

495467

Name of Record: Daniel, Jibi Name on Document: Jibi Daniel EICS ID: E0238158-0

I hereby certify that the attached Final Medical Diploma or other credential is authentic and correct and I am authorized to certify this on behalf of this institution as reported to ECFMG by official notification from this institution.

| Signature: | Limet | | Date: 09 June 2022 |
|------------|-------|--|--------------------|
| | | | |

| issy Santosh Varghese Name (Printed or Typed) | |
|--|---------------------|
| ead Clerk (Co-ordinator) | |
| Title | =(: |
| Mahatma Gandhi Mission's Medical C | ollege, Navi Mumbai |

Name of Medical School





Affixed by medical school on: 09 June 2022





MGM INSTITUTE OF HEALTH SCIENCES

Deemed University als 3 of UGC Act. 1956

We, the Chancellor, Vice Chancellor and Members of the Board of Management, on the recommendation of the Academic Council of MGM Institute of Health Sciences

Certify that the withinsigned





Ms. Jibi Daniel

> Father's Name : PD Daniel Mother's Name : Joyamma Daniel

of Mahatma Gandhi Mission's Medical College, Navi Mumbai

having been examined for the Degree of

@@@@@

Bachelor of Medicine and

Bachelor of Surgery

has passed the Examination held in January 2017 and completed one year Compulsory Rotatory Internship.

The said Degree has been conferred on him / her at the Ninth Convocation held on the 31st day of July, 2018 at Aurangabad.

In testimony whereof are set the Seal of the said University

and the signature of the Vice Chancellor.



Vice Chancellor

mail

exail - misush and of m

VALID OUTSIDE INDIA

Ch. No. 516A, 1st Floor Certified Western Wing
Tis Hazari Courts, Delhi-45

Not

Notary Public, Deini (India)





ADDRESS

1021 Thomas Spratt Place Ottawa, ON CANADA K1G 5L5

CONTACT

Tel: 613-521-6012 Fax: 613-248-5234 Email: service@mcc.ca

MCC.CA

* 0.00 × @ 10.00 f

Purpose of the Consent to release of Information: All candidates submitting a Source Verification Request ("SVR") are required to consent to the Release of Information for Credentials Verification. The signature and photo on your account will be added to the consent form below and sent with your SVR.

CONSENT TO RELEASE OF INFORMATION FOR CREDENTIALS VERIFICATION

Verification of credentials:

I hereby authorize MCC to provide any documentation and information submitted to MCC by me or on my behalf in support of my medical credentials, including personal information as defined in MCC's Privacy Policy (in this Consent "Personal Information"), to the Educational Commission for Foreign Medical Graduates ("ECFMG") for the purpose of verification, source verification, and/or investigations related to the validity of the information submitted. I also authorize ECFMG to retain such information as described in ECFMG's Privacy Notice at https://www.ecfmg.org/annc/privacy.html.

I request and authorize every person, medical school, university, hospital, licensing, regulatory, educational, training and credentials verification authorities of any state, province or country in which I hold or may have held a license to practice my profession, hospital, clinic, and other medical facilities, government agency (local, state, provincial, federal or foreign), law enforcement agency or other third parties and organizations, and their representatives, to release any information, including, but not limited to, records, diplomas, transcripts, and other documents concerning my professional qualifications and competence, ethics, character, identity, educational, academic or professional history, status or enrollment and other Personal Information to MCC or ECFMG directly at 3624 Market Street, Philadelphia, PA19104, U.S.A. For greater certainty, any of my Personal Information, documents or records already in the possession of MCC or ECFMG, may be used for credentials verification purposes and be subject to the terms and conditions of this Consent.

I acknowledge and agree that information, documents and records requested by MCC or ECFMG, to be furnished by any other organization, educational institution, hospital, individual or any person or groups of persons must be sent directly by such persons or organizations to MCC or ECFMG and that MCC and ECFMG will not accept such information, records or documents forwarded by me.

Ø (2022-01-15) I agree.

Immunity and Release:

I hereby extend absolute immunity to, and release, discharge and hold harmless from any and all liability:

- (1) ECFMG and MCC and their respective employees, representatives, members, directors, and officers, Boards, and the agents of each of them; (2) any person, licensing, regulatory, educational, training or credentials verification entity and any hospital, clinic or other medical facility, government
- agency (local, state, provincial, federal or foreign) and law enforcement agency providing information pursuant to the terms and conditions of this Consent, and their respective employees, agents, representatives, members, directors and officers; and
- (3) any third parties and organizations and their respective employees, agents, representatives, members, directors and officers, (the persons and entities in items (1) through (3) are collectively known as the "MCC Group"), for or in respect of any acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested or received by any member of the MCC Group.

☑ (2022-01-15) I agree.

Signature and photo:

I understand and agree that the MCC will send my certified photo and signature on account to ECFMG for the purposes of credential verification.

Ø (2022-01-15) I agree.

I have read and agree to the Consent to Release of Information for Credentials Verification.

Philary

Name: Jibi Daniel

Date of consent: 2022-01-15

Version 1



495467

Name of Record: Sashankar, Arpan Kumar Name on Document: Arpan Puran Lakshmi Sashankar EPIC ID: C-SA124387

I hereby certify that the attached Final Medical Diploma or other credential is authentic and correct and I am authorized to certify this on behalf of this institution as reported to ECFMG by official notification from this institution.

Lissy Santosh Varghese

Name (Printed or Typed)

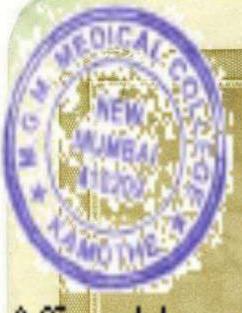
Mahatma Gandhi Mission's Medical College, Navi Mumbai

Name of Medical School

Head Clerk (Co-ordinator)

Title





Affixed by medical school on: 31 May 2022



Hniversity of Mumbai

3रिम्ही मुंबई विद्यापीठाचे कुलपती, कुलगुरू आणि व्यवस्थापन परिषदेचे सदस्य असे प्रमाणित करतो की महात्मा गांधी मिशनचे मेडिकल कॉलेजचे अर्पण पूरन लक्ष्मी सशंकर, हे ऑक्टोबर २००३ मध्ये घेण्यात आलेली वैद्यक रनातक आणि शल्यचिकित्सा रनातक परीक्षा उत्तीर्ण झाले असून दिनांक १२ डिसेंबर २००५ रोजी मुंबई येथे झालेल्या दीक्षांत समारंभात त्यांना

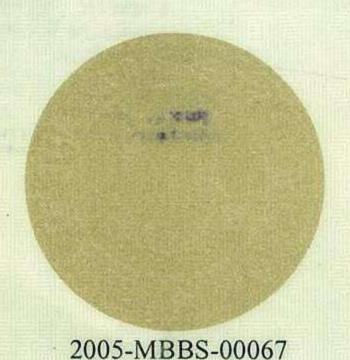
वैद्यक स्नातक आणि शल्यचिकित्सा स्नातक ह्या पदव्या प्रदान करण्यात आल्या आहेत. विद्यापीठाची मुद्रा व कुलगुरूची स्वाक्षरी यांसह साक्षीने अंकित.

We, the Chancellor, Vice-Chancellor and Members of the Management Council of the University of Mumbai certify that Arpan Puran Lakshmi Sashankar of Mahatma Gandhi Mission's Medical College having passed the Bachelor of Medicine and Bachelor of Surgery degrees examination held in October 2003,

Bachelor of Medicine and Bachelor of Surgery have been conferred on him at the Convocation held in Mumbai on 12th December, 2005.

the degrees of

In testimony whereof are set the Seal of the said University and the signature of the said Vice-Chancellor.





Lijay Khole

Electronic Portfolio of International Credentials (EPIC) IDENTIFICATION FORM **Educational Commission for Foreign Medical Graduates ECFMG®** 3624 Market Street, Philadelphia, PA 19104 (215) 966-3900 info@ecfmgepic.org



Name: Arpan Kumar Sashankar Date of Birth: 07-Jan-1978

Gender: MALE

IMPORTANT NOTE: When completed and submitted to ECFMG this EPIC Identification Form will become part of your ECFMG record. All information on the EPIC Identification Form is subject to verification and acceptance by ECFMG.

CERTIFICATION OF IDENTIFICATION BY OFFICIAL (To be completed by official)

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph printed hereto, (b) comparing his/her physical appearance with the passport photograph, and (c) comparing his/her original passport with the copy of the attached passport.

The statements in this document are subscribed and sworn to before me by the individual on this 10 day, of the month of 10 lanuary in the year 2022.

x Markeisha young Signature of Official

Notary Public - Chesterfield, Virginia

ficial Title (with English translation, if not in English)
Completed via Remote Online Notarization using 2way Audio/Video technology

APPLICANT RELEASE OF INFORMATION AND CERTIFICATION (To be completed by physician) Release of Information Authorization

I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information to ECFMG bearing on the content of my request or any document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment

I hereby authorize ECFMG to transmit any information in its possession, or that may otherwise become available to ECFMG, bearing on the content of my request or any other document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment, to any federal, state, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

I also extend absolute immunity to, and release, other agencies, medical schools, universities, institutions, hospitals and clinics, and registration and licensing authorities providing information, their employees, representatives, directors, and officers, and any third parties and organizations for their acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations, or disclosures involving me, made in good faith and without malice, requested by ECFMG.

I HAVE READ, UNDERSTOOD AND AGREE TO THIS RELEASE OF INFORMATION AUTHORIZATION.

I certify that I am the individual named above, am represented in the attached photograph, the attached passport is a copy of the passport that was issued to me, and that the signature below is my signature.

I hereby certify that I have read, understood, and agree to all of the above statements. I also certify that I have read, understood, and agree to the ECFMG Privacy Notice. I also certify that I have read the ECFMG Policies and Procedures Regarding Irregular Behavior and agree to abide by these policies and procedures. I certify I understand that, as provided in the ECFMG Policies and Procedures Regarding Irregular Behavior, among other things, ECFMG may find that submission of falsified documents to ECFMG through EPIC constitutes irregular behavior, which could result in actions including permanent revocation of or permanent bar to ECFMG Certification, among other things.

, Arpan Kumar Sashankar

January

Signature of Applicant

Date

Official: Seal/stamp must cover a portion of the photo and of the passport.

Applicant's Passport Withheld

For security reasons, ECFMG does not provide applicants' passport information to third-parties.

VERIFICATION OF MEDICAL EDUCATION

INSTRUCTIONS TO THE DEAN

The individual identified on the attached *Medical School Release Request*, *Certification of Identification Form*, or *Certification Statement* has authorized your medical school to provide to the Educational Commission for Foreign Medical Graduates (ECFMG) any and all information pertaining to his/her education at your institution. Please complete this VERIFICATION OF MEDICAL EDUCATION form and return it to ECFMG with the attached medical diploma and a final medical school transcript in the enclosed, addressed envelope.

RE: Samin Kandoth

1-064-164-5

Mahatma Gandhi Mission's Medical College, Navi Mumbai

Sector 18. Kamothe

Navi Mumbai 410209 Maharashtra

INDIA

Please notify ECFMG if the name of your institution has changed or is different from the name displayed.

SECTION 1: MEDICAL SCHOOL TRANSCRIPT

Attach an official medical school transcript in the original language that displays course grades or marks, not just hours, to this Verification of Medical Education form and return to ECFMG – Affix your official stamp to the transcript – Non-English language transcripts must include a word-for-word English language translation prepared by a recognized translator – An official English language version medical school transcript is also acceptable – Transcripts returned to ECFMG under separate cover must include the individual's ECFMG Identification Number to prevent processing delays.

SECTION 2A: CERTIFICATION

By my signature below, I certify: (1) the information provided on this form is an accurate account of the above named individual's official records maintained in this medical school and is true and correct to my knowledge, and, (2) that I am authorized to certify this on behalf of this institution as reported to ECFMG on an Authorized Signature List for Medical School Officials or other official notification from this institution.

Signature, Printed Name, Title and Official Seal must match samples provided to ECFMG by the medical school

SECHCAL CONTROL OF MENU SECONDARY SE

Signature:

Printed Name: Lissy Santosh Varghese

Title: Head Clerk (Co-ordinator)

Date of Signature: 30 May 2022

Phone: 912227437991 Fax: 912227431094

SECTION 2B: DEGREE CERTIFICATION Email: 1mgmmcnbpg@gmail.com

This individual:

Was conferred/issued the degree of **Bachelor of Medicine and Bachelor of Surgery** on **19/01/2020** (dd/mm/yyyy) and the attached medical diploma is authentic and correct.

- Or -

Was not conferred/issued a degree or the attached diploma is not authentic and correct because:

English 327-A English Version 2 USMLE: 1-064-164-5 MedSchool Code: 495467 Print Date: 5/30/2022 Page 1 of 3

SECTION 3A: PRE-MEDICAL EDUCATION

Years of education required for admission to your medical school: 14 years

Credential/degree presented by the applicant for admission to your medical school: HSC

Did this individual transfer credits to your medical school from another institution? YES () NO (X)

If you checked 'YES' please print the name of the institution(s) from where the credits were transferred:

3_____

SECTION 3B: MEDICAL EDUCATION

Enrollment and Participation: Our records indicate that **Samin Kandoth** attended our medical school for total of **282** weeks of medical education on the following dates:

From 01/08/2013 (dd/mm/yyyy) To 08/12/2019 (dd/mm/yyyy)

SECTION 4: UNUSUAL CIRCUMSTANCES

The following questions apply to unusual circumstances that occurred during <u>any part</u> of the individual's medical education. Please provide dates and requested information if you check "YES" to questions 1-5.

1. Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? YES () NO (X)

If you checked "YES" please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

| | From Month/Year | To Month/Year | Approved | <u>Unapproved</u> |
|--|-----------------|---------------|----------|-------------------|
| Personal/Family | _/ | _/ | () | () |
| Academic remediation | _/ | | () | () |
| <u>Health</u> | _/ | _/ | () | () |
| Financial | | _1 | () | () |
| Participation in joint degree | | | | |
| Program (e.g., MD/PhD) | | | () | () |
| Participation in non-research special study (e.g., fellowship, | | | | |
| international experience) | | _1 | () | () |
| Participation in non-degree | | | | |
| research | _/ | _/ | () | () |
| Other | _/ | | () | \mathbf{O} |
| Please Specify: | | | | |

English 327-A English Version 2 USMLE: 1-064-164-5 MedSchool Code: 495467 Print Date: 5/30/2022 Page 2 of 3

| If you checked "YES" please select the reason(s) for the probposition and attach additional documentation to this report. Academic Probation Probation for unprofessional conduct/behavioral Probation for other reason | From Month / Year//// | To Month / Year // |
|--|----------------------------|---|
| Probation for unprofessional conduct/behavioral | _/ | _/ |
| Probation for unprofessional conduct/behavioral | _/ | _/ |
| Probation for unprofessional conduct/behavioral | | |
| | | |
| Probation for other reason | | _/ |
| | | |
| Please specify reason: | | |
| Does this individual's official record reflect that he/she was ever di medical school or parent university? YES () NO (X) | sciplined for unprofession | onal conduct/behavioral reasons by the |
| If you checked "YES" please provide detailed documentation. | /information about the ci | rcumstances and outcome(s): |
| Does this individual's official record reflect that he/she was ever the school or parent university? YES () NO (X) | ne subject of negative re | ports or an investigation by the medica |
| If you checked "YES" please provide detailed documentation. | /information about the ci | rcumstances and outcome(s): |
| | | |
| Does this individual's official record reflect that there were any limit because of questions of academic incompetence, disciplinary pro | | |
| If you checked "YES" please provide detailed documentation. | /information about the na | ature of the limitations or special |
| requirements: | | |
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| * | | |

English 327-A English Version 2 USMLE: 1-064-164-5 MedSchool Code: 495467 Print Date: 5/30/2022 Page 3 of 3

495467

RE: Samin Kandoth 1-064-164-5

I hereby certify that the attached diploma or other credential is authentic and correct and I am authorized to certify this on behalf of this institution as reported to ECFMG by official notification from this institution.

