

S.N.MEDICAL COLLEGE, AGRA. U.P.

MEDICAL FITNESS CERTIFICATE

NEET UPUG-2025

ROUND

ROLL NO.....All India Rank.....State Rank.....

We do hereby certify that we have examined Sri/Km.....
S/o, D/o Sri.....candidate for admission at the
..... and could not discover that He/She any disease
constitutional weakness bodily infirmity which disqualify his/her for the admission as a medical
student.

His/Her are according to his/her own statement isYrs and by appearance
about.....yrs.

**Thump Impression
M-LTI, F-RTI**

Pasta Photo. Of
Neet-2025
examination

(Signature of Candidate)

Member of Medicine Deptt. Name & Signature	Member of Surgery Deptt. Name & Signature	Member of Eye Deptt Name & Signature
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Member of ENT Deptt Name & Signature	Member of Radiology Deptt. Name & Signature	Member of Gynaecology Deptt. Name & Signature
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**(HOD Medicine)
Chairman Neet-2023 Medical Fitness Board**

**Nodal Officer
NEET UPUG-2023**

**Principal,
S.N.Medical College, Agra.**

S.N.MEDICAL COLLEGE, AGRA. U.P.

MEDICAL FITNESS CERTIFICATE

EET UPUG-2025

ROUND

Medicine	Surgery	ENT	EYE	Gynaecology	Radiology
			Vision Without Glasses		
			With Glasses Corrected		

S.N.MEDICAL COLLEGE, AGRA. U.P.

MEDICAL FITNESS CERTIFICATE

NEET UPUG-2025

ROUND

S.N.MEDICAL COLLEGE, AGRA UNDER GRADUATE STUDENT RECORD

Batch-2025

NEET/UPNEET/Govt_NOMINEE.

Nominee-Govt.of.....Order No.....

Name.....

Father's Name.....Relation.....

Date of Birth.....Marital Status.....

Religion.....Caste.....

Category (GEN/SC/ST/OBC).....Specify if any.....

Identification Marks: 1.

2.

Father's Occupation.....

If Service (Specify the Post).....

Father's/Guardian's Occupation & Address.....

Mother's Name.....

Mother's Occupation.....

If Service (Specify the Post).....

Mothers Occupational Address.....

Father's Annual Income (in rupees):

Permanent Address.....

Telephone/Mobile No.....Correspondence Address.....

Telephone/Mobile No.....

Local Guardian NameRelation With Student.....

Address.....

Tel No.:.....

NEET-2025

Marks Obtand Neet 2025 720	Physic Marks	Chemistry Marks	Biology Marks

Intermediate Information:-

Candidate Information:				
Board/University Name				
Passing Year				
% Marks				
Physics Marks	Chemistry Marks	English Marks	Biology Marks	

Officer Signature

Signature of Candidate

S.N.MEDICAL COLLEGE, AGRA. U.P.

MEDICAL FITNESS CERTIFICATE

NEET UPUG-2025

ROUND

Date/Place:

(Name)

UNDERTAKING BY THE CANDIDATE/STUDENT

- 1- I,S/o, D/o, Mr./Mrs./Ms.....
have carefully read and fully understood the law prohibiting ragging and the directions of the Supreme court and the Central/State Government in this regard.
- 2- I have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, and have carefully gone through it.
- 3- I hereby undertake that
 - I will not indulge in any behavior or act that may come under the definition of ragging.
 - I will not participate in or abet or propagate ragging in any form.
 - I will not hurt anyone physically or psychologically or cause any other harm.
- 4- I hereby agree that if found guilty of any respect of ragging, I may be punished as per the provisions of the UGC Regulations mentioned above and/or as per the law in force.
- 5- I hereby affirm that I have not been expelled or debarred from admission by any institution. Signed theday ofMonth of..... Year.

Signature

Name

Address:

UNDERTAKING BY THE PARENT/GUARDIAN

- 1- I,.....
F/o, M/o, G/o.....have
carefully read and fully understood the law prohibiting ragging and the directions of the Supreme Court and the Central/State Government in this regard.

Signed this.....day ofmonth of.....year.

Signature

Name:

Address:

अनुलग्नक: VI

AGREEMENT BOND FOR CANDIDATES ADMITTED TO

----- COURSE ----- SESSION

THIS DEED OF AGREEMENT BOND IS EXECUTED AT ----- ON THIS
DAY OF -----

BETWEEN

NAME -----
S/O, D/O, W/O -----
RESIDING AT (PERMANENT ADDRESS) -----
(TEMPORARY ADDRESS) : -----
MOBILE NO.: -----
E-Mail id.: -----
AADHAR No.: -----
Hereinafter referred to as ("FIRST PARTY") of the one part

AND

Governor of Uttar Pradesh (here in after referred to as "Government") of the Second Part.

