

Price: INR 2000/-

APPLICATION NO:



AMC MEDICAL EDUCATION TRUST
Dr. Ramanbhai Patel Bhavan, Usmanpura, Ahmedabad-380 006

**APPLICATION FORM Cum
RULES & REGULATION (NRI Seats) 2010 – 11**

M.B.B.S. /B.D.S. /B.PT. Courses

LAST DATE FOR RECEIVING APPLICATION

30.06.2010

NAME _____
(Surname first)

FOR OFFICE USE ONLY

Receipt No.:

COURSE: MBBS / BDS / BPT

MERIT MARKS:

Category: NRI / NRI Dependent

Prepared By _____

Checked By _____

IMPORTANT INSTRUCTIONS:

- (1) Students should carefully read the rules for admission before submitting the application form.
- (2) A candidate seeking admission to the M.B.B.S. / B.D.S. / B.P.T. Courses on NRI seats must submit his application in writing in the prescribed form. The form will be downloaded from www.egovamc.com/www.amcmet.com/www.nhlmmc.edu.in and submit to Dy. Director, AMC Medical Education Trust, AMC West Zone Office, Dr. Ramanbhai Patel Bhavan, Usmanpura, Ahmedabad with Rs.2000/- form fee and Rs.8000/- processing fees in Demand Draft. The form, duly filled and signed, together with a self-addressed envelope and DD to be submitted Personally or through Registered Post so as to reach the office of AMC MET on or before the prescribed last date which will be notified in the local newspaper and/or on the college notice board. No application will be accepted or considered for admission which is received after the prescribed last date irrespective of any reason whatsoever, including delay in postal transit, or non-receipt or late receipt of the application. Incomplete application will be rejected. The payment shall be made by DD in favor of "**AMC MEDICAL EDUCATION TRUST**" payable at Ahmedabad.
- (3) No application for admission will be considered unless it is accompanied by attested copies of the certificates mentioned in Instructions No.10.
- (4) Students Joining Medical/Dental/Physiotherapy College will be awarded degree from Gujarat University to which the college is affiliated.
- (5) Any Change in any of the documents or in the examination marks after submission of the application should be promptly reported to the college office with attested copy of the same. The candidate will be responsible for consequences if he/she fails to do so.
- (6) Admission to this college will be finalized on the basis of merit lists as prescribed under the rules. Time table and venue for the personal interview will be intimated later on web site or college's notice board.. The students are advised to carefully note down the time and venue of their personal interview. The college will not be responsible if students loses his admission by remaining absent at the interview.
- (7) "**NRI**" means a Non-Resident Indian as defined under Income Tax Act.1961 Section :6.

(8). **ELIGIBILITY CRITERIA** : Please refer to rules-para 6B of Notification by Health & Family welfare department , Government of Gujarat, Gandhinagar No. : GP-11-MCG-1008-931-J & NO. GP-16-MCG-2009-810396-J

(9). Merit List: Please refer to rules-para 7C(4) of notification Health & Family welfare department , Government of Gujarat, Gandhinagar GP-11-MCG-1008-931-J & NO. GP-16-MCG-2009-810396-J

Admission on the non-resident Indian seats shall be given by the management on the basis of inter-se merit list of the candidates, who have applied for admission against the Non- Resident Indian seats in the following manner namely.

- (i) The candidate who is Non-Resident Indians as also the candidate whose parents and in the absence of his/her parents, his/her legal guardian who is Non-Resident Indian, shall be offered the Non- Resident Indian seats in the first instance, and thereafter, if the Non-Resident Indian Seats remains vacant, shall be offered to the candidate who is dependent of the Non-Resident Indian.
- (ii) The merit order will be first decided on the basis of aggregate marks in external examination in theory of the science subjects i.e. Physics, Chemistry & Biology at HSCE or its equivalent examination
- (iii) The criteria for deciding merit order in case of students having equal merit marks shall be in the following sequence, namely:-
 - (a) The candidate who has obtained higher marks in the theory subject of Biology in qualifying examination.
 - (b) Marks obtained in English subject in qualifying examination
 - (c) Marks obtained in Secondary School Certificate Examination (Standard 10), and
 - (d) Date of Birth (Candidate who is older in age shall be given priority).