Signature: Date: 11 April 2022

Name (Printed or Typed)

Head Clerk (Co-ordinator)

Title

Mahatma Gandhi Mission's Medical College, Navi Mumbai

Name of Medical School

MEW STANDARD STANDARD





Affixed by medical school of STITUTE OF HEALTH SCIENCES

11 April 2022 Deemed University u/s 3 of UGC Act, 195

We, the Chancellor, Vice Chancellor and Members of the Board of Management, on the recommendation of the Academic Council of MGM Institute of Health Sciences

Certify that the withinsigned



Mr. Samin Kandoth

PRN: 11310100085 DOB: 21/12/1993

Father's Name: Pradeep Mother's Name: Latha

of Mahatma Gandhi Mission's Medical College, Navi Mumbai

having been examined for the Degree of



Bachelor of Medicine and

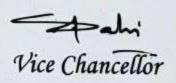
Bachelor of Surgery



has passed the Examination in regular mode held in January 2018 and completed one year Compulsory Rotatory Internship.

The said Degree has been conferred on him / her at the Twelfth Convocation held on the 19th day of January, 2020 at Navi Mumbai.

In testimony whereof are set the Seal of the said University and the signature of the Vice Chancellor.



495467

RE: Samin Kandoth 1-064-164-5

I hereby certify that the attached transcript or other credential is authentic and correct and I am authorized to certify this on behalf of this institution as reported to ECFMG by official notification from this institution.

Signature: Date: 30 May 2022

Name (Printed or Typed)

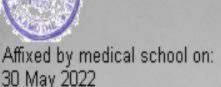
Head Clerk (Co-ordinator)

Title

Mahatma Gandhi Mission's Medical College, Navi Mumbai

Name of Medical School







MEDICAL COLLEGE

Sector – 1, Kamothe, Navi Mumbai – 410209. Ph: (022),27433404, 27427991, 27427900 Fax: (022) 27422459 E-mail: mgmmcnb@gmail.com, Web: www.mgmmumbai.ac.in

TRANSCRIPT OF MEDICAL STUDIES FOR DEGREE OF BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (M.B.B.S)

This is to certify that **Dr. Samin Kandoth**, born on 21th December 1993 was a student of Mahatma Gandhi Mission's Medical College, Kamothe, Navi Mumbai for the degree of Bachelor of Medicine and Bachelor of Surgery(M.B.B.S) of MGM Institute of Health Sciences (MGMIHS)Navi Mumbai, India since August 2013.

He passed First, Second, Third (Part-1) & Final (Third Part-2) MBBS examinations of Mahatma Gandhi Mission's Institute of Health Sciences, Navi Mumbai, on his first attempt, held in July 2014, January 2016, January 2017 & January 2018 respectively from this college. He has completed his one year compulsory rotatory internship. During his tenure at this college, he has attended the below mentioned prescribed subjects for the degree of MBBS.

FIRST YEAR MBBS

(August, 2013 to July, 2014)

| Subject | Theory (Including Tutorials And Revision) | Practical Total I | - | Actual Attendance | | |
|---------------|--|-------------------|-----|----------------------|-----------|---------------|
| | | | | Theory | Practical | Total Hrs. |
| Human Anatomy | 220 | 430 | 650 | 80% | 80% | 80% |
| Physiology | 160 | 320 | 480 | 80% | 80% | 80% |
| Biochemistry | 80 | 160 | 240 | 80% | 80% | 80% |

SCHEME OF EXAMINATION: PHASE 1 (At the end of 2nd Semester)

| Subject | Theory | Oral/Viva | Practical | Internal Assessment (Theory +Practical) | Total Marks |
|---------------|--------|-----------|-----------|--|-------------|
| Human Anatomy | 65/100 | 13/20 | 26/40 | 32/40 | 136/200 |
| Physiology | 70/100 | 17/20 | 29/40 | 35/40 | 151/200# |
| Biochemistry | 64/100 | 17/20 | 29/40 | 34/40 | 144/200 |
| Total | | | | | 431/600 |

#: Distinction (>75%)



M.G.M. Medical College & Hospital Kamothe, Navi Mumbai - 410209



MAHATMA GANDHI MISSION'S, MEDICAL COLLEGE

Sector - 1, Kamothe, Navi Mumbai - 410209. Ph: (022),27433404, 27427991, 27427900 Fax: (022) 27422459 E-mail: mgmmcnb@gmail.com, Web: www.mgmmumbai.ac.in

SECOND YEAR MBBS

(August, 2014 to January, 2016)

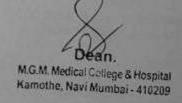
| Subject | Theory (Including Tutorials And Revision) | Practical d | Total Hours | Actual Attendance | | |
|-------------------|--|-------------|-------------|-------------------|-----------|----------------|
| | Keyision | | | Theory | Practical | Total Hours |
| Pharmacology | 180 | 120 | 300 | 80% | 80% | 80% |
| Pathology | 190 | 110 | 300 | 80% | 80% | 80% |
| Microbiology | 130 | 120 | 250 | 80% | 80% | 80% |
| Forensic Medicine | 60 | 40 | 100 | 80% | 80% | 80% |

SCHEME OF EXAMINATION: PHASE 2 (At the end of 5th Semester)

2nd MBBS (January, 2016)

| Subject | Theory & Oral | Practical | Internal Assessment (Theory + Practical) | Total Marks |
|-------------------|---------------|-----------|---|-------------|
| Pharmacology | 59/95 | 20/25 | 24/30 | 103/150 |
| Pathology | 61/95 | 18/25 | 24/30 | 103/150 |
| Microbiology | 54/95 | 21/25 | 24/30 | 99/150 |
| Forensic Medicine | 35/50 | 22/30 | 14/20 | 71/100 |
| Total | | | | 376/550 |







MEDICAL COLLEGE

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THIRD YEAR MBBS, PART- I

(February, 2016 to January, 2017)

| Subject | Theory Practical | | Total Hours | Actual Attendance | | |
|------------------------|------------------|-----|-------------|-------------------|-------------|-----|
| | | | Theory | Practical | Total Hours | |
| Community Medicine | 50 | 66 | 116 | 80% | 80% | 80% |
| (Psm) Ophthalmology | 100 | 180 | 280 | 80% | 80% | 80% |
| Otorhinolaryngology | 70 | 144 | 214 | 80% | 80% | 80% |

SCHEME OF EXAMINATION: PHASE 3 (At the end of 7th Semester)
3rd MBBS (January, 2017)

| Subject | Theory & Oral | Practical | Internal Assessment (Theory+ Practical) | Total Marks |
|---------------------------|---------------|-----------|--|-------------|
| Community Medicine (PSM) | 84/130 | 23/30 | 26/40 | 133/200 |
| Ophthalmology | 36/50 | 26/30 | 13/20 | 75/100# |
| Otorhinolaryngology (ENT) | 32/50 | 15/30 | 12/20 | 59/100 |
| Total | | | | 267/400 |
| TOTAL | | | #: Distinction | n (>75%) |

#: Distinction (>75%)



M.G.M. Medical College & Hospital Kamothe, Navi Mumbai - 410209



MAHATMA GANDHI MISSION'S. MEDICAL COLLEGE

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THIRD YEAR MBBS, PART- II (February-2017 to January-2018)

| Subject | Theory (Including Tutorials And Revision) | Practical | Total Hours | Actual Attendance | | |
|---|---|-----------|-------------|-------------------|-----------|-------------|
| | | | | Theory | Practical | Total Hours |
| General Medicine Including -Psychiatry -Tracheo -Bronchial And Chest Diseases And Dermatology | 530 | 468 | 998 | 80% | 80% | 80% |
| Surgery General Surgery | 300 | 468 | 768 | 80% | 80% | 80% |
| Orthopedics | 100 | 180 | 280 | 80% | 80% | 80% |
| Anesthesia | 20 | 36 | 56 | 80% | 80% | 80% |
| Radiology | 20 | 36 | 56 | 80% | 80% | 80% |
| Dentistry | 10 | 36 | 46 | 80% | 80% | 80% |
| Obstetrics And Gynecology | 300 | 468 | 768 | 80% | 80% | 80% |
| Pediatrics | 100 | 180 | 280 | 80% | 80% | 80% |



M.G.M. Medical College & Hospital Kamothe, Navi Mumbai - 410299



MAHATMA GANDHI MISSION'S. MEDICAL COLLEGE

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SCHEME OF EXAMINATION: PHASE 4 (At the end of 9th Semester) 3rd MBBS, Part II (January-2018)

| Subject | Theory & Oral | Practical | Internal Assessment (Theory + Practical) | Total Marks |
|------------------------------|---------------|-----------|---|-------------|
| Medicine And Allied Subjects | 94/140 | 67/100 | 42/60 | 203/300 |
| General Surgery | 88/140 | 58/100 | 33/60 | 179/300 |
| Obstetrics And Gynecology | 60/100 | 35/60 | 28/40 | 123/200 |
| Pediatrics | 34/50 | 21/30 | 13/20 | 68/100 |
| Total | | | | 573/900 |



(Uean. M.G.M. Medical College & Hospital Kamothe, Navi Mumbai - 410209



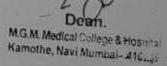
MAHATMA GANDHI MISSION'S, MEDICAL COLLEGE

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CLINICAL CLERKSHIP CERTIFICATE OF DR. SAMIN KANDOTH (From August 2014 – November 2017)

| NAME OF POSTING | PERIOD OF POSTING | SUPERVISING PHYSICIAN | |
|--------------------|---|-----------------------|--|
| General Medicine | 3 rd Semester 04.08.2014 -20.09.2014 5 th Semester | Dr. Jaishree Ghanekar | |
| | 25.08.2015 - 13.09.2015 7 th Semester | | |
| | 01.08.2016 - 25.08.2016 8 th Semester | 1 | |
| | 06.02.2017 - 20.03.2017 9 th Semester | | |
| | 01.08.2017 - 28.08.2017 | | |
| Dermatology & V.D. | 4th Semester 10.04.2015 - 30.04.2015 6th Semester | Dr. Hema Jerajani | |
| | 12.02.2016 - 20.02.2016 8 th Semester | | |
| | 01.06.2017 - 14.06.2017 | | |
| Chest & T.B. | 4 th Semester 21.03,2015 - 09,04,2015 | Dr. P.V. Potdar | |
| Psychiatry | 7 th Semester 26.08.2016 - 07.09.2016 | Dr. Rakesh Ghildiyal | |
| General Surgery , | 3 rd Semester 21.09.2014 - 15.10.2014 31.10.2014 - 22.11.2014 5 th Semester 14.09.2015 - 03.10.2015 7 th Semester 15.10.2016 - 26.10.2016 03.11.2016 - 15.11.2016 8 th Semester 21.03.2017 - 02.05.2017 | Dr. S.P. Dubhashi | |
| | 9th Semester 24.10.2017 - 20.11.2017 | | |







MEDICAL COLLEGE

Sector – 1, Kamothe, Navi Mumbai – 410209. Ph: (022), 27433404, 27427991, 27427900 Fax: (022) 27422459 E-mail: mgmmcnb@gmail.com, Web: www.mgmmumbai.ac.in

| Orthopaedics | 5th Semester | Dr. Alfven Vieira |
|----------------------------------|--|--|
| | 04.10.2015 - 23.10.2015 | |
| | 6 th Semester 30.05.2016 - 20.06.2016 | |
| | 8 th Semester | |
| | 09.07.2017 - 22.07.2017 | |
| | 9 th Semester | |
| | 12.09.2017 - 25.09.2017 | |
| Radiology | 7 th Semester | Dr. A. D. Gursale |
| | 08.09.2016 - 19.09.2016 | |
| Community Medicine | 3 rd Semester | Dr. Seema Anjenaya |
| | 23.11.2014 - 21.12.2014 | |
| | 4 th Semester | |
| | 30.06.2015 - 19.07.2015 | |
| | 6 th Semester | |
| Complex | 04.03.2016 - 25.03.2016 5 th Semester | Dr. Bhusare |
| Casualty (Emergency Medicine) | 16.11.2015 - 25.11.2015 | Dr. Bhusare |
| (Emergency wiedienie) | 6 th Semester | |
| | 21.02.2016 - 03.03.2016 | |
| Dentistry | 5 th Semester | Dr. Sivashankar |
| | 24.10.2015 - 31.10.2015 | |
| Obstetrics & | 3 rd Semester | Dr. Sushil Kumar |
| Gynecology | 22.12.2014 - 10.01.2015 | |
| | 4 th Semester | |
| | 10.02.2015 - 28.02.2015 | 35-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |
| | 5 th Semester | |
| | 05.08.2015 - 24.08.2015 7 th Semester | |
| | 20.09.2016 - 14.10.2016 | The second secon |
| | 8th Semester | ACCUSED BY |
| Burnell Committee | 03.05.2017 - 31.05.2017 | 100000000000000000000000000000000000000 |
| | 9 th Semester | |
| MATERIAL STATES | 26.09.2017 - 23.10.2017 | |
| | Commence of the Commence of th | |



M.G.M. Medical College 8 Hospital Kamothe, Navi Mumbai - 410, 49



MEDICAL COLLEGE

Sector – 1, Kamothe, Navi Mumbai – 410209. Ph: (022), 27433404, 27427991, 27427900 Fax: (022) 27422459 E-mail: mgmmcnb@gmail.com, Web; www.mgmmumbai.ac.in

| Pediatrics | 4 th Semester 01.03.2015 - 20.03.2015 6 th Semester 21.06.2016 - 12.07.2016 8 th Semester 15.06.2017 - 08.07.2017 9 th Semester 29.08.2017 - 11.09.2017 | Dr.Vijay Kamale | |
|---------------------|--|------------------|--|
| Otorhinolaryngology | 4 th Semester 10.06.2015 - 29.06.2015 6 th Semester 26.03.2016 - 16.04.2016 | Dr. Suman P. Rao | |
| Ophthalmology | 4th Semester 21.05.2015 - 09.06.2015 6th Semester 17.04.2016 - 30.04.2016 21.05.2016 - 29.05.2016 | Dr. N. Abidi | |



M.G.M. Medical College & Hospital Kamothe, Navi Mumbai - 410239



MEDICAL COLLEGE

Sector – 1, Kamothe, Navi Mumbai – 410209. Ph: (022), 27433404, 27427991, 27427900 Fax: (022) 27422459 E-mail: mgmmcnb@gmail.com, Web: www.mgmmumbai.ac.in

ROTATORY INTERNSHIP TRAINING

Dr. Samin Kandoth has completed his one year compulsory Rotatory Internships from 03.02.2018 to 08.12.2019.

| Group | Name of Department | No. of Days |
|-------|---|-------------|
| I. | COMMUNITY MEDICINE | |
| | i. Rural community posting. | 30 |
| | ii. Urban health Centre postings. | 15 |
| | iii. Departmental posting. | 15 |
| 11. | MEDICINE | |
| | i. General Medicine | 45 |
| | ii. Psychiatry | 15 |
| III. | SURGERY | |
| | i. General Surgery | 45 |
| | ii Anaesthesia | 15 |
| IV. | OBSTETRICS AND GYNAECOLOGY: including family welfare planning | 60 |
| V. | PAEDIATRICS | 30 |
| VI. | ORTHOPAEDICS including PM & R | 30 |
| VII. | OTORHINOLARYNGOLOGY | 15 |
| VIII. | OPHTHALMOLOGY | 15 |
| IX. | CASUALTY (EMERGENCY MEDICINE) | 15 |
| X. | CCL/BLOOD BANK/FMT/RADIOLOGY/DERMATOLOGY | 15 |
| XI | ORIENTATION | 05 |



Dean.

M.G.M. Medical College & Hospital Kamothe, Navi Mumbai - 416209 ECFMG CERTIFICATION OF IDENTIFICATION FORM (FORM 186)



ECFMG ID® Number: 1-064-164-5

Name: Samin Kandoth Date of Birth: 21 Dec 1993

Gender: Male



IMPORTANT NOTE: When completed and submitted to ECFMG, this Certification of Identification Form will become part of your ECFMG record. All information on the Certification of Identification Form is subject to verification and acceptance by ECFMG. This form will be used to identify you when you submit an application to ECFMG for any of its programs or services, including an application for a USMLE® Step or Step Component.

CERTIFICATION OF IDENTIFICATION BY OFFICIAL (To be completed by official)

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by:
(a) comparing his/her physical appearance with the photograph printed hereto, (b) comparing his/her physical appearance with the passport photograph, and (c) comparing his/her original passport with the copy of the attached passport.

The statements in this document were subscribed and sworn to before me by the individual.

This document was acknowledged before me on

Hith Sound was Dissolved Hobourdeeno 10/17/2018 Notary Public – Williamsburg, VA

Signature of Official Date (mm/dd/yyyy)

APPLICANT RELEASE OF INFORMATION AND CERTIFICATION (To be completed by physician)

Release of Information Authorization

I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information to ECFMG bearing on the content of my request or any document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment.