WHEAREAS FIRST PARTY has applied for admission to ----- course and FIRST PARTY has been selected to the said course. As per the Prospectus, the FIRST PARTY has agreed to serve the Government for a period not less than two year after successful completion of the -----course. If the FIRST PARTY fails to serve the government for a period of two year the FIRST PARTY shall forthwith pay a sum of Rs. 10 Lacs for Degree to Government at the specified Government Treasury. During the above period the FIRST PARTY shall be paid Stipend and the Government will request their services within a period of three months from the date of successful completion of the ----- course. In case the Government does not provide services in mentioned period, the BOND shall be released; AND WHEREAS the FIRST PARTY has also agreed that on successful completion of the ----- course his/her certificates relating to ----- course will not be given to the FIRST PARTY unless the FIRST PARTY successfully Serves the Government for a period of two year or pay to the Government on demand the sum of Rs.----- (Rupees -----) only.

If the FIRST PARTY fails to deposit the aforesaid amount in specified period, FIRST PARTY shall be liable to pay interest at the rates specified by the Government as per applicable law during the period 'of delay: AND WHEREAS the Government have, at the request of the FIRST PARTY ----- employed as ----- granted stipend to him/her for a period of 24 months effect from -----in order to enable his/her to study at ----- college.

AND WHERE AS if the FIRST PARTY -----
work s for a period of less than 24 months during the ----- Super
specialty course DM/MCH/----- Post Graduate Degree
MD/MS/Diploma/MDS/Graduate Degree MBBS/BDS course, the proportionate amount will be

(Signature)

(Signature)

treated as stipend and the FIRST PARTY ----- shall pay back in addition to the security amount of Rs.(Rupees-----only) the balance amount of stipend to the Government. This bond shall in all respects be governed by the Laws of India, for the time being in force, and the rights and liabilities shall, where necessary, be accordingly determined by the appropriate courts in India.

NOW THIS DEED OF AGREEMENT BOND WITNESSES AS FOLLOWS: -

1. The FIRST PARTY has agreed to serve the Government for a period of two year on successful completion of the ----- Super specialty course DM/MCH/Post Graduate Degree MD/MS/Diploma/MDS/Graduate Degree MBBS/BDS course. If the FIRST PARTY fails to serve the Government for a period of two year, FIRST PARTY shall pay forthwith a sum of Rs. ----- (Rupees -----only) to the Government in the specified Government Treasury.
2. The FIRST PARTY Agrees that till the successful completion of the period of two year service to the Government or till the payment of Rs. ----- (Rupees -----) only is paid the certificates relating to ----- Super specialty course DM/MCH/-----Post Degree MD/MS/Diploma/MDS/ Graduate Degree MBBS/BDS course shall be in the custody of the Concerned Institution/University/College and the Government has a First lien over all the certificates gained by the candidates at the time of admission.
3. The FIRST PARTY authorizes the Concerned Institution/University/College for retention of the certificates till the lien of Government is cleared/discharged.
4. This BOND shall in all respect be governed by the Laws of India, for the time being in force, and the rights and liabilities shall, where necessary, be accordingly determined by the appropriate courts in India.
5. If the FIRST PARTY fails to deposit the aforesaid amount in specified period, FIRST PARTY shall be liable to pay interest at the rate specified by the Government as per applicable law during the period of delay, failing which Government shall have right to recover the aforesaid amount together with interest as arrear of land revenue.
6. The FIRST PARTY shall borne the Stamp duty chargeable on this BOND IN WITNESS WHEREOF parties to this Deed have signed this BOND on the date first above mentioned.

For and behalf of
FIRST PARTY
()

For and behalf of
Governor
()

Witnesses : -

 

 

SNMC file No.....

Date:..

BANK ACCOUNT DETAILS OF THE CANDIDATE FOR ONLINE TRANSFER OF MONEY

Name of Candidate

NEET Roll No.

Name of Account Holder

Relationship with Candidate Self/ Father/ Mother/A ny other (please specify)

Bank Account Number

IFSC Code of Bank Branch

Type of Account Savings/ Current

Bank Name

Branch Address .
.....

Candidate's Contact detail s:-

Address for Communication:

.....

.....

.....