(10). DOCUMENTS: Application will be considered only if it is accompanied by copies of the following certificates, duly attested by a Gazette Officer or by a Principal of School/College.

- (a) School Leaving Certificate or any other authorized document clearly showing date of birth.
- (b) SSCE (or its equivalent examination) mark sheet, passing certificate and attempt certificate.
- (c) HSCE (or its equivalent examination) mark sheet, passing certificate and attempt certificate.
- (d) Equivalence Certificate of HSCE examination in case of students from foreign country.
- (e) Provisional eligibility certificate from Gujarat University (if applicable)
- (f) Document related to proof of place origin (Citizenship/ P.R. Card etc.)
- (g) Undertaking Letter from Sponsor (if applicable).
- (h) Undertaking in Regards of Fees from Student / Parent.
- (i) Passport (Attested Copies of All pages of passport)
- (j) Self Addressed Envelope (.
- (k) Original Transcript in case of student from foreign country.
- (l) Migration Certificate (If applicable)
- (m) Tree chart and affidavit to proof relationship along with documents.

(11). The applicant shall have to produce the original certificates at the time of admission. If during scrutiny or any time there after any discrepancy or incorrectness is noticed, the admission is liable to be cancelled forthwith. The candidate could be expelled and criminal action initiated against him.

(12). An applicant who has passed the qualifying examination from other State/National boards will be admitted provisionally till he/she produces certificates or provisional eligibility from Gujarat University before they are allowed to join the course. Their admission will be confirmed only after final eligibility certificate from the University is produced.

(13). (i) The tuition fees payable will be as follows:-

(a) **FOR M.B.B.S Course** - The fees are to be paid in five installments as follows:-

First Installment	: At the time of admission (US\$ 20000)
Second Installment	: Beginning of 3rd Term (US\$ 20000)
Third Installment	: Beginning of 5th Term (US\$ 20000)
Fourth Installment	: Beginning of 7th Term (US\$ 20000)
Fifth Installment	: Beginning of 9th Term (US\$ 10000)

(b) **FOR B.D.S Course** - The fees are to be paid in five installments as follows:-

First Installment	: At the time of admission (US\$ 10000)
Second Installment	: Beginning of 3rd Term (US\$ 10000)
Third Installment	: Beginning of 5th Term (US\$ 10000)
Fourth Installment	: Beginning of 7th Term (US\$ 10000)
Fifth Installment	: Beginning of 9th Term (US\$ 10000)

(c) **FOR B.P.T. Course** - The fees are to be paid in four installments as follows:-

First Installment	: At the time of admission (US \$ 5000/-)
Second Installment	: Beginning of 3rd Term (US \$ 5000/-)
Third Installment	: Beginning of 5th Term (US \$ 5000/-)
Fourth Installment	: Beginning of 7th Term (US \$ 5000/-)

(ii) In addition, the student will pay enrollment fees to the University at the time of admission as prescribed by the University and will also pay before beginning of each term fees for students' gymkhana as fixed by the Dean from time to time.

(iii) (a) The tuition fees U.S. \$ 90000/- is for the prescribed duration of MBBS course i.e. 4 1/2 years of the study of medical course and one year of internship. If this period is prolonged beyond 4 1/2 years for reasons such as failures or drop at the examination, inadequate attendance etc., the student will have to pay additional fees of US \$ 10,000/- for each extra term and will be sent up for University examinations only after all the dues are cleared.

(b) The tuition fees US \$ 50,000/- is for the prescribed duration of BDS course i.e. 5 years of the study of dental course. If this period is prolonged beyond 5 years for reasons such as failures or drop at the examination, inadequate attendance etc., the student will have to pay additional fees of US \$ 5,000/- for each extra term and will be sent up for University examinations only after all the dues are cleared.