I hereby authorize ECFMG to transmit any information in its possession, or that may otherwise become available to ECFMG, bearing on the content of my request or any other document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment, and determinations of irregular behavior to any federal, state, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

I also extend absolute immunity to, and release, other agencies, medical schools, universities, institutions, hospitals and clinics, and registration and licensing authorities providing information, their employees, representatives, directors, and officers, and any third parties and organizations for their acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations, or disclosures involving me, made in good faith and without malice, requested by ECFMG.

I HAVE READ, UNDERSTOOD, AND AGREE TO THIS RELEASE OF INFORMATION AUTHORIZATION AND I INTEND TO BE LEGALLY BOUND BY IT.

Certification

I certify that I am the individual named above, am represented in the attached photograph, the attached passport is a copy of the passport that was issued to me, and that the signature below is my signature.

I hereby certify that I have read, understood, and agree to all of the above statements. I also certify that I have read the Policies and Procedures Regarding Irregular Behavior and agree to abide by these policies and procedures. I certify I understand that, as provided in the Policies and Procedures Regarding Irregular Behavior, among other things, ECFMG may find that submission of falsified documents to ECFMG during the certification process constitutes irregular behavior, which could result in actions including permanent revocation of or permanent bar to ECFMG Certification, and permanent annotation of my ECFMG record, among other things. I also certify that I have read, understood and agree to the ECFMG Privacy Notice, which is available on the ECFMG website at https://www.ecfmq.org/anno/privacy.html.

| Samin Kandoth | 10/17/2018 |
|---|--------------------------------------|
| X | |
| Signature of Applicant | Date (mm/dd/yyyy) |
| THIS CERTIFICATION OF IDENTIFICATION FORM (FORM 186) MUST | BE SUBMITTED TO ECEMG BY 17 OCT 2019 |



495467

Name of Record: Agarwal, Akshay Anand Name on Document: Agarwal Akshay Anand EPIC ID: C-AA140228

I hereby certify that the attached Final Medical Diploma or other credential is authentic and correct and I am authorized to certify this on behalf of this institution as reported to ECFMG by official notification from this institution.

Signature: Date: 27 June 2022

| Name (Printed or Typed) | <u> </u> |
|----------------------------------|----------------------|
| Head Clerk (Co-ordinator) | |
| Title | |
| Mahatma Gandhi Mission's Medical | College, Navi Mumbai |

Name of Medical School





Affixed by medical school on:

27 June 2022



SCIENCES MGM INSTITU

We, the Chancellor, Vice Chancellor and Members of the Board of Management, on the recommendation of the Academic Council of MGM Institute of Health Sciences

Certify that the withinsigned ()

Mr. Agarwal Akshay Anand DOB: 02/08/1990

Son / Daughter of Anand Agarwal

of Mahatma Gandhi Mission's Medical College, Navi Mumbai

having been examined for the Degree of

0,60,00

Bachelor of Medicine and Bachelor of Surgery

0,60,000

has passed the Examination held in January 2013 and completed one year Compulsory Rotatory Internship. The said Degree has been conferred on him / her at the Fourth Convocation held on the 9th day of May, 2014 at Navi Mumbai.

In testimony whereof are set the Seal of the said University and the signature of the Vice Chancellor.





Vice Chancellor

Electronic Portfolio of International Credentials (EPIC) IDENTIFICATION FORM **Educational Commission for Foreign Medical Graduates ECFMG®** 3624 Market Street, Philadelphia, PA 19104 (215) 966-3900 info@ecfmgepic.org



Name: Akshay Anand Agarwal Date of Birth: 02-Aug-1990

Gender: MALE

IMPORTANT NOTE: When completed and submitted to ECFMG this EPIC Identification Form will become part of your ECFMG record. All information on the EPIC Identification Form is subject to verification and acceptance by ECFMG.

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a)

| photograph, and (c) comparing his/her original passport with the | inted hereto, (b) comparing his/her physical appearance with the passport he copy of the attached passport. |
|--|---|
| The statements in this document are subscribed and sworn to be in the year 2022. | before me by the individual on this 11 day, of the month of |
| x | Notary Public — Philadelphia, PA |
| Signature of Official | Title (with English translation, if not in English) |

APPLICANT RELEASE OF INFORMATION AND CERTIFICATION (To be completed by physician) **Release of Information Authorization**

CERTIFICATION OF IDENTIFICATION BY OFFICIAL (To be completed by official)

I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information to ECFMG bearing on the content of my request or any document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment

I hereby authorize ECFMG to transmit any information in its possession, or that may otherwise become available to ECFMG, bearing on the content of my request or any other document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment, to any federal, state, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

I also extend absolute immunity to, and release, other agencies, medical schools, universities, institutions, hospitals and clinics, and registration and licensing authorities providing information, their employees, representatives, directors, and officers, and any third parties and organizations for their acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations, or disclosures involving me, made in good faith and without malice, requested by ECFMG.

I HAVE READ, UNDERSTOOD AND AGREE TO THIS RELEASE OF INFORMATION AUTHORIZATION.

I certify that I am the individual named above, am represented in the attached photograph, the attached passport is a copy of the passport that was issued to me, and that the signature below is my signature.

I hereby certify that I have read, understood, and agree to all of the above statements. I also certify that I have read, understood, and agree to the ECFMG Privacy Notice. I also certify that I have read the ECFMG Policies and Procedures Regarding Irregular Behavior and agree to abide by these policies and procedures. I certify I understand that, as provided in the ECFMG Policies and Procedures Regarding Irregular Behavior, among other things, ECFMG may find that submission of falsified documents to ECFMG through EPIC constitutes irregular behavior, which could result in actions including permanent revocation of or permanent bar to ECFMG Certification, among other things.

| _x Akshay Anand Agarwal | June | 11 2022 |
|-----------------------------------|------|---------|
| Signature of Applicant | Date | |



Official: Seal/stamp must cover a portion of the photo and of the passport.

Commonwealth of Pennsylvania - Notary Seal SABRIA HALL - Notary Public

Applicant's Passport Withheld

For security reasons, ECFMG does not provide applicants' passport information to third-parties.



495467

Name of Record: Kumbhar, Amruta Name on Document: Kumbhar Amruta Dattatray EPIC ID: C-KA143282

I hereby certify that the attached Final Medical Diploma or other credential is authentic and correct and I am authorized to certify this on behalf of this institution as reported to ECFMG by official notification from this institution.

Signature: Date: 08 August 2022

| Name (Pi | inted or Typed) |
|---------------|--|
| Head Clerk (C | o-ordinator) |
| Titl | 3 |
| Mahatma Gan | lhi Mission's Medical College, Navi Mumbai |
| Name of | Medical School |

Lissy Santosh Varghese



OF HEALTH SCIENCES, NASHIK AHARASHTRA UNIVERSITY

Council of the Maharashtra University of We, the Chancellor, the Pro-Chancellor the Vice-Chancellor, the Members of the Management Council and the Academic Health Sciences, Nashik

Shri / Smt. Kumbhar Amruta Dattatray

of Mahatma Gandhi Mission's Medical College, Kamothe, Navi Mumba

having been examined and found duly qualified for the Bachelor of Medicine & Bachelor of Surgery the seat of the said University

13th May 2011

VICE-CHANCELLOR

महाराष्ट्र The particulariant of the state STATUTE PROTITION OF STATUTE OF S

विज्ञान विद्यापाठ, गार्के आम्ही, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे कुलपति, प्रकुलपति, कुलगुरु, ೧ व्यवस्थापन परिषद व विद्यापरिषद मदस्य Affixed by rieds 08 August 202 आरोग्य

NEW

कुभार अमृता दत्तात्रथ

नवी मुंबई येथील महास्मा गांध वैद्यकीय महाविद्यालया चे/च्या

मिशनचे

कामोठे,

आणि शल्यचिकित्सा हे/हया नोव्हेंबर-२००९ मध्ये वैद्यक



ही पदवी प्रदान करण्यात येत आहे परीक्षा उत्तीर्ण भाल्याबद्दल त्यांना वेषे अंकित करण्यात येत आहे. याची साक्ष म्हणून विद्यापीठाची



क्रिलगृह्

The authenticity of this certificate can be verified on our University website: www.muhanashik.com

Electronic Portfolio of International Credentials (EPIC) IDENTIFICATION FORM **Educational Commission for Foreign Medical Graduates ECFMG®** 3624 Market Street, Philadelphia, PA 19104 (215) 966-3900 info@ecfmgepic.org



| Name: Amruta Kumbhar |
|----------------------------|
| Date of Birth: 03-Feb-1987 |

Gender: FEMALE

IMPORTANT NOTE: When completed and submitted to ECFMG this EPIC Identification Form will become part of your ECFMG record. All information on the EPIC Identification Form is subject to verification and acceptance by ECFMG.

CERTIFICATION OF IDENTIFICATION BY OFFICIAL (To be completed by official) I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph printed hereto, (b) comparing his/her physical appearance with the passport photograph, and (c) comparing his/her original passport with the copy of the attached passport. The statements in this document are subscribed and sworn to before me by the individual on this $\frac{08}{4}$ day, of the month of in the year $\frac{2022}{4}$. July x Caresia ashlen Whiliams Notary Public- James City County, VA Signature of Official Completed via Remote Online Notarization using 2way Audio/Video technology

APPLICANT RELEASE OF INFORMATION AND CERTIFICATION (To be completed by physician) Release of Information Authorization

I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information to ECFMG bearing on the content of my request or any document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment

I hereby authorize ECFMG to transmit any information in its possession, or that may otherwise become available to ECFMG, bearing on the content of my request or any other document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment, to any federal, state, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

I also extend absolute immunity to, and release, other agencies, medical schools, universities, institutions, hospitals and clinics, and registration and licensing authorities providing information, their employees, representatives, directors, and officers, and any third parties and organizations for their acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations, or disclosures involving me, made in good faith and without malice, requested by ECFMG.

I HAVE READ, UNDERSTOOD AND AGREE TO THIS RELEASE OF INFORMATION AUTHORIZATION.

I certify that I am the individual named above, am represented in the attached photograph, the attached passport is a copy of the passport that was issued to me, and that the signature below is my signature.

I hereby certify that I have read, understood, and agree to all of the above statements. I also certify that I have read, understood, and agree to the ECFMG Privacy Notice. I also certify that I have read the ECFMG Policies and Procedures Regarding Irregular Behavior and agree to abide by these policies and procedures. I certify I understand that, as provided in the ECFMG Policies and Procedures Regarding Irregular Behavior, among other things, ECFMG may find that submission of falsified documents to ECFMG through EPIC constitutes irregular behavior, which could result in actions including permanent revocation of or permanent bar to ECFMG Certification, among other things.

| _x Amruta Kumbhar | July | 08 2022 |
|-----------------------------|------|---------|
| Signature of Applicant | Date | |



Official: Seal/stamp must cover a portion of the photo and of the passport.

Applicant's Passport Withheld

For security reasons, ECFMG does not provide applicants' passport information to third-parties.

VERIFICATION OF MEDICAL EDUCATION

INSTRUCTIONS TO THE DEAN

The individual identified on the attached *Medical School Release Request*, *Certification of Identification Form*, or *Certification Statement* has authorized your medical school to provide to the Educational Commission for Foreign Medical Graduates (ECFMG) any and all information pertaining to his/her education at your institution. Please complete this VERIFICATION OF MEDICAL EDUCATION form and return it to ECFMG with the attached medical diploma and a final medical school transcript in the enclosed, addressed envelope.

RE: Ashish Satyanarayan Tiwari

0-982-367-5

Mahatma Gandhi Mission's Medical College, Navi Mumbai

Sector 18. Kamothe

Navi Mumbai 410209 Maharashtra

INDIA

Please notify ECFMG if the name of your institution has changed or is different from the name displayed.

SECTION 1: MEDICAL SCHOOL TRANSCRIPT

Attach an official medical school transcript in the original language that displays course grades or marks, not just hours, to this Verification of Medical Education form and return to ECFMG – Affix your official stamp to the transcript – Non-English language transcripts must include a word-for-word English language translation prepared by a recognized translator – An official English language version medical school transcript is also acceptable – Transcripts returned to ECFMG under separate cover must include the individual's ECFMG Identification Number to prevent processing delays.

SECTION 2A: CERTIFICATION

By my signature below, I certify: (1) the information provided on this form is an accurate account of the above named individual's official records maintained in this medical school and is true and correct to my knowledge, and, (2) that I am authorized to certify this on behalf of this institution as reported to ECFMG on an Authorized Signature List for Medical School Officials or other official notification from this institution.

Signature, Printed Name, Title and Official Seal must match samples provided to ECFMG by the medical school

SECHCAL CONTROL OF MENU SECONDARY SE

Signature:

Printed Name: Lissy Santosh Varghese

Title: Head Clerk (Co-ordinator)

Date of Signature: 25 November 2021

Phone: 912227437991 Fax: 912227431094

SECTION 2B: DEGREE CERTIFICATION Email: 1mgmmcnbpg@gmail.com

This individual:

Was conferred/issued the degree of **Bachelor of Medicine and Bachelor of Surgery** on **31/07/2019** (dd/mm/yyyy) and the attached medical diploma is authentic and correct.

- Or -

Was not conferred/issued a degree or the attached diploma is not authentic and correct because:

English 327-A English Version 2 USMLE: 0-982-367-5 MedSchool Code: 495467 Print Date: 11/25/2021 Page 1 of 3

SECTION 3A: PRE-MEDICAL EDUCATION

Years of education required for admission to your medical school: 14 years

Credential/degree presented by the applicant for admission to your medical school: HSC (12 Standard)

Did this individual transfer credits to your medical school from another institution? YES () NO (X)

If you checked 'YES' please print the name of the institution(s) from where the credits were transferred:

.

SECTION 3B: MEDICAL EDUCATION

Enrollment and Participation: Our records indicate that Ashish Satyanarayan Tiwari attended our medical school for total of 284 weeks of medical education on the following dates:

From 01/08/2013 (dd/mm/yyyy) To 15/03/2019 (dd/mm/yyyy)

SECTION 4: UNUSUAL CIRCUMSTANCES

The following questions apply to unusual circumstances that occurred during <u>any part</u> of the individual's medical education. Please provide dates and requested information if you check "YES" to questions 1-5.

1. Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? YES () NO (X)

If you checked "YES" please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

| | From Month/Year | To Month/Year | Approved | <u>Unapproved</u> |
|--|-----------------|---------------|----------|-------------------|
| Personal/Family | _/ | _/ | () | () |
| Academic remediation | _/ | | () | () |
| <u>Health</u> | _/ | _/ | () | () |
| Financial | | _1 | () | () |
| Participation in joint degree | | | | |
| Program (e.g., MD/PhD) | | | () | () |
| Participation in non-research special study (e.g., fellowship, | | | | |
| international experience) | | _1 | () | () |
| Participation in non-degree | | | | |
| research | _/ | _/ | () | () |
| Other | _/ | | () | \mathbf{O} |
| Please Specify: | | | | |

English 327-A English Version 2 USMLE: 0-982-367-5 MedSchool Code: 495467 Print Date: 11/25/2021

| Does this individual's official record reflect that he/she was ev medical education? YES () NO (X) | er placed on academic or di | sciplinary probation during his/her |
|--|-------------------------------|--|
| If you checked "YES" please select the reason(s) for the probation and attach additional documentation to this rep | | (s) of placement on and removal from |
| | | |
| | From Month / Year | To Month / Year |
| Academic Probation | | |
| Probation for unprofessional conduct/behavioral_ | _/ | |
| Probation for other reason | _/ | _/ |
| Please specify reason: | | |
| Does this individual's official record reflect that he/she was ev medical school or parent university? YES () NO (X) | er disciplined for unprofessi | ional conduct/behavioral reasons by the |
| If you checked "YES" please provide detailed documenta | ntion/information about the c | circumstances and outcome(s): |
| Does this individual's official record reflect that he/she was ev school or parent university? YES () NO (X) | er the subject of negative re | eports or an investigation by the medica |
| If you checked "YES" please provide detailed documenta | ntion/information about the c | circumstances and outcome(s): |
| | - | |
| Does this individual's official record reflect that there were any because of questions of academic incompetence, disciplinary | | |
| If you checked "YES" please provide detailed documenta | ition/information about the r | nature of the limitations or special |
| requirements: | | |
| | | |
| | | |

English 327-A English Version 2 USMLE: 0-982-367-5 MedSchool Code: 495467 Print Date: 11/25/2021 Page 3 of 3

495467

RE: Ashish Satyanarayan Tiwari 0-982-367-5

I hereby certify that the attached diploma or other credential is authentic and correct and I am authorized to certify this on behalf of this institution as reported to ECFMG by official notification from this institution.