Email id

Phone number

Attach :-Clear Photocopy of Passbook / Cancelled Che que ofCandidated Bank Account .

Signature and Name of Candidate

नोडल सेंटर-2025 एस0एन0 मेडिकल कालेज, आगरा। (राजकीय मेडिकल कालेज के लिए)
कालेज का नाम :- एस0एन0 मेडिकल कालेज, आगरा। (चक:-.....)

नाम			
रोल न0 2025			
ऑल इण्डिया रैंक			
प्रवेश के समय लिय जाने वाले मूल शैक्षणिक प्रमाण पत्र समस्त मूल शैक्षणिक प्रमाण पत्रों की एक छायाप्रतियाँ:-		अन्य तिथि.....	
1	आवदन पत्र की कपी	जो प्रमाण पत्र है अंकित करें।	अभिप्रेत
2	नीट यू0जी0-2025 का प्रवेश पत्र व स्कोर कार्ड		
3	हाईस्कूल एवं इण्टरमीडिएट की मार्कशीट तथा प्रमाण पत्र		
4	सामान्य निवास प्रमाण पत्र (उ0प्र0 शासन द्वारा निष्पत्ति प्राप्त पर उ0प्र0 के सक्षम अधिकारी द्वारा निर्गत) यदि लागू हो तो		
5	आरक्षण संबंधी प्रमाण पत्र (ओबीसी0 का प्रमाण पत्र 31.03.2025 के बाद का जारी हो/एस0सी0/एस0टी0(उ0प्र0 शासन द्वारा निष्पत्ति प्राप्त पर उ0प्र0 के सक्षम अधिकारी द्वारा निर्गत (यदि लागू हो तो) ई0डब्ल्यूएस0 सत्र 2025-2026 के लिए जारी होना चाहिए।		
6	पढवान प्रमाण पत्र की छायाप्रति (आधार कार्ड/ब्राइडिंग लाइसेंस/पैन कार्ड/पासपोर्ट)		
7	उप श्रेणी प्रमाण पत्र (पी0एच0/एन0सी0सी0/एफ0एफ0/एक्स आर्मी)		
8	बॉन्ड 02 साल का रू0 100 के स्टप पर (आगरा में बना हुआ)		
9	मूल शैक्षणिक प्रमाण पत्र के लिए शपथ पत्र एवं स्वपमाणित छायाप्रतियाँ का एक कॉपी। रू0 10		
10	मेडिकल का फार्म		
11	अन्य कोई अभिलेख हो तो।		
ऑल इण्डिया नीट में प्राप्तांक में प्राप्त अंको का विवरण 720/			
भौतिक विज्ञान में अंक	जीव विज्ञान के अंक	रसायन विज्ञान के अंक	छात्र का विवरण
			आधार न0:-
			डी0ओ0बी0:-
			मो0 न0:-
			ई.मेल आई0डी0:-
			प्रवेश की तिथि:-
			रैंक खाता संख्या:-
			रैंक का नाम:-
			खाते धारक का नाम:-
			छात्र का नाम:-
			आई0एफ0सी0 कोड:-
			छात्र से सम्बन्ध:-
			मेरे द्वारा जो भी धनराशि इस चिकित्सा महाविद्यालय में लगा की जा रही है अगर मेरा स्थानान्तरण अन्य चिकित्सा महाविद्यालय में हो जाता है तो मेरी जो धनराशि वापस होनी है वो उक्त खाते में स्थानान्तरिक कर दी जाये।
योग			
(12) इण्टरमीडिएट की मार्कशीट में प्राप्तांक			
बोर्ड/विश्वविद्यालय का नाम			
उत्तीर्ण का वर्ष			
प्रतिशत			
भौतिक विज्ञान में प्राप्त अंक			
जीव विज्ञान में प्राप्त अंक			
रसायन विज्ञान में प्राप्त अंक			
अंग्रेजी में प्राप्त अंक			
Total			

