DIRECTORATE OF MEDICAL EDUCATION & RESEARCH  
PUNJAB, CHANDIGARH  

MBBS ADMISSIONS  
CHINTPURNI MEDICAL COLLEGE & HOSPITAL VILL, BUNGAL,  
DISTT. PATHANKOT  

The Hon'ble Supreme Court of India vide their interim order dated 18.09.2014 in writ Petition (Civil) No. 469 of 2014 along with related writs in case of Hind Chaltitable Trust Shekhar Hospital Pvt. Ltd. versus Union of India & others, has permitted the petitioners Private Medical Colleges to admit students on the basis of undertaking given by them for the academic year 2014-15. The Directorate of Medical Education & Research shall send students in order of their merit to the petitioner Medical College for admission in MBBS Course in accordance with the Rules and Regulations of MCI. 

The order of the Hon'ble Court may be seen at the Departmental website www.punjabmedicaleducation.org.

Accordingly the Directorate of Medical Education and Research Punjab invites applications for 150 seats for admission to MBBS course for the session 2014-15 in Chintpurni Medical College and Hospital, Vill Bungal, Distt. Pathankot as on the Merit of AIPMT-2014.

The applications may be submitted to the office of D.R.M.E. Punjab, SCO No. 87, Sector 49-C, Chandigarh by hand so as to reach before 2:00 PM on 28.9.2014. The Performa of application general conditions can be downloaded from the department website www.punjabmedicaleducation.org. Application fee of Rs. 4500/- General Category and SC/BC Category 2250/- demand draft in favour of Registrar, Baba Farid University of Health Sciences, Faridkot. Payable at Faridkot.

Note: Candidate who have already applied to Baba Farid University of Health Sciences, Faridkot as per their prospectus for Admission Open Merit Category of private colleges, have to apply afresh. However, they need not submit fee along with the application, if they produce adequate proof along with the application.

The fee for the course shall be as prescribed by the Government Medical Colleges which is as under:

<table>
<thead>
<tr>
<th>Fee</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition Fee</td>
<td>Rs. 26250/-</td>
</tr>
<tr>
<td></td>
<td>(Demand draft in favour of Registrar, Baba Farid University of Health Sciences, Faridkot. Payable at Faridkot)</td>
</tr>
</tbody>
</table>

Note: However it has come to our notice that some petitioners have filed applications for review/ modification of this order for fee to be charged at the rate prescribed by the Government for the Private Medical Colleges. In the eventuality of the petitioners succeeding in their application before the Hon'ble Supreme Court, the admitted students shall have to pay the fee at the following rate:

<table>
<thead>
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<tbody>
<tr>
<td>Tuition Fee</td>
<td>2.20 lacs per year (First 50% students admitted in the merit list)</td>
</tr>
<tr>
<td></td>
<td>6.00 lacs per year Remaining 50% of the students admitted in the merit list</td>
</tr>
</tbody>
</table>

The merit list shall be displayed on the website of the Department on 28.9.2014 after 5.00 PM. The Counselling will be held on 29.09.2014 at 11.00 A.M at State Institute of Health & Family Welfare Correccy, Phase 6, Mohali.

Joint Director,  
Medical Education & Research, Punjab, Chandigarh
Please read Prospectus carefully before filling this form:-
- Must be filled in BLOCK Letters only.
- Please tick (√) the appropriate box.
- Must reach to the Directorate of Research and Medical Education, Punjab, SCO No. 87, Sector 40-C, Chandigarh by Last Date fee of Rs4500/- (2250/- for SC candidates)

<table>
<thead>
<tr>
<th>Category Name</th>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
</tr>
</thead>
</table>

Filled in BLOCK Letters only
2. Name
3. Father's Name
4. Mother's Name
5. AIPMT Rollno
6. AIPMT Marks
7. AIPMT Rank
8. AIPMT Punjab State Rank
9. Date of Birth: MM DD YY
10. Sex ( √ ) Male Female

Correspondence Address______________________________

Pin Code

Permanent Address______________________________

Pin Code

Tele/Fax No.__________________________ Mobile Ph. No. ___________________E-Mail_________________________

Annual Income of Parents from all sources: _____________________

Belongs to( √ ) Urban Rural Area

Name of School/College & State from where passed Qualifying Exam i.e.10+2:

Residence Status ( √ ) Punjab State Other State

10+1 and 10+2 from school situated in Punjab ( √ ) (Yes/No). If from out of Punjab then are covered under exemption ( √ ) (Yes/No). If covered under exemption then mention the sub clause of clause 4B of Punjab Govt. Notification ___________________________________________. Attach copy of exception certificate as per specimen given in Prospectus