Signature: Date: 01 November 2021

Name (Printed or Typed)

Head Clerk (Co-ordinator)

Title

Mahatma Gandhi Mission's Medical College, Navi Mumbai

Name of Medical School









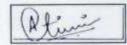
Affixed by medicare Mouns TITUTE OF HEALTH SCIENCES

01 November 2021

Deemed University u/s 3 of UGC Act, 1956

We, the Chancellor, Vice Chancellor and Members of the Board of Management, on the recommendation of the Academic Council of MGM Institute of Health Sciences

Certify that the withinsigned



Mr. Tiwari Ashish Satyanarayan

PRN: 11310100015 DOB: 02/10/1995

Father's Name: Satyanarayan Ramnath Tiwari

Mother's Name : Nayana Satyanarayan Tiwari

of Mahatma Gandhi Mission's Medical College, Navi Mumbai

having been examined for the Degree of

الاستون الاستون

Bachelor of Medicine and

Bachelor of Surgery



has passed the Examination in regular mode held in January 2018 and completed one year Compulsory Rotatory Internship.

The said Degree has been conferred on him / her at the Eleventh Convocation held on the 31st day of July, 2019 at Aurangabad.

In testimony whereof are set the Seal of the said University and the signature of the Vice Chancellor.



7 dis

Vice Chancellor

495467

RE: Ashish Satyanarayan Tiwari 0-982-367-5

I hereby certify that the attached transcript or other credential is authentic and correct and I am authorized to certify this on behalf of this institution as reported to ECFMG by official notification from this institution.

Signature: Date: 25 November 2021

Name (Printed or Typed)

Head Clerk (Co-ordinator)

Title

Mahatma Gandhi Mission's Medical College, Navi Mumbai

Name of Medical School





Affixed by medical school on: 25 November 2021



MAHATMA GANDHI MISSION'S MEDICAL COLLEGE

Sector – 1, Kamothe, Navi Mumbai – 410209. Ph: (022), 27433404, 27427991, 27427900 Fax: (022) 27422459

E-mail: mgmmcnb@gmail.com, Web: www.mgmmumbai.ac.in

TRANSCRIPT OF MEDICAL STUDIES FOR DEGREE OF BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (M.B.B.S.)

This is to certify that Dr. TIWARI ASHISH SATYANARAYAN born on 02nd October 1995 was a student of Mahatma Gandhi Mission's Medical College, Kamothe, Navi Mumbai for the degree of Bachelor of Medicine and Bachelor of Surgery (M.B.B.S) of MGM Institute of Health Sciences (MGMIHS), Navi Mumbai, India from July 2013. He passed First, Second, Third (Part -1) and Third (Part-2) MBBS examinations of Mahatma Gandhi Mission's Institute of Health Sciences, Navi Mumbai, held in July 2014, January 2016, January 2017 and January 2018 respectively from this college. He has completed his one year compulsory rotatory internship from 03.02.2018 to 15.03.2019. During his tenure at this college, he has attended the below mentioned prescribed subjects for the degree of MBBS.

FIRST YEAR MBBS (JULY- 2013 TO JULY -2014)

| Subject | Theory (Including Tutorials And Revision) | Practical | Total Hours | Actual Attendance | | |
|------------------|---|-----------|-------------|-------------------|-----------|----------------|
| | | | | Theory | Practical | Total Hours |
| Human Anatomy | 220 | 430 | 650 | 80% | 80% | 80% |
| Physiology | 160 | 320 | 480 | 80% | 80% | 80% |
| Biochemistry | 80 | 160 | 240 | 80% | 80% | 80% |

SCHEME OF EXAMINATION: PHASE 1 (At the end of 2nd Semester) 1st MBBS (JULY -2014)

| Subject | Theory | Oral/Viva | Practical | Internal Assessment (Theory + Practical) | |
|---------------|--------|-----------|-----------|---|---------|
| Human Anatomy | 49/100 | 15/20 | 29/40 | 27/40 | 120/200 |
| Physiology | 65/100 | 17/20 | 27/40 | 28/40 | 137/200 |
| Biochemistry | 64/100 | 15/20 | 31/40 | 30/40 | 140/200 |
| Total | | | | | 397/600 |



M.G.M. Medica: ege & Hospital Kamothe, Navi Mumbai - 4 i uz09



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SECOND YEAR MBBS (AUGUST- 2014 TO JANUARY -2016)

| Theory (Including Tutorials And Revision) | Practical | Total Hours | Actual Attendance | | |
|--|--|---|--|--|---|
| | | | Theory | Practical | Total Hours |
| 180 | 120 | 300 | 80% | 80% | 80% |
| 190 | 110 | 300 | 80% | 80% | 80% |
| 130 | 120 | 250 | 80% | 80% | 80% |
| 60 | 40 | 100 | 80% | 80% | 80% |
| | (Including Tutorials And Revision) 180 190 130 | (Including Tutorials And Revision) 180 120 190 110 130 120 | (Including Tutorials And Revision) 180 120 300 190 110 300 130 120 250 | (Including Tutorials And Revision) 180 120 300 80% 190 110 300 80% 130 120 250 80% | (Including Tutorials And Revision) Theory Practical 180 120 300 80% 80% 190 110 300 80% 80% 130 120 250 80% 80% |

SCHEME OF EXAMINATION: PHASE 2 (At the end of 5th Semester) 2nd MBBS (JANUARY- 2016)

| Subject | Theory & Oral | Practical | Internal Assessment (Theory + Practical) | Total Marks |
|-----------------------------------|---------------|-----------|---|-------------|
| Pharmacology | 61/95 | 18/25 | 17/30 | 96/150 |
| Pathology | 57/95 | 13/25 | 17/30 | 87/150 |
| Microbiology | 53/95 | 17/25 | 17/30 | 87/150 |
| Forensic Medicine & Toxicology | 26/50 | 21/30 | 9/20 | 56/100 |
| Total | | | LES HELDER | 326/550 |



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THIRD YEAR MBBS PART-1 (FEBRUARY 2016-JANUARY 2017)

| Subject | Theory | Practical | Total Hours | Actual Attendance | | ance |
|-----------------------------|--------|-----------|-------------|-------------------|-----------|-------------|
| | | | | Theory | Practical | Total Hours |
| Community Medicine (PSM) | 50 | 66 | 116 | 80% | 80% | 80% |
| Ophthalmology | 100 | 180 | 280 | 80% | 80% | 80% |
| Otorhinolaryngology | 70 | 144 | 214 | 80% | 80% | 80% |

SCHEME OF EXAMINATION: PHASE 3(At the end of 7th Semester) 3rd MBBS PART-1 (JANUARY 2017)

| Subject | Theory & Oral | Practical | Internal Assessment (Theory+ Practical) | Total Marks |
|---------------------------|---------------|-----------|--|-------------|
| Community Medicine (PSM) | 72/130 | 17/30 | 23/40 | 112/200 |
| Ophthalmology | 37/50 | 21/30 | 13/20 | 71/100 |
| Otorhinolaryngology (ENT) | 32/50 | 15/30 | 10/20 | 57/100 |
| Total | | | | 240/400 |



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THIRD YEAR MBBS PART-2 (FEBRUARY 2017-JANUARY 2018)

| Subject | Theory (Including Tutorials And Revision) | Practical | Total Hours | Ac | Actual Attendance | |
|---|--|-----------|-------------|--------|-------------------|----------------|
| | | | | Theory | Practical | Total Hours |
| General Medicine Including -Psychiatry -Respiratory Medicine -Dermatology | 530 | 468 | 998 | 80% | 80% | 80% |
| General Surgery | 300 | 468 | 768 | 80% | 80% | 80% |
| Orthopedics | 100 | 180 | 280 | 80% | 80% | 80% |
| Anesthesia | 20 | 36 | 56 | 80% | 80% | 80% |
| Radiology | 20 | 36 | 56 | 80% | 80% | 80% |
| Dentistry | 10 | 36 | 46 | 80% | 80% | 80% |
| Obstetrics & Gynecology | 300 | 468 | 768 | 80% | 80% | 80% |
| Pediatrics | 100 | 180 | 280 | 80% | 80% | 80% |
| | | | | | - | |

SCHEME OF EXAMINATION: PHASE 4(At the end of 9th Semester)
3rd MBBS PART-2 (JANUARY 2018)

| Subject | Theory & Oral | Practical | Internal Assessment (Theory + Practical) | Total Marks |
|-----------------------------|---------------|-----------|---|-------------|
| Medicine | 87/140 | 61/100 | 34/60 | 182/300 |
| General Surgery | 80/140 | 57/100 | 28/60 | 165/300 |
| Obstetrics & Gynarcology | 56/100 | 44/60 | 26/40 | 126/200 |
| Paediatrics | 33/50 | 21/30 | 10/20 | 64/100 |
| Total | | | | 537/900 |





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CLINICAL CLERKSHIP CERTIFICATE OF DR.TIWARI ASHISH

SATYANARAYAN

(From August 2014 - November 2017)

| NAME OF POSTING | PERIOD OF POSTING | SUPERVISING PHYSICIAN |
|--------------------|--|------------------------|
| General Medicine | 3 rd Semester- 21.09.2014 - 15.10.2014 & 31.10.2014- 22.11.2014 5 th Semester- 25.08.2015 - 13.09.2015 7 th Semester- 26.08.2016 - 19.09.2016 8 th Semester- 21.03.2017 - 02.05.2017 9 th Semester- 29.08.2017 - 25.09.2017 | Dr. Jaishree Ghanekar |
| Dermatology & V.D. | 4 th Semester- 21.05.2015 - 09.06.2015 6 th Semester- 12.02.2016 - 20.02.2016 8 th Semester- 09.07.2017 - 22.07.2017 | Dr. Hemangi Jerajani |
| Chest & T.B. | 4 th Semester- 10.04.2015 - 30.04.2015 | Dr. P.V. Potdar |
| Psychiatry | 7 th Semester- 20.09.2016 - 02.10.2016 | Dr. Rakesh Ghildiyal |
| General Surgery | 3 th Semester- 23.11.2014 – 21.12.2014 5 th Semester- 14.09.2015 – 03.10.2015 7 th Semester- 01.08.2016 – 25.08.2016 8 th Semester- 03.05.2017 – 14.06.2017 9 th Semester- 01.08.2017 – 28.08.2017 | Dr. Siddharth Dubhashi |





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| Orthopaedics | 5 th Semester- 04.10.2015 - 23.10.2015 6 th Semester- 30.05.2016 - 20.06.2016 8 th Semester- 06.03.2017 - 20.03.2017 9 th Semester- 10.10.2017- 23.10.2017 | |
|----------------------------------|--|--------------------|
| Radiology | 7 th Semester-03.10.2016 - 14.10.2016 | Dr. A. D. Gursale |
| Community Medicine | 3 rd Semester- 04.08.2014 - 07.09.2014 4 th Semester- 10.02.2015 - 28.02.2015 6 th Semester- 04.03.2016 - 25.03.2016 | Dr. Seema Anjenaya |
| Casualty (Emergency Medicine) | 5 th Semester- 16.11.2015 - 25.11.2015 6 th Semester- 21.02.2016- 03.03.2016 | Dr. D.B. Bhusare |
| Dentistry | 5 th Semester- 24.10.2015 - 31.10.2015 | Dr. Sivashankar |
| Obstetrics & Gynecology | 3 rd Semester -08.09.2014- 20.09.2014 4 th Semester-01.03.2015- 20.03.2015 5 th Semester-05.08.2015 24.08.2015 7 th Semester -15.10.2016- 26.10.2016 &: 03.11.2016 -15.11.2016 8 th Semester -15.06.2017- 08.07.2017 9 th Semester -24.10.2017- 20.11.2017 | Dr. Sushil Kumar |



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| Pediatrics | 4 th Semester- 21.03.2015 - 09.04.2015 6 th Semester- 21.06.2016 - 12.07.2016 7 th Semester- 20.10.2014 - 31.10.2014 8 th Semester 06.02.2017- 05.03.2017 9 th Semester-26.09,2017- 09.10.2017 | Dr. Mohanty |
|---------------------|---|------------------|
| Otorhinolaryngology | 4 th Semester- 30.06.2015 - 19.07.2015 6 th Semester- 26.03.2016- 16.04.2016 | Dr. Suman P. Rao |
| Ophthalmology | 4 th Semester- 10.06.2015 - 29.06.2015 6 th Semester- 17.04.2016 - 30.04.2016 & 21.05.2016 -29.05.2016 | Dr. Abidhi Nahed |



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ROTATORY INTERNSHIP TRAINING

DR. TIWARI ASHISH SATYANARAYAN has completed his one year compulsory Rotatory internships from 03.02.2018 to 15.03.2019.

| Group | Name Of Department | No. of Days |
|-------|---|-------------|
| 1 | SURGERY | |
| | 1] General Surgery | 45 |
| | 2] Anesthesia | 15 |
| 2 | MEDICINE | |
| | 1] General Medicine | 45 |
| | 2] Psychiatry | 15 |
| 3 | COMMUNITY MEDICINE | |
| | 1] Rural community posting | 30 |
| | 2] Urban health centre posting | 15 |
| | 3] Departmental posting | 15 |
| 4 | CCL/BLOOD BANK/FMT/RADIOLOGY/DERMATOLOGY | 15 |
| 5 | CASUALTY (EMERGENCY MEDICINE) | 15 |
| 6 | OPHTHALMOLOGY | 15 |
| 7 | OTORHINOLARYNGOLOGY | 15 |
| 8 | ORTHOPAEDICS including PMR | 30 |
| 9 | PEDIATRICS | 30 |
| 10 | OBSTETRICS AND GYNAECOLOGY: including family welfare planning | 60 |
| 11 | ORIENTATION | 05 |



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M.G.M. Medical ege & Hospital Kamothe, Navi Mumbai - 410209 **ECFMG CERTIFICATION OF IDENTIFICATION FORM (FORM 186)**



ECFMG ID® Number: 0-982-367-5

Name: Ashish Satyanarayan Tiwari

Date of Birth: 02 Oct 1995

Gender: Male





IMPORTANT NOTE: When completed and submitted to ECFMG, this Certification of Identification Form will become part of your ECFMG record.

All information on the Certification of Identification Form is subject to verification and acceptance by ECFMG. This form will be used to identify you when you submit an application to ECFMG for any of its programs or services, including an application for a USMLE® Step or Step Component.

CERTIFICATION OF IDENTIFICATION BY OFFICIAL (To be completed by official)

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by:
(a) comparing his/her physical appearance with the photograph printed hereto, (b) comparing his/her physical appearance with the passport photograph, and (c) comparing his/her original passport with the copy of the attached passport.

The statements in this document were subscribed and sworn to before me by the individual.

| x charny 3 arrett | 04/06/2019 in Virginia Beach, Virginia. |
|-----------------------|---|
| Signature of Official | Date (mm/dd/yyyy) |

APPLICANT RELEASE OF INFORMATION AND CERTIFICATION (To be completed by physician)

Release of Information Authorization

I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information to ECFMG bearing on the content of my request or any document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment.

I hereby authorize ECFMG to transmit any information in its possession, or that may otherwise become available to ECFMG, bearing on the content of my request or any other document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment, and determinations of irregular behavior to any federal, state, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

I also extend absolute immunity to, and release, other agencies, medical schools, universities, institutions, hospitals and clinics, and registration and licensing authorities providing information, their employees, representatives, directors, and officers, and any third parties and organizations for their acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations, or disclosures involving me, made in good faith and without malice, requested by ECFMG.

I HAVE READ, UNDERSTOOD, AND AGREE TO THIS RELEASE OF INFORMATION AUTHORIZATION AND I INTEND TO BE LEGALLY BOUND BY IT.

Certification

I certify that I am the individual named above, am represented in the attached photograph, the attached passport is a copy of the passport that was issued to me, and that the signature below is my signature.

I hereby certify that I have read, understood, and agree to all of the above statements. I also certify that I have read the Policies and Procedures Regarding Irregular Behavior and agree to abide by these policies and procedures. I certify I understand that, as provided in the Policies and Procedures Regarding Irregular Behavior, among other things, ECFMG may find that submission of falsified documents to ECFMG during the certification process constitutes irregular behavior, which could result in actions including permanent revocation of or permanent bar to ECFMG Certification, and permanent annotation of my ECFMG record, among other things. I also certify that I have read, understood and agree to the ECFMG Privacy Notice, which is available on the ECFMG website at https://www.ecfmg.org/annofprivacy.html.