**नोडल सेंटर-2025 एस0एन0 मेडिकल कालेज, आगरा। (निजी मेडिकल/डेंटल कालेजों के लिए)
कालेज का नाम :-। (चक:-.....)**

नाम			
रोल नं0 2025			
ऑल इण्डिया रैंक			
		जन्य तिथि	
प्रवेश के समय लिय जाने वाले मूल शैक्षणिक प्रमाण पत्र समस्त मूल शैक्षणिक प्रमाण पत्रों की एक छायाप्रतियाँ:-		जो प्रमाण पत्र है अंकित करें।	
1	आवटन पत्र की कापी		अभियुक्ति
2	नीट यू0जी0-2025 का प्रवेश पत्र व स्कोर कार्ड		
3	हार्डस्कूल एवं इण्टरमीडिएट की मार्कशीट तथा प्रमाण पत्र		
4	पहचान प्रमाण पत्र की छायाप्रति (आधार कार्ड/झाड़विंग लाइसेन्स/पैन कार्ड/पासपोर्ट)		
5	मूल शैक्षणिक प्रमाण पत्र के लिए शपथ पत्र एवं स्वप्रमाणित छायाप्रतियाँ का एक कॉपी।		
6	मेडिकल का फार्म		
7	अन्य कोई अभिलेख हो तो।		
		छात्र का विवरण	
ऑल इण्डिया नीट में प्राप्तांक में प्राप्त अंको का विवरण 720/		आधार नं0:-	
भौतिक विज्ञान में अंक	जीव विज्ञान के अंक	रसायन विज्ञान के अंक	डी0ओ0बी0:-
			मो0 नं0:-
योग			ई.मेल आई0डी0:-
			प्रवेश की तिथि:-
(12) इण्टरमीडिएट की मार्कशीट में प्राप्तांक		बैक डाफ्ट संख्या:-	
बोर्ड/विश्वविद्यालय का नाम		बैक का नाम:-	
उत्तीर्ण का वर्ष		दिनांक:-	
प्रतिशत		धनराशि शब्दों में:-	
भौतिक विज्ञान में प्राप्त अंक		धनराशि अंकों में:-	
जीव विज्ञान में प्राप्त अंक		पिता का मो0 नं0	
रसायन विज्ञान में प्राप्त अंक			
अंग्रेजी में प्राप्त अंक			
Total			

S.N. MEDIAL COLLEGE, AGRA
ALL INDIA QUOTA ROUND..... YEAR 2025-2026

NAME:			
Roll No.:			
Rank:			
All India Basis Required Documents		Yes/No	Remark
1	Allotment Letter issued by MCC 2025		
2	Admit Card of Exam issued by NTA		
3	Result/Rank Letter issued by NTA		
4	Date of Birth Certificate (if Metric Certificate does not bear the same)		
5	Class 10th Certificate		
6	Class 10+2 Certificate		
7	Class 10+2 Marks Sheet		
8	Eight (8) Passport size photograph same as affixed on the application form.		
9	Proof of identity (Aadhar/PAN/Driving Licence/Passport)		
10	SC/ST & OBC Certificate 01/04/2025		
11	Disability Certificate PH		
12	EWS Certificate/FF Certificate/Ex-A Certificate/NCC Certificate		
13	Domicile Certificate		
14	Two Years Service Bond Rs. 100		
15	Affidavit Rs. 10		
NEET-2025		Persanal Information	
Marks Obtand Neet 2025 Marks 720/		Aadhar No.:-	
Physic Mar	Biology Mar	Chemistry Marks	
		D.O.B.:-	
		M.No.:-	
Total		E-Mail:-	
		Dated of Admission :-	
Intermediate Information 12th Class		Father's M.No.	
Board/University Name:-		Bank Account No.:-	
Passing Year:-		Name of Accunt Holder:-	
% Marks:-		IFSC Code of Bank Branch	
Physics Marks		Bank Name:-	
Chemistry Marks			
English Marks			
Biology Marks			
Total			

Select Category Govt Departments

Payment Progress

Category: Govt Departments

PRINCIPAL SNMC AGRA FEE COLLECT

Filter by
State

▼

**PRINCIPAL SNMC AGRA FEE COLLECT | S.N. MEDICAL COLLEGE, MOTI
KATRA, AGRA, , AGRA-282003**

Enter Payment Details

Payment Category*:

▼

NAME *

UNIQUE ID *

Give the College

ADMISSION FOR *

▼

If MD/ MS/ PG Diploma, mention Subject *

NEET/ FACULTY/ OTHER ROLL. NO

NEET/ FACULTY/ OTHER RANK

FATHERS NAME

MOBILE NO

EMAIL ID

AMOUNT TO BE PAID

Remarks :

- Kindly keep this computer generated receipt for future reference/ no dues whenever required

Enter Your Details

Mobile No * :

+

Retype Mobile No * :

+

On successful completion of payment, you will receive the transaction reference number on this mobile number

Email ID :

On successful completion of payment, you will receive the transaction reference number on this email ID

☐ I have read and agreed to the **Terms & Conditions**

Enter the text as shown in the image *:

Select one of the Captcha options *

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