

# SRI SIDDHARTHA

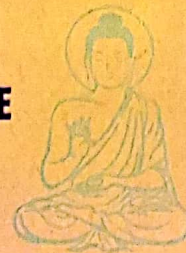
## INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE

(Constituent College of Sri Siddhartha Academy of Higher Education)

T.Begur, Nelamangala Tq. Bengaluru Rural Dist - 562123

(Recognized by the Medical Council of India)

Phone : 080-27733212 E-mail: info@ssimrc.in Website: ssimrc.in



### CHECKLIST

STUDENT COPY

#### DOCUMENTS TO BE ENCLOSED

Date :

Name of the Candidate :

NEET Roll No. :

Program :

Mobile No. :

Sl.No.	Document Name	Yes / No	Remarks
1	Online Allotment Letter of MCC		
2	NEET PG Hall Ticket / Admit Card issued by NBE		
3	NEET PG Result / Rank Letter issued by NBE		
4	10th Standard Marks Card or Equivalent		
5	12th Standard Marks Card or Equivalent		
6	MBBS Marks Cards (I to IV)		
7	MBBS Internship Completion Certificate		
8	MBBS Degree Certificate / Provisional Certificate.		
9	MBBS Completion Certificate		
10	Post Graduate Diploma Certificate – I ( if any )		
11	Permanent MBBS Registration Certificates from State Medical Council		
12	Attempt Certificate		
13	Transfer Certificate (TC)		
14	Migration Certificate (MC)		
15	Conduct / Character Certificate (CC)		
16	MBBS College MCI / NMC Recognition Certificate		
17	NBE Screening test & NMC registration certificate (qualified MBBS other than India)		
18	EWS Certificate as per the Central Govt. Norms (if applicable)		
19	Aadhaar Card Copy (Student)		
20	Aadhaar Card Copy (Parent )		
21	Pan Card		
22	PAN Card Copy(Parent )		
23	Passport Size Photo 8 Nos		
24	Course Discontinuation Bond		
25	Physically Challenged Certificate		
26	Caste Certificate		
27	Copy of Birth Certificate of the Candidate		
28	All documents 3 set of photo copy		
29	Scanned Documents stored as individual PDF files in a Pen Drive		

Date of Admission and Year

Kind attention of all aspirants is invited to the following notice : Candidate selected for study at SSIMS & RC T.Begur, Bengaluru Rural District are required to complete State Registration with KMC after completion of reporting formalities. This registration is compulsory for the entire period of study .

Date :

Student Signature :

Verified by :



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