X ASHISH SCATYCANCARCAYCAN TITUCARI 04/06/2019
Signature of Applicant
THIS CERTIFICATION OF IDENTIFICATION FORM (FORM 186) MUST BE SUBMITTED TO ECFMG BY 02 APR 2020

3624 Market Street
Philadelphia PA 19104-2685
215-386-5900 | 215-386-6327
www.ecfmg.org

VERIFICATION OF MEDICAL EDUCATION

INSTRUCTIONS TO THE DEAN

The individual identified on the attached *Medical School Release Request*, *Certification of Identification Form*, or *Certification Statement* has authorized your medical school to provide to the Educational Commission for Foreign Medical Graduates (ECFMG) any and all information pertaining to his/her education at your institution. Please complete this VERIFICATION OF MEDICAL EDUCATION form and return it to ECFMG with the attached medical diploma and a final medical school transcript in the enclosed, addressed envelope.

RE: Avneet Kaur Manjeet Singh Arora (Name on Document Arora Avneet Kaur Manjeet Singh)

1-071-660-3

Mahatma Gandhi Mission's Medical College, Navi Mumbai Sector 18, Kamothe Navi Mumbai 410209 Maharashtra

Navi Mumbai 410209 Manarashtra

INDIA

Please notify ECFMG if the name of your institution has changed or is different from the name displayed.

SECTION 1: MEDICAL SCHOOL TRANSCRIPT

Attach an official medical school transcript in the original language that displays course grades or marks, not just hours, to this Verification of Medical Education form and return to ECFMG – Affix your official stamp to the transcript – Non-English language transcripts must include a word-for-word English language translation prepared by a recognized translator – An official English language version medical school transcript is also acceptable – Transcripts returned to ECFMG under separate cover must include the individual's ECFMG Identification Number to prevent processing delays.

SECTION 2A: CERTIFICATION

By my signature below, I certify: (1) the information provided on this form is an accurate account of the above named individual's official records maintained in this medical school and is true and correct to my knowledge, and, (2) that I am authorized to certify this on behalf of this institution as reported to ECFMG on an Authorized Signature List for Medical School Officials or other official notification from this institution.

Signature, Printed Name, Title and Official Seal must match samples provided to ECFMG by the medical school



Signature:

Printed Name: Lissy Santosh Varghese

Title: Head Clerk (Co-ordinator)

Date of Signature: 21 April 2022

Phone: 912227437991 Fax: 912227431094

SECTION 2B: DEGREE CERTIFICATION Email: 1mgmmcnbpg@gmail.com

This individual:

Was conferred/issued the degree of **Bachelor of Medicine and Bachelor of Surgery** on **30/08/2016** (dd/mm/yyyy) and the attached medical diploma is authentic and correct.

- Or -

Was not conferred/issued a degree or the attached diploma is not authentic and correct because:

English 327-A English Version 2 USMLE: 1-071-660-3 MedSchool Code: 495467 Print Date: 4/21/2022 Page 1 of 3

SECTION 3A: PRE-MEDICAL EDUCATION

Years of education required for admission to your medical school: 14 years

Credential/degree presented by the applicant for admission to your medical school: 12 th Standard

Did this individual transfer credits to your medical school from another institution? YES () NO (X)

If you checked 'YES' please print the name of the institution(s) from where the credits were transferred:

SECTION 3B: MEDICAL EDUCATION

Enrollment and Participation: Our records indicate that **Avneet Kaur Manjeet Singh Arora** attended our medical school for total of **282** weeks of medical education on the following dates:

From 16/07/2010 (dd/mm/yyyy) To 18/02/2016 (dd/mm/yyyy)

SECTION 4: UNUSUAL CIRCUMSTANCES

The following questions apply to unusual circumstances that occurred during <u>any part</u> of the individual's medical education. Please provide dates and requested information if you check "YES" to questions 1-5.

1. Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? YES () NO (X)

If you checked "YES" please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

| | From Month/Year | To Month/Year | Approved | <u>Unapproved</u> |
|--|-----------------|---------------|----------|-------------------|
| Personal/Family | _/ | _/ | () | () |
| Academic remediation | _/ | | () | () |
| <u>Health</u> | _/ | _/ | () | () |
| Financial | | _1 | () | () |
| Participation in joint degree | | | | |
| Program (e.g., MD/PhD) | | | () | () |
| Participation in non-research special study (e.g., fellowship, | | | | |
| international experience) | | _1 | () | () |
| Participation in non-degree | | | | |
| research | _/ | _/ | () | () |
| Other | _/ | | () | \mathbf{O} |
| Please Specify: | | | | |

English 327-A English Version 2 USMLE: 1-071-660-3 MedSchool Code: 495467 Print Date: 4/21/2022 Page 2 of 3

| rom Month / Year | |
|-------------------------|---|
| _! .! .! | |
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| plined for unprofession | onal conduct/behavioral reasons by the |
| | |
| ormation about the ci | rcumstances and outcome(s): |
| ubject of negative re | ports or an investigation by the medica |
| ormation about the ci | rcumstances and outcome(s): |
| ons or special requir | ements imposed on the individual |
| mo, or any outer road | |
| ormation about the na | ature of the limitations or special |
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| 1 | formation about the ci |

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Philadelphia PA 19104-2685
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www.ecfmg.org

495467

RE: Avneet Kaur Manjeet Singh Arora (Name on Document: Arora Avneet Kaur Manjeet Singh)
1-071-660-3

I hereby certify that the attached diploma or other credential is authentic and correct and I am authorized to certify this on behalf of this institution as reported to ECFMG by official notification from this institution.

Signature: Date: 11 April 2022

Name (Printed or Typed)

Head Clerk (Co-ordinator)

Title

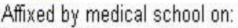
Mahatma Gandhi Mission's Medical College, Navi Mumbai

Name of Medical School





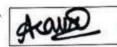
11 April 2022



MGM INSTITUTE OF HEALTH SCIENCES

We, the Chancellor, Vice Chancellor and Members of the Board of Management, on the recommendation of the Academic Council of MGM Institute of Health Sciences

Certify that the withinsigned |



Ms. Arora Avneet Kaur Manjeet Singh

PRN: 10010240

DOB: 16/11/1992

Father's Name: Manjeet Singh

Mother's Name: Harvinder Kaur

of Mahatma Gandhi Mission's Medical College, Navi Mumbai

having been examined for the Degree of



Bachelor of Medicine and Bachelor of Surgery

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has passed the Examination held in January 2015 and completed one year Compulsory Rotatory Internship.

The said Degree has been conferred on him / her at the Sixth Convocation held on the 30th day of August, 2016 at Aurangabad.

In testimony whereof are set the Seal of the said University and the signature of the Vice Chancellor.





Vice Chancellor



3624 Market Street
Philadelphia PA 19104-2685
215-386-5900 | 215-386-6327
www.ecfmg.org

495467

RE: Avneet Kaur Manjeet Singh Arora (Name on Document: Arora Avneet Kaur Manjeet Singh)
1-071-660-3

I hereby certify that the attached transcript or other credential is authentic and correct and I am authorized to certify this on behalf of this institution as reported to ECFMG by official notification from this institution.

Signature: Date: 21 April 2022

| Na | ne (Printed or Typed) | |
|---------|-----------------------|--|
| Head Cl | erk (Co-ordinator) | |
| | Title | |

MEN STANOTHE A

Mahatma Gandhi Mission's Medical College, Navi Mumbai

Name of Medical School





Affixed by medical school on: 21 April 2022

MAHATMA GANDHI MISSION'S, MEDICAL COLLEGE

Sector – 1, Kamothe, Navi Mumbai – 410209.
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TRANSCRIPT OF MEDICAL STUDIES FOR DEGREE OF BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (M.B.B.S)

This is to certify that Miss. Arora Avneet Kaur Manjeet Singh, born on 16th November 1992 is a Graduated student of Mahatma Gandhi Mission's Medical College, Kamothe, Navi Mumbai for the degree of Bachelor of Medicine and Bachelor of Surgery (M.B.B.S) of MGM Institute of Health Sciences (MGMIHS), Navi Mumbai, India from July 2010.

She has passed First, Second, Third (Third-Part 1) & Final (Third-Part 2) MBBS examinations of Mahatma Gandhi Mission's Institute of Health Sciences, Navi Mumbai, held in July 2011, January 2013, January 2014 & January 2015 respectively from this college. She is has finished herone-year compulsory rotatory internship. During her tenure at this college, she has attended the below mentioned prescribed subjects for the degree of MBBS.

FIRST YEAR MBBS (AUGUST 2010 TO JULY 2011)

| SUBJECT | THEORY (Including tutorials and revision) | Actual Attendance in Theory | PRACTI CAL | Actual Attendance in Practical | TOTAL HOURS | Actual Attend ance |
|------------------------------|--|-----------------------------------|---------------|---|----------------|--------------------------|
| 1)HUMAN ANATOMY | 220 | 80% | 430 | 80% | 650 | 80% |
| 2)PHYSIOLOGY | 160 | 80% | 320 | 80% | 480 | 80% |
| 3)BIOCHEMISTR Y | 80 | 80% | 160 | 80% | 240 | 80% |
| 4)COMMUNITY MEDICINE(PSM) | 30 | 80% | 30 | 80% | 60 | 80% |

SCHEME OF EXAMINATION: PHASE 1 (At the end of 2ND Semester)

| Subject | Theory | Oral/Viva | Practical | Internal assessment (theory +practical) | Total marks |
|------------------|--------|-----------|-----------|---|-------------|
| Human Anatomy | 64/100 | 15/20 | 23/40 | 31/40 | 133/200 |
| Physiology | 59/100 | 10/20 | 25/40 | 30/40 | 124/200 |
| Biochemistry | 64/100 | 13/20 | 28/40 | 32/40 | 137/200 |
| Total | | | | | 394/600 |







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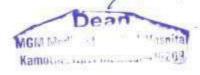
SECOND YEAR MBBS (AUGUST 2011 TO JANUARY 2013)

| SUBJECT | THEORY (Including tutorials and revision) | Actual Attendance in Theory | PRACTICAL | Actual Attenda nce in Practical | TOTAL HOURS | Actual Attend ance |
|-----------------------------|---|-----------------------------------|-----------|--|----------------|--------------------------|
| PHARMACOLOGY | 180 | 80% | 120 | 80% | 300 | 80% |
| PATHOLOGY | 190 | 80% | 110 | 80% | 300 | 80% |
| MICROBIOLOGY | 130 | 80% | 120 | 80% | 250 | 80% |
| FORENSIC MEDICINE | 60 | 80% | 40 | 80% | 100 | 80% |
| COMMUNITY MEDICINE (PSM) | 68 | 80% | 132 | 80% | 200 | 80% |

SCHEME OF EXAMINATION: PHASE 2 (At the end of 5THSemester)
2nd MBBS (JANUARY 2013)

| SUBJECT | THEORY & ORAL | PRACTICAL | INTERNAL ASSESSMENT (THEORY + PRACTICAL) | TOTAL MARKS |
|----------------------|------------------|-----------|---|-------------|
| PHARMACOLOGY | 61/95 | 21/25 | 23/30 | 105/150 |
| PATHOLOGY | 61/95 | 21/25 | 22/30 | 98/150 |
| MICROBIOLOGY | 63/95 | 23/25 | 22/30 | 108/150 |
| FORENSIC MEDICINE | 29/50 | 24/30 | 15/20 | 68/100 |
| Total | | | | 379/550 |







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THIRD YEAR MBBS PART-1 (FEBRUARY 2013-JANUARY 2014)

| SUBJECT | THEORY | Actual Attendan ce in Theory | PRACTIC AL | Actual Attendan ce in Practical | TOTAL HOURS | Actual Attenda nce |
|------------------------------|--------|---------------------------------------|---------------|---------------------------------|----------------|--------------------------|
| 1)COMMUNITY MEDICINE(PSM) | 50 | 80% | 66 | 80% | 116 | 80% |
| 2)OPHTHALMOLO GY | 100 | 80% | 180 | 80% | 280 | 80% |
| 3)OTORHINOLAR YNGOLOGY | 70 | 80% | 144 | 80% | 214 | 80% |

SCHEME OF EXAMINATION: PHASE 3(At the end of 7th Semester)
3rd MBBS PART-1 (JANUARY 2014)

| SUBJECT | THEORY & ORAL | PRACTICAL | INTERNAL ASSESSMENT (THEORY+ PRACTICAL) | TOTAL MARKS |
|----------------------------------|------------------|-----------|--|-------------|
| COMMUNITY MEDICINE (PSM) | 85/130 | 25/30 | 26/40 | 136/200 |
| OPHTHALMOL OGY | 37/50 | 20/30 | 13/20 | 70/100 |
| OTORHINOLA RYNGOLOGY (ENT) | 35/50 | 21/30 | 14/20 | 70/100 |
| TOTAL | | | | 276/400 |







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THIRD YEAR MBBS PART-2 (FEBRUARY 2014 TO JANUARY 2015)

| SUBJECT | THEORY(I ncluding tutorials and revision) | Actual Attend ance in Theory | C | Attendanc e in Practical | TOTAL HOURS | Actual Attenda nce |
|--|--|---------------------------------------|-----------|--------------------------------|----------------|--------------------------|
| 1)GENERAL MEDICINE INCLUDING -PSYCHIATRY -TRACHEO - BRONCHIAL AND CHEST DISEASES AND DERMATOLOGY | 530 | 80% | 468 | 80% | 998 | 80% |
| 2)SURGERY | | | | | | |
| GENERAL SURGERY | 300 | 80% | 468 | 80% | 768 | 80% |
| ORTHOPAEDICS ANAESTHESIA | 100 20 | 80% 80% | 180 36 | 80% 80% | 280 56 | 80% 80% |
| RADIOLOGY | 20 | 80% | 36 | 80% | 56 | 80% |
| DENTISTRY | 10 | 80% | 36 | 80% | 46 | 80% |
| B)OBSTETRICS AND GYNAECOLOG Y | 300 | 80% | 468 | 80% | 768 | 80% |
| PEDIATRICS | 100 | 80% | 180 | 80% | 280 | 80% |







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SCHEME OF EXAMINATION: PHASE 3(At the end of 9th Semester)

3rd MBBS PART-2 (JANUARY 2015)

| Subject | Theory & Oral | Practical | Internal assessment (T heory + practical) | Total marks |
|------------------------------------|------------------|-----------|---|-------------|
| MEDICINE AND ALLIED SUBJECTS | 94/140 | 64/100 | 37/60 | 195/300 |
| GENERAL SURGERY | 85/140 | 59/100 | 39/60 | 183/300 |
| OBSTETRICS AND GYNAECOLOGY | 65/100 | 43/60 | 26/40 | 134/200 |
| PEDIATRICS | 32/50 | 16/30 | 11/20 | 59/100 |
| TOTAL | | | | 571/900 |







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CLINICAL CLERKSHIP CERTIFICATE OF MISS.ARORA AVNEET KAUR MANJEET SINGH

(From August 2011 - February 2015)

| NAME OF POSTING | om August 2011 – February 20 PERIOD OF POSTING | SUPERVISING PHYSICIAN |
|-------------------|--|-----------------------|
| General Medicine | 3rd Semester- 20.09.2011 - 15.10.2011& 31.10.2011- 15.11.2011 5th Semester- 21.08.2012 - 04.09.2012 7th Semester- 21.08.2013 - 09.09.2013 8th Semester- 15.03.2014 - 25.04.2014 9th Semester- 24.09.2014 - 20.10.2014 | Dr. Jaishree Ghanekar |
| Dermatology &V.D. | 4th Semester- 23.02.2012 - 03.03.2012 5th Semester- 06.08.2012 - 20.08.2012 8th Semester- 05.03.2014 - 14.03.2014 | Dr. Hemangi Jairajani |
| Chest & T.B. | 4th Semester- 11.02.2012 - 22.02.2012 | Dr. P.V. Potdar |
| Psychiatry | 7th Semester- 01.08.2013 - 20.08.2013 | Dr. Rakesh Ghildiyal |
| General Surgery | 3 th Semester-16.11.2011 – 05.01.2012 5 th Semester- 05.09.2012 – 19.09.2012 7 th Semester- 10.09.2013 – 29.09.2013 8 th Semester- 26.04.2014 – 06.06.2014 9 th Semester- 21.10.2014 – 16.11.2014 | Dr. Kalyan Shetti |