- (c) The tuition fees US \$ 20,000/- is for the prescribed duration of Physiotherapy course i.e. 4 years of the study of physiotherapy course and six months of internship. If this period is prolonged beyond 4 years for reasons such as failures or drop at the examination, inadequate attendance etc., the student will have to pay additional fees of US \$ 2,500/- for each extra term and will be sent up for University examinations only after all the dues are cleared.
 - (iv) The tuition fees should be paid through a crossed D.D. in US Dollar Only to be paid in D.D. drawn on "**AMC MEDICAL EDUCATION TRUST**" payable at Ahmedabad.
 - (v) All the students who are admitted under NRI seats quota will have to submit an undertaking for the payment of fees in the format prescribed by the institute and submit it along with the application form.
 - (vi) Fees, once paid will not be refunded except...
 - a. Candidate who was admitted provisionally is declared not eligible for admission by the University afterwards in which case 90% of the tuition fees will be refunded or
 - b. Student dies during the course, proportional amount of tuition fees for unutilized term will be refunded. However, no part of other charges or fees will be refunded.
 - (vii) No fees / charges will be refunded if a student leaves the course midway for any reason whatsoever or is expelled from the college for any reason whatsoever or is prohibited by the university to pursue his studies further for any reason.
- (14). Residence in the college hostel will be offered to the students as available. The allotment, decided on the basis of merit/requirements, will be at the discretion of the Dean/Principal. Admission to the college does not guarantee hostel admission.
- (15). The hostel fees will be charged at rate fixed by the Dean/Principal from time to time and will be paid by the students before the beginning of each term.
- (16). So long as the father of the student is alive, no other person will be ordinarily accepted as his guardian.
- (17). Secretary, AMC MET reserves the right to insert any new rule or to edit / modify / delete any rule to meet the exigencies of situation at any time.
- (18). The college follows the curriculum and study pattern prescribed by the Medical/Dental council of India and API. The college is affiliated to Gujarat University, and as per its present guidelines the academic terms are as follows:
 - (a) First Term : September to February.
 - (b) Second Term : March to August.
- (19). Dy. Director / Asst. Director, AMC MET may be contacted for any details or any clarification on **TeleFax:- +91-79-27561219 or E-mail: amcmet@egovamc.com**
Web: www.amcmet.org, www.amcmet.com, www.nhlmmc.edu.in
- [20]. The Jurisdiction of any dispute will be at Ahmedabad



AMC Medical Education Trust
Dr. Ramanbhai Patel Bhavan, Usmanpura, Ahmedabad.

**Paste Self
Attested Recent
Passport Size
Photograph**

Application Form

**M.B.B.S. / B.D.S./ B.PT. COURSE ON
NRI SEATS Academic Year 2010 -2011**

Course Applied For (Please ✓ mark): (a) M.B.B.S. (b) B.D.S. (c) B.PT.
Category Applied for (please ✓ mark) : (a) NRI (b) NRI Dependent

- Full Name: _____
(Block Letters) (First) (Middle) (Surname)
- Father's /Husband's Name : _____
- (a) Guardian's / Sponsor's Name : _____
(b) Relationship with Sponsor : _____
(c) Place of origin [of Sponsor] in India: _____
(City/town/village, District, State, Country)
- (d) Document submitted for (a) _____
Proof of Place of Origin: [Sponsor] (b) _____
- Contact Details: a.Tel: _____ b.Email: _____ c. Mobile: _____
- a. Sex: Male / Female b. Religion: _____ c. Nationality: _____
- Date of Birth : _____ Place of Birth: _____
(City/town/village, District, State, Country)
- Age as on 31st December of this year : _____ Yr _____ Month _____ Days
a. If place of birth outside India, then.
 - Present Nationality : _____
 - Country of your present passport : _____
 - Passport valid up to : _____
 - Passport Number : _____
 - Issued By : _____
- Marks obtained at H.S.C.E. or Equivalent Examination:

SUBJECT	THEORY MARKS ONLY	
	OBTAINED	MAXIMUM
1. Chemistry		
2. Physics		
3. Biology		
Total of 1 to 3		

9. Present Address : _____

10. Permanent Address : _____

11. Details of S.S.C. Examination (Std.X) or its equivalent passed by student:

(a) Name of Examination : _____
(b) Name of Board : _____
(c) Name of School : _____
(d) Address of School : _____
(e) Month & year of Passing : _____
(f) Examination Seat No. : _____
(g) Marks obtained : _____

