

R K Damani Medical College

ShriRamchandra Institute of Medical Sciences

**Gut No. 21 & 22, 651, Murtuzapur, Beed Bypass Road,
Chhatrapati Sambhajinagar (MS) – 431007.**

E-mail: contact@srims.life

Form No. _____

ADMISSION FORM FOR Ist MBBS (FOR THE ACADEMIC YEAR 2026-27)

Latest
Photograph
of the
candidate

Candidate Name (as per Allotment Letter) in BLOCK letters:

Student Name																						
Father Name																						
Surname																						
Mother Name																						
Name in Devnagari (Marathi/Hindi)																						

NEET Details: (Write NOT AVAILABLE/ NOT APPLICABLE if data for the any field is not available or applicable to you)

Month & Year:	Marks scored:	Percentile:
Place of Birth:	Domicile:	Nationality:
AIR :	SML No:	
Category:	Allotted quota:	CAP Round:
Caste :	Sub caste:	Religion:
PAN No:	AADHAR No:	DOB:

S.S.C and H.S.C details:

Examination	Month and year of Passing	State in which the institute is located	Name of the Board
1. S.S.C (10 th)			
2. H.S.C. (12 th)			

Details of S.S.C and H.S.C examination:

[illegible]

Student Basic information: (Write NOT AVAILABLE/ NOT APPLICABLE if data for the any field is not available or applicable to you)

Gender :		Blood group:		
Address for correspondence				
Name & address of the local guardian	Relation with the student:			
Mobile number (WhatsApp)	Student	Father	Mother	Local Guardian
Email ID				

DECLARATION

All the information given in this Admission Form for Admission **2026-27** is correct, true and same as submitted in the online Application Form at State CET- Cell for Undergraduate Medical Courses as per best of my knowledge & belief.

We read and understood the rules of Admission given in the admission brochure. We agreed/abide to follow all rules of Govt. Admission Regularity Authority, College & University,

Date:

Place:

Name & Signature of Student

Name & Signature of Parent



Dr. Babasaheb Ambedkar Vaidyakiya Pratishthan Sanchlit

R K Damani Medical College

Shri Ramchandra Institute of Medical Sciences

Gut No. 21 & 22, 651, Murtuzapur, Beed Bypass Road,
Chhatrapati Sambhajinagar (MS) – 431007.

E-mail: contact@srims.life

Check list of Documents

Date / /20

Student's Name:

(Strictly same as per Allotment Letter in Capital letters)

AIR

SML NO.

Student's Category :

Allotted Quota:

12th PCB %

Please submit the following original documents and set of self-attested photocopies of each of the document.01 set should be additionally kept attested by the candidate himself/ herself for reference/use during the course.

Sr. No.	Particulars of Documents	Yes/No	Remarks
1	Selection Letter issued by state CET 2026	✓	X
2	Copy of Online Application form Submitted to State CET Cell, Mumbai	✓	X
3	Admit Card/Hall Ticket of NEET UG Examination-2026	✓	X
4	NEET UG Mark sheet		
5	School Leaving Certificate		
6	Nationality Certificate		
7	Domicile certificate of the candidate		
8	HSC Mark Sheet (12 th Std)		
9	HSC Passing Certificate (12 th Std)		
10	SSC Passing Certificate (10 th Std)		
11	Medical Fitness Certificate (with Reg. No. in Prescribed format in brochure)		
12	Caste Certificate		
13	Caste Validity Certificate		
14	Non-Creamy Layer Certificate		
15	Income Certificate/ Form No.16 (Previous Year)		
16	Voter ID		
17	Educational Gap certificate		
18	Eligibility Certificate for Economically Weaker Section (EWS Category)		
19	Copy of Gazette for change in name (if any)		
20	Migration Certificate (If applicable)		
21	Attested Photocopy of AADHAR CARD (student)		
22	Attested Photocopy of PAN CARD Parent		
23	Physically Handicapped Certificate (if applicable)		
24	04 Recent Passport size photos Set of Photocopies submitted. ()		
25	Pen drive having soft copy of all original. Documents in PDF format. Photo & Signature in JPG Format.		
	DD NO & Bank Name	DATE	AMOUNT
DD 1			
DD 2			

Student's Sign.

Students' Section

Accounts Section

Scrutiny Officer

A.O

Dean



Dr. Babasaheb Ambedkar Vaidyakiya Pratishthan Sanchlit

R K Damani Medical College ShriRamchandra Institute of Medical Sciences

Chhatrapati Sambhajanagar (MS)-431007

Receipt of Documents

Date / /20

Student's Name:

(Strictly same as per Allotment Letter in Capital letters)

AIR

SML NO.

Student's Category :

Allotted Quota:

12th PCB %

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25	Pen drive having soft copy of all original. Documents in PDF format. Photo & Signature in JPG Format. (50 KB)		
	DD NO & Bank Name	DATE	AMOUNT
DD 1			
DD 2			

Student's Sign.

Students' Section

Accounts Section

A.O

Dean