# Dr. M. K. Shah Medical College & Research Centre, Ahmedabad-382424

## Institution Joining Form For MD/MS-Academic Year 2026-27

**From,**

Name:……
Address: ……
……...
…….Pin Code: …….
Contact details: …….
E-Mail ID:…….
Date: …../……./…….

**To,**
**The Dean**
**Dr. MKSMCRC,**
**Ahmedabad**

**Subject:** Joining Report for Postgraduate Course MD/MS in department of …….at Dr. M. K. Shah Medical College and Research Centre, Ahmedabad.

Quota: _____
Reporting No. of admission order from ACPPGMEC: _____

**Respected Sir,**
I, Dr. ……. have been admitted to the MD/MS in ……. department for the academic year 2026-27 through NEET-PG 2026. I hereby submit my joining report to confirm my admission and assumption of duties as a Postgraduate Resident in the Department of ……. at Dr. MKSMCRC.

Kindly accept my joining report.

Your faithfully,

……

**HOD**
(Signature with department seal)

**Dean**

## Details of Candidate:

| | | | |
|---|---|---|---|
| Candidate's Name | | NEET PG Roll Number | |
| Father's Name | | NEET Score | |
| Mother's Name | | Date of Birth | |
| Category | | Blood Group | |
| Sub Category | | Gender | |
| Attempt (NEET PG) | | Marital Status | |
| MBBS Passing Institute: | | MBBS Passing University: | |
| UG GMC Registration Number | | | |
| NEET PG All India Rank:<br>NEET PG State Rank: | | | |
| Round No. | | | |
| Seat Allocated Category | | Allotted Quota | |
| Institute Allocated | Dr. MKSMCRC | Department | |
| Mobile No. | Self | Parents | |
| E-mail ID | | | |
| Parents E-mail ID | | | |
| Permanent Address | | | |
| Present Address | | | |

Date: ___/___/_____ Sign: _____

Place: _____ Name: _____

**Details of required documents with self-attested 2 xerox copies**

1. Passport Size Photos (2 Copies)
2. Provisional Admission Order (ACPPGMEC)
3. Bank receipt ACPPGMEC
4. Aadhar Card & PAN Card
5. 12th Marksheet
6. All Years of MBBS Marksheets & Attempt Certificate
7. Internship Completion Certificate
8. University Provisional Degree Certificate/Degree Certificate
9. Leaving Certificate/Transfer Certificate
10. Certificate of Registration(THE GUJARAT MEDICAL COUNCIL)
11. Caste Certificate (if applicable)
12. EWS Certificate (if applicable)
13. NEET Admit card & NEET Score Card
14. Medical Fitness Certificate
15. Anti-Ragging (original & copy)