12. Details of H.S.C. Examination (Std.XII) or its equivalent passed by student:

(a) Name of Examination : _____
(b) Name of Board : _____
(c) Name of School : _____
(d) Address of School : _____
(e) Month & Year of Passing : _____
(f) Examination Seat No. : _____
(g) Marks obtained : _____
(h) Number of attempts : _____

13. Preference of Courses: (Please give rank in order of preference)

- a. (___) MBBS – Smt. NHL Municipal Medical College
- b. (___) MBBS – AMC MET Medical College
- c. (___) BDS – AMC Dental College
- d. (___) BPT – SBB College of Physiotherapy

14. No. of Days abroad in last five years (NRI Student/ Parent / Sponsor)

Year	From	To	No. of Days	Country of Stay
2009-10				
2008-09				
2007-08				
2006-07				
2005-06				

I solemnly declare that I have personally checked and verified all the information filled in this form and that they are correct and that no relevant information of fact is suppressed or omitted.

I undertake to abide by the decision / order of the Dean/principal to cancel my admission and/or to expel me from the college and/or to prosecute me in case any incorrect information or discrepancy is found in this form either at the time of admission or at any time during the course of my study.

I hereby agree, if admitted, to conform to the Rules and Regulations of the Medical / dental /Physiotherapy College in force and that may hereafter be made for the governance of the college and undertake that so long as I am a student of the college I will do nothing either inside or outside the college that will interfere with its orderly governance, discipline and good name.

Date:
Place:

Signature of the
Father/Guardian

Signature of the
Student

CHECKLIST

Please tick (✓) appropriate box of the documents you have submitted with this application. (Attach only the attested photocopies in the sequence given below)

- | | | |
|-----|--|--------|
| 1. | School Leaving Certificate or other document showing place of birth. | () |
| 2. | S.S.C.E. / Equivalent Examination Mark sheet. | () |
| 3. | S.S.C.E. / Equivalent Examination Passing Certificate. | () |
| 4. | H.S.C.E. / Equivalent Examination Mark sheet. | () |
| 5. | H.S.C.E. / Equivalent Examination Attempt Certificate. | () |
| 6. | Transcript from abroad student. | () |
| 7. | Equivalence Certificate from abroad student. | () |
| 8. | Provisional Eligibility Certificate from Gujarat University
(If applicable) | () |
| 9. | Migration Certificate (If applicable) | () |
| 10. | Passport (Scan Copies of All Pages) | () |
| 11. | Undertaking Letter from NRI Sponsor | () |
| 12. | Undertaking in Regards for the Fees from NRI Student/ Parent | () |
| 13. | Document/s for Proof of Origin (Citizenship Card/P.R. Card etc.) | () |
| 14. | Self-addressed Envelope | () |
| 15. | Any other (Please specify the document): | |
| | (a) _____ | () |
| | (b) _____ | () |
| | (c) _____ | () |

Date:

(Signature of Candidate)

FORMAT OF UNDERTAKING LETTER FOR NRI SPONSOR [MBBS]
(TO BE NOTARIZED BY NOTARY PUBLIC)

[SPONSOR Name & Address]

Date: _____

To,
The Secretary,
AMC Medical education trust
Dr. Ramanbhai Patel Bhavan, Usmanpura,
Ahmedabad-380 0013

Sub: Undertaking by the NRI SPONSOR

Sir,

I, _____ (Sponsor) residing
at _____ (Abroad) hereby undertake the responsibility of
Mr./Ms. _____ (candidate) residing at
_____ (hereinafter called the "Student") for admission to the
first year MBBS Course in AMC MEDICAL EDUCATION TRUST under the NRI seat quota.

I hereby agree, affirm and declare that if the said student is granted admission, I agree and undertake to pay the fees of US\$ 90,000/- (US Dollar NINETY THOUSAND ONLY) for entire M.B.B.S. course and for the purpose of due compliance by me with fees structure and other associated rules and regulations of the said institute. I also agree and undertake or pay the fees of US \$ 20,000/- (US Dollar TWENTY THOUSAND ONLY) for each term if the study is prolonged beyond the normal prescribed period due to any reason whatsoever.

I will also be fully responsible for the total financial support including all expenses on academic, living and traveling of the student and I will bear the same.