Detail of Fee Paid

BANK DD No ____________________________ DD DATE__________________________ Amount (in words) ____________________________ (Rs. 4500 for general Rs.2250 for SC)
21. **Undertaking and pledge by the candidate:-**

   a) I hereby certify that the entries made by me in this form are correct to the best of my knowledge & belief and I have not concealed any information in any manner.

   b) I agree to observe and abide by all the rules and regulations of the Institution in which I may be admitted, including those with regard to programme of studies, syllabus, scheme of examination, examination rules and the hostel rules that may be laid from time to time by Baba Farid University of Health Sciences and /or institution during the period of my studies and I will not associate myself with any activity prejudicial to the discipline of Institution.

   c) I fully understand that for any violation or infringement of these rules and regulations, disciplinary action can be taken against me by the authorities which may include cancellation of the candidature.

   d) I certify that I am not involved in any illegal activity and no criminal case is pending against me in any court of law.

   e) I certify that I have not passed the qualifying examination from more than one Board/University/any other examining body.

   f) I undertake that if I have been found indulged in ragging in the past or in future, my admission may be refused or I shall be expelled from the institution.

   g) I understand that if at any stage, it is found that I have provided any wrong information to seek admission, my admission shall stand cancelled automatically and I shall have no claim whatsoever, on the seat or the dues paid to the Institution.

   Male  Left Thumb Impression  (_________________________)

   Female Right Thumb Impression  Date_________________

   **Undertaking by Parent/Guardian**

   (a) I certify that my son/daughter/ward Mr./Ms.________________________________________ has submitted this application with my knowledge and consent and that I hold myself responsible for his/her good conduct and his/her maintenance and any payment of fee during the stay at Institution. The entries made by him/her in the Admission Form are correct to the best of my knowledge and belief.

   (b) I certify that my son/daughter/ward Mr./Ms.________________________________________ has not passed the qualifying examination from more than one Board/University/any other examining body.

   Date:_________________

   Signature of Parent/Guardian __________________________

   Name of Parent/Guardian __________________________

   **CHECK LIST**

   (Attach Self Attested Copies Only)

<table>
<thead>
<tr>
<th>Note</th>
<th>Tick relevant box. Leave box empty if not applicable.</th>
<th>By Candidate</th>
<th>For Office use</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Matric or equivalent certificate for Date of Birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td>Certificate from the Head of the Institute where from passed 10+1 and 10+2 (Form No.1 Annexure-II)</td>
<td></td>
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<tr>
<td>3)</td>
<td>Detail Marks Card of 10+1</td>
<td></td>
<td></td>
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<tr>
<td>4)</td>
<td>Qualifying Examination Detail Marks Card (10+2)</td>
<td></td>
<td></td>
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<tr>
<td>5)</td>
<td>Character Certificate from Institution last attended</td>
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<td></td>
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<tr>
<td>6)</td>
<td>Certificate in support of claim under reserved category as per the specimen given in Prospectus</td>
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<tr>
<td>7)</td>
<td>Punjab Residence Certificate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8)</td>
<td>Undertaking by candidate after affixing self attested recent Photograph (that not availed any Residence benefit in any other state)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9)</td>
<td>Undertaking by candidate after affixing self attested recent photograph regarding Gap year, if there is Gap after 10+2 examination</td>
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<tr>
<td>10)</td>
<td>Original Bank Draft .</td>
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</tr>
<tr>
<td>11)</td>
<td>Copy of AIPMT Rollno</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12)</td>
<td>Copy of AIPMT Result Card</td>
<td></td>
<td></td>
</tr>
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</table>

   Checked by (Sign) __________________________

   Name (_________________________)

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**Note:**
- Undertaking and pledge by the candidate:
- Male Left Thumb Impression
- Female Right Thumb Impression
- Undertaking by Parent/Guardian
- CHECK LIST
- By Candidate
- For Office use
- Tick relevant box. Leave box empty if not applicable.
- Matric or equivalent certificate for Date of Birth
- Certificate from the Head of the Institute where from passed 10+1 and 10+2 (Form No.1 Annexure-II)
- Detail Marks Card of 10+1
- Qualifying Examination Detail Marks Card (10+2)
- Character Certificate from Institution last attended
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- Copy of AIPMT Result Card

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**Signature of Parent/Guardian:** __________________________

**Name of Parent/Guardian:** __________________________

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**CHECK LIST**

- Matric or equivalent certificate for Date of Birth
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**Checked by (Sign) __________________________**

**Name (_________________________)**