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| Orthopaedics | | |
|----------------------------------|--|-------------------|
| | 5th Semester- 20.09.2012 - 04.10.2012 6th Semester- 18.06.2013 - 16.07.2013 8th Semester- 07.07.2014 - 18.07.2014 9th Semester- 28.08.2014 - 10.09.2014 | Dr. Alfven Viera |
| Radiology | 7th Semester- 16.11.2013 - 25.11.2013 | Dr. A D Gursale |
| Community Medicine | 3rd Semester- 08.08.2011 - 05.09.2011 4th Semester- 07.04.2012 - 30.04.2012 6th Semester- 05.03.2013 - 02.04.2013 | Dr. SeemaAnjenaya |
| Casualty (Emergency Medicine) | 6th Semester- 19.02.2013 - 04.03.2013 | Dr. DeepaliRajpal |
| Dentistry | 4th Semester- 04.03.2012 15.03.2012 5th Semester- 20.10.2012 - 03.11.2012 | Dr. Sivashankar |
| Obstetrics &Gynaecology | 3rd Semester- 06.09.2011 - 19.09.2011 4th Semester- 16.03.2012 - 06.04.2012 5th Semester- 05.10.2012 - 19.10.2012 7th Semester- 30.09.2013- 19.10.2013 8th Semester- 07.06.2014 - 06.07.2014 9th Semester- 01.08.2014 - 27.08.2014 | Dr. B. G. Boricha |







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| Pediatrics | 4th Semester- 01.02.2012 - 10.02.2012 6 th Semester-04.02.2013- 18.02.2013 7th Semester- 20.10.2013 - 31.10.2013 8th Semester- 03.02.2014 - 04.03.2014 9th Semester- 11.09.2014 - 23.09.2014 | Dr. Mohanty |
|---------------------|---|------------------|
| Otorhinolaryngology | 4th Semester- 22.05.2012 - 11.06.2012 6th Semester- 03.04.2013 - 30.04.2013 | Dr. Suman P. Rao |
| Ophthalmology | 4th Semester- 12.06.2012 - 03.07.2012 6th Semester- 21.05.2013 - 17.06.2013 | Dr.N.Abidi |







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ROTATORY INTERNSHIP TRAINING

Miss. Arora Avneet Kaur Manjeet Singh has completed her one year compulsory RotatoryInternshipas of 17.02.2015 to 16.02.2016

| Group | Name Of Department | No. Of Days |
|-------|---|-------------|
| I. | COMMUNITY MEDICINE | 60 |
| | i. Rural community posting. | 30 |
| | ii. Urban Health Centre postings. | 15 |
| | iii. Departmental posting. | 15 |
| П. | MEDICINE | |
| | i. General Medicine | 45 |
| | Ii. Psychiatry | 15 |
| 11. | SURGERY | |
| | i.General Surgery | 45 |
| | ii. Anesthesia | 15 |
| ν. | OBSTETRICS AND GYNAECOLOGY: including family welfare planning | 60 |
| /. | PEDIATRICS | 30 |
| /I. | ORTHOPAEDICS including PMR | 30 |
| II. | OTORHINOLARYNGOLOGY | 15 |
| Ήι. | OPHTHALMOLOGY | 15 |
| Χ. | CASUALTY (EMERGENCY MEDICINE) | 15 |
| | CCL/BLOOD BANK /FMT/RADIOLOGY/DERMATOLOGY | 15 |
| 1 | ORIENTATION | 05 |



MGM Medical Co Hospita Kamothe, lagvi manual 410269

ECFMG CERTIFICATION OF IDENTIFICATION FORM (FORM 186)



ECFMG ID® Number: 1-071-660-3 Name: Avneet Kaur Manjeet Singh Arora

Date of Birth: 16 Nov 1992

Gender: Female



IMPORTANT NOTE: When completed and submitted to ECFMG, this Certification of Identification Form will become part of your ECFMG record.

All information on the Certification of Identification Form is subject to verification and acceptance by ECFMG. This form will be used to identify you when you submit an application to ECFMG for any of its programs or services, including an application for a USMLE® Step or Step Component.

CERTIFICATION OF IDENTIFICATION BY OFFICIAL (To be completed by official)

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by:
(a) comparing his/her physical appearance with the photograph printed hereto, (b) comparing his/her physical appearance with the passport photograph, and (c) comparing his/her original passport with the copy of the attached passport.

The statements in this document were subscribed and sworn to before me by the individual.

| x Britany Prebendit | 06/05/2019 Notary Public, Chesterfield, VA |
|-----------------------|--|
| Signature of Official | Date (mm/dd/yyyy) |

APPLICANT RELEASE OF INFORMATION AND CERTIFICATION (To be completed by physician)

Release of Information Authorization

I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information to ECFMG bearing on the content of my request or any document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment.

I hereby authorize ECFMG to transmit any information in its possession, or that may otherwise become available to ECFMG, bearing on the content of my request or any other document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment, and determinations of irregular behavior to any federal, state, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

I also extend absolute immunity to, and release, other agencies, medical schools, universities, institutions, hospitals and clinics, and registration and licensing authorities providing information, their employees, representatives, directors, and officers, and any third parties and organizations for their acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations, or disclosures involving me, made in good faith and without malice, requested by ECFMG.

I HAVE READ, UNDERSTOOD, AND AGREE TO THIS RELEASE OF INFORMATION AUTHORIZATION AND I INTEND TO BE LEGALLY BOUND BY IT.

Certification

I certify that I am the individual named above, am represented in the attached photograph, the attached passport is a copy of the passport that was issued to me, and that the signature below is my signature.

I hereby certify that I have read, understood, and agree to all of the above statements. I also certify that I have read the Policies and Procedures Regarding Irregular Behavior and agree to abide by these policies and procedures. I certify I understand that, as provided in the Policies and Procedures Regarding Irregular Behavior, among other things, ECFMG may find that submission of falsified documents to ECFMG during the certification process constitutes irregular behavior, which could result in actions including permanent revocation of or permanent bar to ECFMG Certification, and permanent annotation of my ECFMG record, among other things. I also certify that I have read, understood and agree to the ECFMG Privacy Notice, which is available on the ECFMG website at https://www.ecfmg.org/anno/privacy.html.

| Avneet Kaur Manjeet Singn Arrora | 00/03/2013 |
|---|----------------------|
| | |
| Signature of Applicant | Date (mm/dd/yyyy) |
| THIS CERTIFICATION OF IDENTIFICATION FORM (FORM 186) MUST BE SUBMITTED TO | ECFMG BY 03 JUN 2020 |

06/05/2010

3624 Market Street Philadelphia PA 19104-2685 215-386-5900 | 215-386-6327 www.ecfmg.org

VERIFICATION OF MEDICAL EDUCATION

INSTRUCTIONS TO THE DEAN

The individual identified on the attached *Medical School Release Request*, *Certification of Identification Form*, or *Certification Statement* has authorized your medical school to provide to the Educational Commission for Foreign Medical Graduates (ECFMG) any and all information pertaining to his/her education at your institution. **Please complete this VERIFICATION OF MEDICAL EDUCATION form and return it to ECFMG with the attached medical diploma and a final medical school transcript in the enclosed, addressed envelope.**

RE: Hemali Mahendra Rochlani

0-965-836-0

Mahatma Gandhi Mission's Medical College, Navi Mumbai

Sector 18. Kamothe

Navi Mumbai 410209 Maharashtra

INDIA

Please notify ECFMG if the name of your institution has changed or is different from the name displayed.

SECTION 1: MEDICAL SCHOOL TRANSCRIPT

Attach an official medical school transcript in the original language that displays course grades or marks, not just hours, to this Verification of Medical Education form and return to ECFMG – Affix your official stamp to the transcript – Non-English language transcripts must include a word-for-word English language translation prepared by a recognized translator – An official English language version medical school transcript is also acceptable – Transcripts returned to ECFMG under separate cover must include the individual's ECFMG Identification Number to prevent processing delays.

SECTION 2A: CERTIFICATION

By my signature below, I certify: (1) the information provided on this form is an accurate account of the above named individual's official records maintained in this medical school and is true and correct to my knowledge, and, (2) that I am authorized to certify this on behalf of this institution as reported to ECFMG on an Authorized Signature List for Medical School Officials or other official notification from this institution.

Signature, Printed Name, Title and Official Seal must match samples provided to ECFMG by the medical school



Signature:

Printed Name: Lissy Santosh Varghese

Title: Head Clerk (Co-ordinator)

Date of Signature: 01 September 2021

Phone: 912227437991 Fax: 912227431094

SECTION 2B: DEGREE CERTIFICATION Email: 1mgmmcnbpg@gmail.com

This individual:

Was conferred/issued the degree of **Bachelor of Medicine and Bachelor of Surgery** on **30/08/2016** (dd/mm/yyyy) and the attached medical diploma is authentic and correct.

- Or -

Was not conferred/issued a degree or the attached diploma is not authentic and correct because:

English 327-A English Version 2 USMLE: 0-965-836-0 MedSchool Code: 495467 Print Date: 9/1/2021 Page 1 of 3

SECTION 3A: PRE-MEDICAL EDUCATION

Years of education required for admission to your medical school: 14 years

Credential/degree presented by the applicant for admission to your medical school: HSC (12 Standard)

Did this individual transfer credits to your medical school from another institution? YES () NO (X)

If you checked 'YES' please print the name of the institution(s) from where the credits were transferred:

SECTION 3B: MEDICAL EDUCATION

Enrollment and Participation: Our records indicate that Hemali Mahendra Rochlani attended our medical school for total of 284 weeks of medical education on the following dates:

From 29/09/2009 (dd/mm/yyyy) To 04/08/2015 (dd/mm/yyyy)

SECTION 4: UNUSUAL CIRCUMSTANCES

The following questions apply to unusual circumstances that occurred during <u>any part</u> of the individual's medical education. Please provide dates and requested information if you check "YES" to questions 1-5.

1. Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? YES () NO (X)

If you checked "YES" please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

| | From Month/Year | To Month/Year | Approved | <u>Unapproved</u> |
|--|-----------------|---------------|----------|-------------------|
| Personal/Family | _/ | _/ | () | () |
| Academic remediation | _/ | | () | () |
| <u>Health</u> | _/ | _/ | () | () |
| Financial | | _1 | () | () |
| Participation in joint degree | | | | |
| Program (e.g., MD/PhD) | | | () | () |
| Participation in non-research special study (e.g., fellowship, | | | | |
| international experience) | | _1 | () | () |
| Participation in non-degree | | | | |
| research | _/ | _/ | () | () |
| Other | _/ | | () | \mathbf{O} |
| Please Specify: | | | | |

| If you checked "YES" please select the reason(s) for probation and attach additional documentation to the second s | for the probation, indicate the date(s) of placement on and removal from this report. |
|--|--|
| | From Month / Year To Month / Year |
| Academic Probation | |
| Probation for unprofessional conduct/behavioral_ | |
| Probation for other reason | |
| Please specify reason: | |
| Does this individual's official record reflect that he/she v medical school or parent university? YES () NO (X) | was ever disciplined for unprofessional conduct/behavioral reasons by |
| | |
| If you checked "YES" please provide detailed docu | mentation/information about the circumstances and outcome(s): |
| | |
| Does this individual's official record reflect that he/she vischool or parent university? YES () NO (X) | umentation/information about the circumstances and outcome(s): was ever the subject of negative reports or an investigation by the med umentation/information about the circumstances and outcome(s): |
| Does this individual's official record reflect that he/she was school or parent university? YES () NO (X) If you checked "YES" please provide detailed documents of the control of the c | was ever the subject of negative reports or an investigation by the med |
| Does this individual's official record reflect that he/she vischool or parent university? YES () NO (X) If you checked "YES" please provide detailed document of the control of the cont | was ever the subject of negative reports or an investigation by the med imentation/information about the circumstances and outcome(s): |
| Does this individual's official record reflect that he/she vischool or parent university? YES () NO (X) If you checked "YES" please provide detailed documents of the control of the con | was ever the subject of negative reports or an investigation by the med imentation/information about the circumstances and outcome(s): ere any limitations or special requirements imposed on the individual iplinary problems, or any other reason? YES () NO (X) |

English 327-A English Version 2 USMLE: 0-965-836-0 MedSchool Code: 495467 Print Date: 9/1/2021 Page 3 of 3

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495467

RE: Hemali Mahendra Rochlani 0-965-836-0

I hereby certify that the attached diploma or other credential is authentic and correct and I am authorized to certify this on behalf of this institution as reported to ECFMG by official notification from this institution.

Signature: Date: 01 September 2021

Lissy Santosh Varghese

Name (Printed or Typed)

Head Clerk (Co-ordinator)

Title

Mahatma Gandhi Mission's Medical College, Navi Mumbai

Name of Medical School







Affixed by medical control of No. TITUTE OF HEALTH SCIENCES Deemed University u/s 3 of UGC Act, 1956

01 September 2021

We, the Chancellor, Vice Chancellor and Members of the Board of Management, on the recommendation of the Academic Council of MGM Institute of Health Sciences

Certify that the withinsigned wedden



Ms. Rochlani Hemali Mahendra

PRN: 0901222

DOB: 12/07/1991

Father's Name: Mahendra Rochlani

Mother's Name: Rita Rochlani

of Mahatma Gandhi Mission's Medical College, Navi Mumbai

having been examined for the Degree of

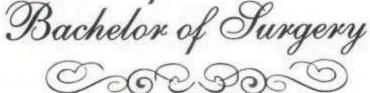


COC DOC

Bachelor of Medicine and

RECEIVED SEP 1 2 2016

ECFMG



has passed the Examination held in January 2014 and completed one year Compulsory Rotatory Internship.

The said Degree has been conferred on him / her at the Sixth Convocation held on the 30th day of August, 2016 at Aurangabad.

In testimony whereof are set the Seal of the said University 09658360 and the signature of the Vice Chancellor.





Lucean

3624 Market Street
Philadelphia PA 19104-2685
215-386-5900 | 215-386-6327
www.ecfmg.org

495467

RE: Hemali Mahendra Rochlani 0-965-836-0

I hereby certify that the attached transcript or other credential is authentic and correct and I am authorized to certify this on behalf of this institution as reported to ECFMG by official notification from this institution.

Signature: Date: 06 September 2021

Lissy Santosh Varghese

Name (Printed or Typed)

Head Clerk (Co-ordinator)

Title

Mahatma Gandhi Mission's Medical College, Navi Mumbai

Name of Medical School





Affixed by medical school on: 06 September 2021



Mahatma Gandhi Mission's

MEDICAL COLLEGE

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TRANSCRIPT OF MEDICAL STUDIES FOR DEGREE OF BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (M.B.B.S)

This is to certify that Ms.Rochlani Hemali Mahender, born on 12th July 1991, was a student of Mahatma Gandhi Mission's Medical College, Kamothe, Navi Mumbai for the degree of Bachelor of Medicine and Bachelor of Surgery (M.B.B.S) of MGM Institute of Health Sciences (MGMIHS), Navi Mumbai, India from July 2009. She passed First, Second, Third (Part 1) & Final (Third Part 2) MBBS examinations of Mahatma Gandhi Mission's Institute of Health Sciences, Navi Mumbai, held in July 2010, January 2012, January 2013 & January 2014 respectively from this college.

She has successfully completed her one year compulsory rotatory internship on 4th August, 2015. During her period above her conduct and character are found to be good and she has completed the following hours and clinical rotations.