Date:

Yours faithfully,

Place:

Signature of the Sponsor

The above declaration is duly notarized by Mr./Ms. _____

Notary Public
[Stamp of the Notary Public]

Signature of the Notary Public

FORMAT OF UNDERTAKING LETTER FOR NRI SPONSOR[BDS]
(TO BE NOTARIZED BY NOTARY PUBLIC)

[SPONSOR Name & Address]

Date: _____

To,
The Secretary,
AMC Medical education trust
Dr. Ramanbhai Patel Bhavan, Usmanpura,
Ahmedabad-380 0013

Sub: Undertaking by the NRI SPONSOR

Sir,
I, _____ (Sponsor) residing
at _____ (Abroad) hereby undertake the responsibility of
Mr./Ms. _____ (candidate) residing at
_____ (hereinafter called the "Student") for admission to the
first year BDS Course in AMC MEDICAL EDUCATION TRUST under the NRI seat quota.

I hereby agree, affirm and declare that if the said student is granted admission, I agree and undertake to pay the fees of US\$ 50,000/- (US Dollar FIFTY THOUSAND ONLY) for entire B.D.S. course and for the purpose of due compliance by me with fees structure and other associated rules and regulations of the said institute. I also agree and undertake to pay the fees of US \$ 10,000/- (US Dollar TEN THOUSAND ONLY) for each term if the study is prolonged beyond the normal prescribed period due to any reason whatsoever.

I will also be fully responsible for the total financial support including all expenses on academic, living and traveling of the student and I will bear the same.

Date:
Place:

Yours faithfully,

Signature of the Sponsor

The above declaration is duly notarized by Mr./Ms. _____

Notary Public
[Stamp of the Notary Public]

Signature of the Notary Public

FORMAT OF UNDERTAKING LETTER FOR NRI SPONSOR[BPT]
(TO BE NOTARIZED BY NOTARY PUBLIC)

[SPONSOR Name & Address]

Date: _____

To,
The Secretary,
AMC Medical education trust
Dr. Ramanbhai Patel Bhavan, Usmanpura,
Ahmedabad-380 0013

Sub: Undertaking by the NRI SPONSOR

Sir,

I, _____ (Sponsor) residing
at _____ (Abroad) hereby undertake the responsibility of
Mr./Ms. _____ (candidate) residing at
_____ (hereinafter called the "Student") for admission to the
first year B.Physio. Course in AMC MEDICAL EDUCATION TRUST under the NRI seat quota.

I hereby agree, affirm and declare that if the said student is granted admission, I agree and undertake to pay the fees of US\$ 20,000/- (US Dollar TWENTY THOUSAND ONLY) for entire B.Physio. course and for the purpose of due compliance by me with fees structure and other associated rules and regulations of the said institute. I also agree and undertake or pay the fees of US \$ 2,500/- (US Dollar TWO THOUSAND FIVE HUNDRED ONLY) for each term if the study is prolonged beyond the normal prescribed period due to any reason whatsoever.

I will also be fully responsible for the total financial support including all expenses on academic, living and traveling of the student and I will bear the same.

Date:

Yours faithfully,

Place:

Signature of the Sponsor

The above declaration is duly notarized by Mr./Ms. _____

Notary Public
[Stamp of the Notary Public]

Signature of the Notary Public

FORMAT OF UNDERTAKING IN REGARDS FOR THE FEES (MBBS)
(TO BE NOTARIZED BY NOTARY PUBLIC)

FROM:

1. PARENT/GUARDIAN

[Name & Address]

2. STUDENT

[Name & Address]

To,

The Secretary,
AMC Medical education trust
Dr. Ramanbhai Patel Bhawan, Usmanpura,
Ahmedabad-380006

Sub: Undertaking in regard for the fees to be paid to the college

Dear Sir,

(1) I, Mr/Ms. _____ (Name of the student)
residing at _____

(2) We, Mr./Ms. _____ (Name of the Parent/Guardian)
residing at _____ the former having been admitted to the
1st year M.B.B.S. course at your institute under NRI seat quota hereby agree, affirm and declare jointly
and severally that the fees of US\$ 90,000/- (US Dollars NINETY THOUSAND) for entire M.B.B.S.
course) will be paid by us to the said Institute for the entire course by installments as specified by the
institute and the said fee shall be neither negotiable nor refundable in full or part thereof under any
circumstances except as provided under the rules of admission and that thereof we will not raise the
issue of refunding to us the said amount at any time or under any circumstance.

