution.

3. That my son / daughter / ward shall not make any claim for admission to a particular college as a matter of right during allotment / Re – Allotment.

4. That my son / daughter / ward agrees to pay any amount that may become due as and when the fee structure is revised as may be decided by Government of Tamil Nadu / Committee appointed by the government for the purpose.

5. That my son / daughter / ward do hereby agree to conform to follow the rules and regulation including those relating to the hostel laid down or to be laid down by the deanof the institution for due maintenance of discipline at Government Medical College, Ariyalur and assure that he / she will not join any agitation / strike of any kind during course of study and further agree to make good when called upon to do so to the Government of Tamil Nadu any damage to furniture, apparatus or other articles, which may be caused by any carelessness negligence and wantonly on his / her part.

6. That my son / daughter / ward who is a Native of Tamil Nadu and will not claim dual Nativity in future.

7. That my son / daughter / ward hereby declare that he / she belongs to _____ Community (sub caste_____) and is fully Aware that producing a false community certificate leads to Expulsion from any course of study at any time besides initiation of Criminal action against him / her as per law.
8. That we are fully aware, as per the directions of the Hon'ble Supreme Court of India and Tamil Nadu prohibition of Ragging Act 1997 Ragging is an offence and is banned in the institution and anyone including in ragging is liable to be punished by expulsion from the institution and / or rigorous imprisonment up to 3 years, and / or fine up to Rs. 25,000/-.

Signature of the Candidate with Date

Signature of the Parent / Guardian with Date and full address

FORM-I

(See sub-clause (a) of clause (i) and sub-clause (a) of clause (ii) of sub-regulation (2) of regulation 7)

FORMAT OF UNDERTAKING BY THE STUDENT

I _____ *(Full Name in Block Letters)* Son/Daughter of Mr./Mrs/.Ms _____ *(Full Name in Block Letters)* admitted to the course of MBBS (Name of Course) with Admission No. _____at Government Medical college, Ariyalur (Name of College/Institution) affiliated to the Tamil Nadu Dr.M.G.R Medical University (Name of University) have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) Regulations, 2021 (hereinafter referred to as the said regulations).

2. I have carefully read and fully understood the provisions in the said regulations.

3. I have particularly perused the provisions of regulations 3 and 4 of the dais regulations and have fully understood what constitutes "ragging"

4. I have also in particular perused the provisions of Chapter IV and read and understood the administrative and penal actions that may be taken against me in case I am found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

5. I hereby undertake that

(i) I will not indulge in any behavior or act that may come under the definition of ragging as may be constituted under regulation 3 of the said regulations;

(ii) I will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulation 3 of the said regulations;

(iii) I will not hurt anyone physically or psychologically or cause any other harm.

6. I hereby agree that if found guilty of any aspect of ragging, I any be punished as per the provisions of the said regulations or as per the applicable laws for the time being in force.

7. I also declare that I have been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never punished in any manner for these offences and further affirm that if this declaration is incorrect or false, my admission is liable to be cancelled/ withdrawn.

Signed on this the _____ day of _____ month of _____ Year.

Signature
Name:
Address:

Tel/Mobile No:

Signature of Witness 1:
(Name of Witness 1)
Address:

Signature of Witness 2:
(Name of Witness 2):
Address:

FORM-II

(See sub-clause (b) of clause (i) and sub-clause (b) of clause (ii) of sub-regulation (2) of regulation 7)

FORMAT OF UNDERTAKING BY PARENT/GUARDIAN OF THE CANDIDATE / STUDENT

I _____ *(Full Name in Block Letters)* Father/Mother/Guardian of Mr./Mrs/.Ms _____ *(Full Name in Block Letters)* admitted to the course of MBBS (Name of Course) with Admission No. _____at Government Medical college, Ariyalur (Name of College/Institution) affiliated to the Tamil Nadu Dr.M.G.R Medical University (Name of University) have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) Regulations, 2021 (hereinafter referred to as the said regulations).

2. I have carefully read and fully understood the provisions in the said regulations.

3. I have particularly perused the provisions of regulations 3 and 4 of the dais regulations and have fully understood what constitutes "ragging"

4. I have also in particular perused the provisions of Chapter IV and read and understood the administrative and penal actions that may be taken against me in case I am found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

5. I hereby undertake that my son / daughter /ward _____

(i) I will not indulge in any behavior or act that may come under the definition of ragging as may be constituted under regulation 3 of the said regulations;

(ii) I will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulation 3 of the said regulations;

(iii) I will not hurt anyone physically or psychologically or cause any other harm.

6. I hereby agree that if found guilty of any aspect of ragging, I any be punished as per the provisions of the said regulations or as per the applicable laws for the time being in force.

7. I also declare that I have been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never punished in any manner for these offences and further affirm that if this declaration is incorrect or false, my admission is liable to be cancelled/ withdrawn.

Signed on this the _____ day of _____ month of _____ Year.

Signature
Name:
Address:

Tel/Mobile No:

Signature of Witness 1:

(Name of Witness 1)

Address:

Signature of Witness 2:

(Name of Witness 2):

Address:

GOVERNMENT MEDICAL COLLEGE, ARIYALUR
No.1,College Road, Rajaji Nagar, Ariyalur- 621 713
Phone: 04329-299337 | Email:gamcariyalur@gmail.com |
Website: www.gmcariyalur.tn.gov.in , www.gamcariyalur.ac.in
Motto: "Achieve * Attain * Accolade"

Ref.No.: /ME1/2026 **Dated:**

ADMISSION SLIP

This is to certify that Mr./Ms. ---------- son /daughter of ----------, has been provisionally admitted to the MBBS course at Government Medical College, Ariyalur, for the academic year 2026-2027, under the All India/State category.

Admission Details:

- **Course :**
- **Academic Year :**
- **Date of admission :**
- **Quota :**
- **NEET Roll Number :**
- **Admission No :**

The admission is subject to the verification of original documents and fulfillment of eligibility as per norms of The Tamil Nadu Dr. M.G.R. Medical University and NMC.

DEAN
Government Medical College,
Ariyalur