FIRST YEAR MBBS (JULY 2009 - JUNE 2010)

| SUBJECT | THEORY (Including Tutorials and Revision) | PRACTICAL | TOTAL HOURS |
|----------------------------|---|-----------|-------------|
| HUMAN ANATOMY | 220 | 430 | 650 |
| PHYSIOLOGY | 160 | 320 | 480 |
| BIOCHEMISTRY | 80 | 160 | 240 |
| COMMUNITY MEDICINE(PSM) | 30 | 30 | 60 |

SCHEME OF EXAMINATION: PHASE 1 (At the end of 2nd Semester) 1st MBBS (JULY 2010)

| SUBJECT | THEORY | ORAL/ VIVA | PRACTICAL | INTERNAL ASSESSMENT (Theory + Practical) | TOTAL MARKS |
|---------------|--------|---------------|-----------|--|----------------|
| HUMAN ANATOMY | 52/120 | 12/20 | 22/40 | 21/40 | 107/200 |
| PHYSIOLOGY | 53/120 | 14/20 | 27/40 | 19/40 | 113/200 |
| BIOCHEMISTRY | 51/120 | 10/20 | 26/40 | 22/40 | 109/200 |
| TOTAL | | | | | 329/600 |





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SECOND VEAR MRBS (AUGUST 2010 - DECEMBER 2011)

| SUBJECT | THEORY (Including tutorials and revision) | PRACTICAL | TOTAL HOURS | |
|----------------------------|---|-----------|-------------|--|
| PHARMACOLOGY | 180 | 120 | 300 | |
| PATHOLOGY | 190 | 110 | 300 | |
| MICROBIOLOGY | 130 | 120 | 250 | |
| FORENSIC MEDICINE | 60 | 40 | 100 | |
| COMMUNITY MEDICINE(PSM) | 68 | 132 | 200 | |

SCHEME OF EXAMINATION: PHASE 2 (At the end of 5th Semester)2nd MBBS (JANUARY 2012)

| SUBJECT | THEORY & ORAL | PRACTICAL | INTERNAL ASSESSMENT (Theory + Practical) | TOTAL MARKS |
|----------------------|------------------|-----------|--|----------------|
| PATHOLOGY | 48/95 | 20/25 | 17/30 | 85/150 |
| MICROBIOLOGY | 55/95 | 20/25 | 17/30 | 92/150 |
| PHARMACOLOGY | 55/95 | 18/25 | 21/30 | 94/150 |
| FORENSIC MEDICINE | 25/50 | 19/30 | 12/20 | 56/100 |
| Total | | | | 327/550 |



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End Medica Goge & Hospital Mother, Navi Membai - 410209



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E-mail: mgmmcnb@gmail.com, Web: www.mgmmedicalcollege.org.in

THIRD YEAR MBBS PART-1(FEBRUARY 2012 - DECEMBER 2012)

| SUBJECT | THEORY | PRACTICAL | TOTAL HOURS | | |
|-----------------------------|--------|-----------|-------------|--|--|
| COMMUNITY MEDICINE (PSM) | 50 | 66 | 116 | | |
| OPHTHALMOLOGY | 100 | 180 | 280 | | |
| OTORHINOLARYNGOLOGY | 70 | 144 | 214 | | |

SCHEME OF EXAMINATION: PHASE 3(At the end of 7th Semester) 3rd MBBS PART-1 (JANUARY 2013)

| SUBJECT | THEORY & ORAL | PRACTICAL | INTERNAL ASSESSMENT (Theory+ Practical) | THE PROPERTY AND ADDRESS OF THE PARTY OF THE |
|------------------------------|------------------|-----------|--|--|
| COMMUNITY MEDICINE (PSM) | 82/130 | 22/30 | 21/40 | 125/200 |
| OPHTHALMOLOGY | 25/50 | 16/30 | 14/20 | 55/100 |
| OTORHINOLARYNGOLOGY (ENT) | 31/50 | 20/30 | 10/20 | 61/100 |
| TOTAL | | | | 241/400 |



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THIRD YEAR MBBS PART-2

(FEBRUARY 2013 - DECEMBER 2013)

| SUBJECT | THEORY (Including Tutorials and Revision) | PRACTICAL | TOTAL HOURS | |
|---|---|-----------|-------------|--|
| GENERAL MEDICINE (INCLUDING PSYCHIATRY, RESPIRATORY DISEASES AND DERMATOLOGY) | 530 | 468 | 998 | |
| SURGERY | | | | |
| GENERAL | 300 | 468 | 768 | |
| SURGERY | 100 | 180 | 280 | |
| ORTHOPAEDICS ANAESTHESIA | 20 | 36 | 56 | |
| RADIOLOGY | 20 | 36 | 56 | |
| DENTISTRY | 10 | 10 | 20 | |
| OBSTETRICS & GYNAECOLOGY | 300 | 468 | 768 | |
| PEDIATRICS | 100 | 180 | 280 | |

SCHEME OF EXAMINATION: PHASE 3(At the end of 9th Semester 3rd MBBS PART-2 (JANUARY 2014)

| SUBJECT | THEORY & ORAL | PRACTICAL | INTERNAL ASSESSMENT (Theory + Practical) | TOTAL MARKS |
|---------------------------------|---------------|-----------|--|----------------|
| MEDICINE AND ALLIED SUBJECTS | 91/140 | 68/100 | 38/60 | 197/300 |
| GENERAL SURGERY | 89/140 | 66/100 | 42/60 | 197/300 |
| OBSTETRICS & GYNAECOLOGY | 61/100 | 47/60 | 29/40 | 137/200 |
| PEDIATRICS | 29/50 | 16/30 | 13/20 | 58/100 |
| TOTAL | | | | 589/900 |

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M.C. M. Medical College & Hospital namethe, Navi Mumbal - 415 273



MEDICAL COLLEGE

Sector - 1, Kamothe, Navi Mumbai - 410 209. Ph: (022) 27433404, 27437991, 27437900 Fax: (022) 27432459

E-mail: mgmmcnb@gmail.com, Web: www.mgmmedicalcollege.org.in

CLINICAL CLERKSHIP CERTIFICATE OF MS.ROCHLANI HEMALI MAHENDER(From July 2009 – February 2014)

| NAME OF POSTING | R(From July 2009 – Febru PERIOD OF POSTING | SUPERVISING PHYSICIAN |
|-----------------------|--|--------------------------|
| GENERAL MEDICINE | 3 rd Semester- 24.11.2010 - 12.01.2011 5 th Semester- 31.10.2011 - 29.11.2011 7 th Semester- 05.10.2012 - 19.10.2012 8 th Semester- 01.05.2013 - 12.06.2013 9 th Semester- 24.09.2013 - 20.10.2013 | Dr. Jaishree Ghanekar |
| DERMATOLOGY & V.D. | 4 th Semester- 12.06.2011 - 21.06.2011 6 th Semester- 21.05.2012 - 04.06.2012 8 th Semester- 05.03.2013 - 18.03.2013 | Dr. Satish Udare |
| CHEST & T.B. | 4 th Semester- 02.06.2011 - 11.06.2011 | |
| PSYCHIATRY | 7 th Semester- 26,09.2012 - 04.10.2012 | Dr. Rakesh Ghildiyal |
| COMMUNITY MEDICINE | 3 rd Semester- 13.10.2010 - 23.11.2010 4 th Semester- 06.04.2011 - 04.05.2011 6 th Semester- 01.02.2012 - 29.02.2012 | |
| GENERAL SURGERY | 3 rd Semester- 01.08.2010 - 20.09.2010 5 th Semester- 08.08.2011 - 04.09.2011 7 th Semester- 20.10.2012 - 03.11.2012 8 th Semester- 13.06.2013 - 25.07.2013 9 th Semester- 21.10.2013 - 16.11.2013 | Dr. Ashok Kalyanshetty |



Dean. M.C.M. Medical College & Hospital Kamatee, Navi Manthai - 410289



MEDICAL COLLEGE

Sector - 1, Kamothe, Navi Mumbai - 410 209. Ph: (022) 27433404, 27437991, 27437900 Fax: (022) 27432459 E-mail: mgmmcnb@gmail.com, Web: www.mgmmedicalcollege.org.in

| ORTHOPAEDICS | 5 th Semester- 05.09.2011 - 02.10.2011 6 th Semester- 19.06.2012 - 17.07.2012 8 th Semester- 17.04.2013 - 30.04.2013 9 th Semester- 28.08.2013 - 10.09.2013 | |
|-------------------------------------|--|-------------------|
| RADIOLOGY | 7 th Semester- 05.09.2012 - 19.09.2012 | Dr. A. D. Gursale |
| CASUALTY (EMERGENCY MEDICINE) | 6 th Semester- 05.06.2012 - 18.06.2012 | |
| OBSTETRICS & GYNAECOLOGY | 3 rd Semester- 21.09.2010 - 12.10.2010 4 th Semester- 02.07.2011 - 21.07.2011 5 th Semester- 10.10.2011 - 30.10.2011 7 th Semester- 06.08.2012 - 20.08.2012 8 th Semester- 04.02.2013 - 04.03.2013 9 th Semester- 01.08.2013 - 27.08.2013 | |
| PEDIATRICS | 4th Semester- 23.05.2011 - 01.06.2011 7th Semester- 21.08.2012 - 04.09.2012 8th Semester- 19.03.2013 - 16.04.2013 9th Semester- 11.09.2013 - 23.09.2013 | |



Mahatma Gandhi Mission's

MEDICAL COLLEGE

Sector - 1, Kamothe, Navi Mumbai - 410 209. Ph: (022) 27433404, 27437991, 27437900 Fax: (022) 27432459

E-mail: mgmmcnb@gmail.com. Web: www.mgmmedicalcollege.org.in

| DENTISTRY | 4 th Semester- 22,06,2011 - 01,07,2011 5 th Semester- 03,10,2011 - 09,10,2011 | Dr. Sivashankar |
|-------------------------|--|------------------|
| OTORHINOLARYNGOL OGY | 4 th Semester- 07.02.2011 - 07.03.2011 6 th Semester- 01.03.2012 - 29.03.2012 | Dr. Suman P. Rao |
| OPHTHALMOLOGY | 4th Semester- 08.03.2011 - 05.04.2011 6th Semester- 30.03.2012 - 30.04.2012 | Dr. Abidi Naheed |



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M.G.M. Medical Joseph & Hospital Kamo, Jc., Navi Mumbai - 410209



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MEDICAL COLLEGE

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ROTATORY INTERNSHIP TRAINING

Ms.Rochlani Hemali Mahender has competed her one year compulsory Rotatory Internships from 01.02.2014 to 04.08.2015.

| Group | Name Of Department | No. of Days |
|-------|---|-------------|
| 1. | COMMUNITY MEDICINE | |
| | i. Rural community posting. | 30 |
| | ii. Urban health centre postings. | 15 |
| | iii. Departmental posting. | 15 |
| П. | MEDICINE | |
| | i. General Medicine | 45 |
| | ii. Psychiatry | 15 |
| 111. | SURGERY | |
| | i,General Surgery | 45 |
| | ii.Anaesthesia | 15 |
| IV. | OBSTETRICS AND GYNAECOLOGY: including family welfare planning | 60 |
| V. | PEDIATRICS | 30 |
| VI. | ORTHOPAEDICS including PMR | 30 |
| VII. | OTORHINOLARYNGOLOGY | 15 |
| VIII. | OPHTHALMOLOGY | 15 |
| IX. | CASUALTY (EMERGENCY MEDICINE) | 15 |
| Χ. | CCL/BLOOD BANK /FMT/RADIOLOGY/DERMATOLOGY | 15 |
| XI | ORIENTATION | 05 |

Dean.

Wannothe, Novi Munibal - 410209

Date of Birth: 12 Jul 1991

USMLE®/ECFMG® ID Number: 0-965-836-0

Reference Code: S0000198832 Name: Hemali Mahendra Rochlani

Medical School: Mahatma Gandhi Mission's Medical College, Navi Mumbai

Attendance Dates: August 2009 to February 2014

Expected Graduation Date: May 2015 Expected Degree Date: June 2015

RECEIVED

JAN 0 2 2015

ECFMG MAJLROOM RP



Certifying official must sign below

When completed and submitted to ECFMG, this Certification of Identification Form (Form 186) will become a part of your ECFMG record and will be used to identify you when you submit an application to ECFMG for a USMLE Step or Step Component within five years from the date this form is evaluated and accepted by ECFMG.

Sign this Form 186 in the presence of an authorized of ficial of your medical school, Certification of Identification Forms must be sent to ECFMG directly from the office of the official who witnesses the applicant's signature. All information on an application and on the Certification of Identification Form is subject to verification and acceptance by the Educational Commission for Foreign Medical Graduates.

HEMALI ROCHLANI MAHENDRA

I certify that I am the individual named above, am represented in the attached photograph(s), the photograph(s) were taken within 6 months of the date of this Certification of Identification Form and that the signature below is my signature.

I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information to ECFMG bearing on the content of my application or any other document submitted to ECFMG including, but not limited to, records, diplomes, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment. I hereby authorize ECFMG to transmit any information in its possession, or that may otherwise become available to ECFMG, bearing on the content of my application or any other document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment, to any fiederal, state, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information. For further information regarding ECFMG's data collection and privacy practices, please refer to our privacy policy available on the ECFMG website at www.ecfmg.org/annc/privacy.html.

Signature of Applicant (in Latin Characters) X

Date: 23 12 2014 (day/month/year)

Certification by Medical School Official:

I hereby certify that the photograph, signature and information entered in all parts of this form, including medical school, attendance dates, and graduation and degree dates, accurately apply to the individual named above and that this individual is a student of the institution indicated below.

Signature of Medical School Official (in Latin Characters) X

(Signature must an expensive on record with ECFMG)

MGM Medical Culings & Hospital Kamotha, Navi Mumbai-410209

Date: 23 12 2014 (day/month/year)

DEAN

Official Title (in Latin Characters with English translation, where applicable)

MAHATMA MANIOHI MISSION'S MEDICAL COLLEGE

Mail To: IWA ECFMG 3624 Market Street, 4th Floor, Philadelphia, PA 19104-2685 USA

Form 186 - Type A, Rev. Sep 2010

Yes. I have printed this Certification of Identification Form.

PROCESSED

JAN 16 -9015



495467

Name of Record: Shettigar, Reshma Purushottam Name on Document: SHETTIGAR RESHMA PURSHOTTAM EPIC ID: C-SR130523

I hereby certify that the attached Final Medical Diploma or other credential is authentic and correct and I am authorized to certify this on behalf of this institution as reported to ECFMG by official notification from this institution.

| Signature: () | Date: 18 August 2022 |
|----------------|----------------------|
| | |
| | |

| Lissy Santosh Varghese | | | |
|--|-----------------|--|--|
| Name (Printed or Typed) | | | |
| Head Clerk (Co-ordinator) | | | |
| Title | | | |
| Mahatma Gandhi Mission's Medical Colle | ge, Navi Mumbai | | |
| Name of Medical School | | | |



MAHARASHTRA UNIVERSITY F HEALTH SCIENCES, NASHIK

Affixed by madical school on 18 August 2the Vice-Chancellor, the Members of the Management Council and the Academic Council of the Maharashtra University of Health Sciences, Nashik, certify that

Shri/Smt.

MUMBAI

SHETTIGAR RESHMA PURSHOTTAM

of Mahatma Gandhi Mission's Medical College, Kamothe, Navi Mumbai

having been examined and found duly qualified for the

Bachelor of Medicine & Bachelor of Surgery

in Nov.-2006

the said Degree has been conferred on him/her. In testimony whereof is set the seal of the said University.

PRN 0103122866 15th May 2008 WICE-CHANCELLOR











महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

आम्ही, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे कुलपति, प्रकुलपति, कुलगुरू, व्यवस्थापन परिषद व विद्यापरिषद सदस्य प्रमाणित करतो की, कामोठे, नवी मुंबई येथील महात्मा गांधी मिशनचे वैद्यकीय महाविद्यालया चे/च्या

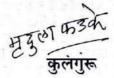
शेट्टीगर रेश्मा पुरुषोत्तम

हे/हया नोव्हेंबर-२००६ मध्ये

वैद्यक आणि शल्यचिकित्सा स्नातक

परीक्षा उत्तीर्ण झाल्याबद्दल त्यांना ही पदवी प्रदान करण्यात येत आहे.

याची साक्ष म्हणून विद्यापीठाची अधिकृत मुद्रा येथे अंकित करण्यात येत आहे.



Electronic Portfolio of International Credentials (EPIC) IDENTIFICATION FORM **Educational Commission for Foreign Medical Graduates ECFMG®** 3624 Market Street, Philadelphia, PA 19104 (215) 966-3900 info@ecfmgepic.org



Name: Reshma Purushottam Shettigar

Date of Birth: 13-Oct-1984 Gender: FEMALE

IMPORTANT NOTE: When completed and submitted to ECFMG this EPIC Identification Form will become part of your ECFMG record. All information on the EPIC Identification Form is subject to verification and acceptance by ECFMG.

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph printed hereto, (b) comparing his/her physical appearance with the passport

The statements in this document are subscribed and sworn to before me by the individual on this 19 day, of the month of March in the year 2022. Notary Public of Nottoway County VA Title (with English translation, if not in English) Signature of Official

Completed via Remote Online Notarization using 2way Audio/Video Technology

APPLICANT RELEASE OF INFORMATION AND CERTIFICATION (To be completed by physician) Release of Information Authorization

CERTIFICATION OF IDENTIFICATION BY OFFICIAL (To be completed by official)

photograph, and (c) comparing his/her original passport with the copy of the attached passport.

I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information to ECFMG bearing on the content of my request or any document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment

I hereby authorize ECFMG to transmit any information in its possession, or that may otherwise become available to ECFMG, bearing on the content of my request or any other document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment, to any federal, state, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

I also extend absolute immunity to, and release, other agencies, medical schools, universities, institutions, hospitals and clinics, and registration and licensing authorities providing information, their employees, representatives, directors, and officers, and any third parties and organizations for their acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations, or disclosures involving me, made in good faith and without malice, requested by ECFMG.