We also agree and undertake to pay the fee of US \$ 10,000/- (US Dollar TEN THOUSAND) for
each term if the period of study is prolonged beyond the normal prescribed period of 4 1/2 years of
study and one year of internship due to any reason whatsoever. We also understand that if all the dues
are not cleared, the student may not be sent up for the examination.

Yours faithfully,

PARENT/GUARDIAN

STUDENT

The above declarations duly notarized by me.

Mr./Ms. _____ Notary Public.

Place: _____

Date: _____

Seal/Stamp of
Notary Public

Signature of the
Notary Public

FORMAT OF UNDERTAKING IN REGARDS FOR THE FEES (BDS)
(TO BE NOTARIZED BY NOTARY PUBLIC)

FROM:

1. PARENT/GUARDIAN

[Name & Address]

2. STUDENT

[Name & Address]

To,

The Secretary,
AMC Medical education trust,
Dr. Ramnbhai Patel Bhavan, Usmanpura, Ahmedabad-380006.

Sub: Undertaking in regard for the fees to be paid to the college

Dear Sir,

(1) I, Mr/Ms. _____ (Name of the student)
residing at _____

(2) We, Mr./Ms. _____ (Name of the Parent/Guardian)
residing at _____ the former having been admitted to the

I year B.D.S. course at your institute under NRI seat quota hereby agree, affirm and declare jointly and severally that the fees of US\$ 50000/- (US Dollars FIFTY THOUSAND for entire B.D.S. course) will be paid by us to the said Institute for the entire course by installments as specified by the institute and the said fee shall be neither negotiable nor refundable in full or part thereof under any circumstances except as provided under the rules of admission and that thereof we will not raise the issue of refunding to us the said amount at any time or under any circumstance.

We also agree and undertake to pay the fee of US\$ 5000/- (US Dollar FIVE THOUSAND) for each term if the period of study is prolonged beyond the normal prescribed period of 5 years of study . We also understand that if all the dues are not cleared, the student may not be sent up for the examination.

Yours faithfully,

PARENT/GUARDIAN

STUDENT

The above declarations duly notarized by me.

Mr./Ms. _____ Notary Public.

Place: _____

Date: _____

Seal/Stamp of
Notary Public

Signature of the
Notary Public

FORMAT OF UNDERTAKING IN REGARDS FOR THE FEES (BPT.)
(TO BE NOTARIZED BY NOTARY PUBLIC)

FROM:

1. PARENT/GUARDIAN

[Name & Address]

2. STUDENT

[Name & Address]

To,

The Secretary,
AMC Medical education trust
Ellisbridge, Ahmedabad-380006.

Sub: Undertaking in regard for the fees to be paid to the college

Dear Sir,

(1) I, Mr/Ms. _____ (Name of the student)
residing at _____

(2) We, Mr./Ms. _____ (Name of the Parent/Guardian)
residing at _____

the former having been admitted to the I year B.PHYSIOTHERAPY course at your institute under NRI seat quota hereby agree, affirm and declare jointly and severally that the fees of US \$ 20,000/- (US Dollars TWENTY THOUSAND) for entire B.PHYSIOTHERAPY course will be paid by us to the said Institute for the entire course by installments as specified by the institute and the said fee shall be neither negotiable nor refundable in full or part thereof under any circumstances except as provided under the rules of admission and that thereof we will not raise the issue of refunding to us the said amount at any time or under any circumstance.

We also agree and undertake to pay the fee of US \$ 2,500/- (US Dollar TWO THOUSAND FIVE HUNDRED) for each term if the period of study is prolonged beyond the normal prescribed period of 4 years of study and six months of internship due to any reason whatsoever. We also understand that if all the dues are not cleared, the student may not be sent up for the examination.

Yours faithfully,

PARENT/GUARDIAN

STUDENT

The above declarations duly notarized by me.

Mr./Ms. _____ Notary Public.

Place: _____

Date: _____

Seal/Stamp of
Notary Public

Signature of the
Notary Public