I HAVE READ, UNDERSTOOD AND AGREE TO THIS RELEASE OF INFORMATION AUTHORIZATION.

I certify that I am the individual named above, am represented in the attached photograph, the attached passport is a copy of the passport that was issued to me, and that the signature below is my signature.

I hereby certify that I have read, understood, and agree to all of the above statements. I also certify that I have read, understood, and agree to the ECFMG Privacy Notice. I also certify that I have read the ECFMG Policies and Procedures Regarding Irregular Behavior and agree to abide by these policies and procedures. I certify I understand that, as provided in the ECFMG Policies and Procedures Regarding Irregular Behavior, among other things, ECFMG may find that submission of falsified documents to ECFMG through EPIC constitutes irregular behavior, which could result in actions including permanent revocation of or permanent bar to ECFMG Certification, among other things.

| Reshma Purushottam Shettigar | March | 19 | 2022 |
|------------------------------|-------|----|------|
| Signature of Applicant | Date | | |



Official: Seal/stamp must cover a portion of the photo and of the passport.

KAYDEN A TYSON **Electronic Notary Public** Commonwealth of Virginia

Applicant's Passport Withheld

For security reasons, ECFMG does not provide applicants' passport information to third-parties.



495467

Name of Record: Roy, Jigisha Romell
Name on Document: CHARNIA JIGISHA GIRISH
EICS ID: E0206803-9

I hereby certify that the attached Final Medical Diploma or other credential is authentic and correct and I am authorized to certify this on behalf of this institution as reported to ECFMG by official notification from this institution.

Signature: Date: 01 December 2021

Name (Printed or Typed)

Head Clerk (Co-ordinator)

Title

Mahatma Gandhi Mission's Medical College, Navi Mumbai

Name of Medical School





Affixed by medical school on: Of December 2021

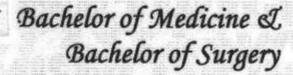
MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

We, the Chancellor, the Pro-Chancellor, the Vice-Chancellor, the Members of the Management Council and the Academic Council of the Maharashtra University of Health Sciences, Nashik. certify that

Shri / Smt. CHARANIA JIGISHA GIRISH

of Mahatma Gandhi Mission's Medical College, Kamothe, Navi Mumbai

> having been examined and found duly qualified for the



in June-2007 the said Degree has been conferred on him / her. In testimony whereof is set the seal of the said University.

PRN 0103120713 25th May 2009

VICE-CHANCELLOR













महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

आम्ही, महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे कुलपति, प्रकुलपति, कुलगुरु, व्यवस्थापन परिषद व विद्यापरिषद सदस्य प्रमाणित करतो की.

कामोठे, नवी मुंबई येथील महात्मा गांधी मिशनचे वैद्यकीय महाविद्यालया चे/च्या

चारणीया जिगीषा गीरीष हे / हया जून-२००७ मध्ये

वैद्यक आणि शल्यचिकित्सा स्नातक

परीक्षा उत्तीर्ण झाल्याबददल त्यांना ही पदवी प्रदान करण्यात येत आहे.

याची साक्ष म्हणून विद्यापीठाची अधिकृत मुद्रा येथे जंकित करण्यात येत आहे.

GANGA PRASAD GREATER MUMBAL MAHARASHTRA

NOTARIA CERTIFIED TO BE TRUE COPY VERIFIED WITH TO ORIGINAL 2 2 AUG 2019 GANGA PRA

ADVOCATE & NOTARY Govt of India Gr. Mumbal Maharashtra Reg. No 4180





ADDRESS

2283 St. Laurent Blvd., Suite 100 Ottawa, ON CANADA K1G 5A2

CONTACT WWW.MCC.CA Tel: 613-520-2240 Fax: 613-248-5234 Email: service@mcc.ca

CONSENT TO RELEASE OF INFORMATION FOR CREDENTIALS VERIFICATION

All candidates submitting a Source Verification Request ("SVR") are required to complete and sign this Medical Council of Canada ("MCC") Consent to Release of Information for Credentials Verification ("Consent") with each SVR.

Verification of credentials:

I authorize every person, institution, licensing, regulatory, educational, training and credentials verification authorities of any state, province or country in which I hold or may have held a license to practice my profession, hospital, clinic, and other medical facilities, government agency (local, state, provincial, federal or foreign), law enforcement agency or other third parties and organizations, and their representatives, to release information, records, transcripts, and other documents, concerning my professional qualifications and competence, ethics, character and other information pertaining to me to MCC or ECFMG/EICS directly at 3624 Market Street, Philadelphia, PA 19104, U.S.A. For greater certainty, any of my information, documents or records already in MCC's possession, including personal information, may be used by MCC for credentials verification purposes and be subject to the terms and conditions of this Consent.

I acknowledge and agree that information, documents and records requested by MCC or ECFMG/EICS, to be furnished by any other organization, educational institution, hospital, individual or any person or groups of persons must be sent directly by such persons or organizations to MCC or ECFMG/EICS and that MCC and ECFMG/EICS will not accept such information, records or documents forwarded by me.

ECFMG/EICS, a company incorporated in the United States, is subject to the USA Patriot Act. Under the terms of the USA Patriot Act, ECFMG/EICS could be required to provide access to MCC candidate information and documentation, which are submitted by MCC to them, as requested by one or more of the governmental authorities granted rights under the USA Patriot Act. Furthermore, under the USA Patriot Act, ECFMG/EICS would be prohibited from disclosing that such access had been provided.

Immunity and Release:

I hereby extend absolute immunity to, and release, discharge and hold harmless from any and all liability:

- (1) ECFMG/EICS and MCC and their respective employees, agents, representatives, members, directors and officers;
- (2) any person, licensing, regulatory, educational, training or credentials verification entity and any hospital, clinic or other medical facility, government agency (local, state, provincial, federal or foreign) and law enforcement agency providing information pursuant to the terms and conditions of this Consent, and their respective employees, agents, representatives, members, directors and officers; and
- (3) any third parties and organizations and their respective employees, agents, representatives, members, directors and officers.

(collectively known as the "MCC Group"), for or in respect of any acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested or received by any member of the MCC Group.

A photocopy or facsimile of this Consent form shall be as valid as the original and shall be valid from the date signed.

DR: TIGISHA ROMELL ROY

Current legal name (given name(s) and surname) (print)

Date (yyyymm/dd)

MCC | Consent to Release - SVR

VERIFICATION OF MEDICAL EDUCATION

INSTRUCTIONS TO THE DEAN

The individual identified on the attached *Medical School Release Request*, *Certification of Identification Form*, or *Certification Statement* has authorized your medical school to provide to the Educational Commission for Foreign Medical Graduates (ECFMG) any and all information pertaining to his/her education at your institution. Please complete this VERIFICATION OF MEDICAL EDUCATION form and return it to ECFMG with the attached medical diploma and a final medical school transcript in the enclosed, addressed envelope.

RE: Neha Balachandran (Name on Document: Neha Balachandran)

0-985-882-0

Mahatma Gandhi Mission's Medical College, Navi Mumbai

Sector 18, Kamothe

Navi Mumbai 410209 Maharashtra

INDIA

Please notify ECFMG if the name of your institution has changed or is different from the name displayed.

SECTION 1: MEDICAL SCHOOL TRANSCRIPT

Attach an official medical school transcript in the original language that displays course grades or marks, not just hours, to this Verification of Medical Education form and return to ECFMG – Affix your official stamp to the transcript – Non-English language transcripts must include a word-for-word English language translation prepared by a recognized translator – An official English language version medical school transcript is also acceptable – Transcripts returned to ECFMG under separate cover must include the individual's ECFMG Identification Number to prevent processing delays.

SECTION 2A: CERTIFICATION

By my signature below, I certify: (1) the information provided on this form is an accurate account of the above named individual's official records maintained in this medical school and is true and correct to my knowledge, and, (2) that I am authorized to certify this on behalf of this institution as reported to ECFMG on an Authorized Signature List for Medical School Officials or other official notification from this institution.

Signature, Printed Name, Title and Official Seal must match samples provided to ECFMG by the medical school



Signature:

Printed Name: Lissy Santosh Varghese

Title: Head Clerk (Co-ordinator)

Date of Signature: 02 November 2021

Phone: 912227437991 Fax: 912227431094

SECTION 2B: DEGREE CERTIFICATION Email: 1mgmmcnbpg@gmail.com

This individual:

Was conferred/issued the degree of **Bachelor of Medicine and Bachelor of Surgery** on **27/06/2015** (dd/mm/yyyy) and the attached medical diploma is authentic and correct.

- Or -

Was not conferred/issued a degree or the attached diploma is not authentic and correct because:

English 327-A English Version 2 USMLE: 0-985-882-0 MedSchool Code: 495467 Print Date: 11/2/2021 Page 1 of 3

SECTION 3A: PRE-MEDICAL EDUCATION

Years of education required for admission to your medical school: 14 years

Credential/degree presented by the applicant for admission to your medical school: HSC (12 Standard)

Did this individual transfer credits to your medical school from another institution? YES () NO (X)

If you checked 'YES' please print the name of the institution(s) from where the credits were transferred:

SECTION 3B: MEDICAL EDUCATION

Enrollment and Participation: Our records indicate that Neha Balachandran attended our medical school for total of 284 weeks of medical education on the following dates:

From 01/08/2009 (dd/mm/yyyy) To 09/04/2015 (dd/mm/yyyy)

SECTION 4: UNUSUAL CIRCUMSTANCES

The following questions apply to unusual circumstances that occurred during <u>any part</u> of the individual's medical education. Please provide dates and requested information if you check "YES" to questions 1-5.

1. Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? YES () NO (X)

If you checked "YES" please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

| | From Month/Year | To Month/Year | Approved | Unapproved |
|--|-----------------|---------------|--------------|------------|
| Personal/Family | _/ | | () | () |
| Academic remediation | | | () | () |
| <u>Health</u> | | I | () | () |
| Financial | | _1 | () | () |
| Participation in joint degree | | | | |
| Program (e.g., MD/PhD) | | _/ | () | () |
| Participation in non-research special study (e.g., fellowship, | | | | |
| international experience) | | | () | () |
| Participation in non-degree | | | | |
| research | _/ | _/ | () | () |
| <u>Other</u> | | _/_ | \mathbf{O} | () |
| Please Specify: | | | | |

| If you checked "YES" please select the reason(s) for the probation and attach additional documentation to this | | e(s) of placement on and removal from |
|--|---|--|
| | From Month / Year | |
| Academic Probation_ | | _/ |
| Probation for unprofessional conduct/behavioral Probation for other reason | | |
| Fiobation to other reason | <u> </u> | |
| Please specify reason: | | |
| Does this individual's official record reflect that he/she was | over dissiplined for upprefessi | ional conduct/habouiaral reasons bu |
| Does this individual's official record reflect that he/she was medical school or parent university? YES () NO (X) If you checked "YES" please provide detailed documents | | |
| medical school or parent university? YES () NO (X) | ntation/information about the o | circumstances and outcome(s): |
| If you checked "YES" please provide detailed document. Does this individual's official record reflect that he/she was | ntation/information about the o | circumstances and outcome(s): eports or an investigation by the med |
| If you checked "YES" please provide detailed docume Does this individual's official record reflect that he/she was school or parent university? YES () NO (X) | ntation/information about the of- ever the subject of negative re ntation/information about the of- | circumstances and outcome(s): eports or an investigation by the mec circumstances and outcome(s): |

English 327-A English Version 2 USMLE: 0-985-882-0 MedSchool Code: 495467 Print Date: 11/2/2021 Page 3 of 3

495467

RE: Neha Balachandran (Name on Document: Neha Balachandran) 0-985-882-0

I hereby certify that the attached diploma or other credential is authentic and correct and I am authorized to certify this on behalf of this institution as reported to ECFMG by official notification from this institution.

Signature: Date: 01 November 2021

Lissy Santosh Varghese

Name (Printed or Typed)

Head Clerk (Co-ordinator)

Title

Mahatma Gandhi Mission's Medical College, Navi Mumbai

Name of Medical School

MEN MEN CO CATE OF THE PERSON OF THE PERSON



Affixed by medical school on:

01 November 2021MGM INSTITUTE OF HEALTH SCIENCES

Deemed University u/s 3 of UGC Act, 1956

We, the Chancellor, Vice Chancellor and Members of the Board of Management, on the recommendation of the Academic Council of MGM Institute of Health Sciences

Certify that the withinsigned

John B.

Ms. Neha Balachandran DOB: 21/11/1991

Father's Name: Balachandran R.

Mother's Name: Prema Balachandran

of Mahatma Gandhi Mission's Medical College, Navi Mumbai

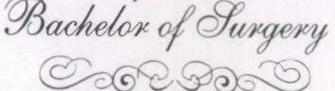
having been examined for the Degree of

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Bachelor of Medicine and

SEP 2 1 2015

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MAIL BOOM BE



has passed the Examination held in January 2014 and completed one year Compulsory Rotatory Internship.

The said Degree has been conferred on him / her at the Fifth Convocation held on the 27th day of June, 2015 at Aurangabad.

In testimony whereof are set the Seal of the said University and the signature of the Vice Chancellor.





Kamothe, Navi Mumbai-410209

Vice Chancellor

495467

RE: Neha Balachandran (Name on Document: Neha Balachandran) 0-985-882-0

I hereby certify that the attached transcript or other credential is authentic and correct and I am authorized to certify this on behalf of this institution as reported to ECFMG by official notification from this institution.

Signature: Date: 02 November 2021

Name (Printed or Typed)

Head Clerk (Co-ordinator)

Title

Mahatma Gandhi Mission's Medical College, Navi Mumbai

Name of Medical School







MEDICAL COLLECT

MEDICAL COLLEGE

Sector – 1, Kamothe, Navi Mumbai – 410209. Ph: (022), 27423404, 27427991, 27427900 Fax: (022) 27422459

Affixed by medical school or all manusch@gmail.com, Web: www.mgmmumbai.ac.in

02 November 2021 of medical studies for degree of bachelor of medicine and bachelor of surgery (m.b.b.s)

This is to certify that Miss Neha Balachandran, born on 21 November 1991, was a student of Mahatma Gandhi Mission's Medical College, Kamothe, Navi Mumbai for the degree of Bachelor of Medicine and Bachelor of Surgery (M.B.B.S.) of Mahatma Gandhi Mission's Institute of Health Sciences (MGMIHS), Kamothe, Navi Mumbai, India, from the period of August 2009 and passed the First, Second, Third (Part-I) and Final(part-II) M.B.B.S. Examinations of MGMIHS, Kamothe, Navi Mumbai, held in July 2010, January 2012, January 2013 & January 2014 respectively from this college. She successfully completed one year compulsory rotatory internship from 01.02.2014 till 9th April 2015.

During her tenure at this college, she attended the below mentioned prescribed subjects for the degree of M.B.B.S.

FIRST YEAR MBBS (JULY 2009 TO JULY 2010)

| SUBJECT | THEORY (Including tutorials and revision) | PRACTICAL | TOTAL HOURS |
|------------------------------|---|-----------|-------------|
| 1)HUMAN ANATOMY | 220 | 430 | 650 |
| 2)PHYSIOLOGY | 160 | 320 | 480 |
| 3)BIOCHEMISTRY | 80 | 160 | 240 |
| 4)COMMUNITY MEDICINE(PSM) | 30 | 30 | 60 |

SCHEME OF EXAMINATION: PHASE 1 (AT THE END OF SECOND SEMESTER 1ST MBBS (JULY 2010)

| Subject | Theory | Oral/Viva | Practical | Internal assessment (theory + practical) | Total marks |
|------------------|--------|-----------|-----------|--|-------------|
| Human Anatomy | 58/100 | 13/20 | 29/40 | 25/40 | 125/200 |
| Physiology | 58/100 | 10/20 | 25/40 | 30/40 | 123/200 |
| Biochemistry | 58/100 | 16/20 | 28/40 | 28/40 | 130/200 |
| Total | | | | | 378/600 |

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E-mail: mgmmcnb@gmail.com, Web: www.mgmmumbai.ac.in

SECOND YEAR MBBS (AUGUST 2010 TO JANUARY 2012)

| SUBJECT | THEORY (Including tutorials and revision) | PRACTICAL | TOTAL HOURS |
|----------------------------|---|-----------|-------------|
| PHARMACOLOGY | 180 | 120 | 300 |
| PATHOLOGY | 190 | 110 | 300 |
| MICROBIOLOGY | 130 | 120 | 250 |
| FORENSIC MEDICINE | 60 | 40 | 100 |
| COMMUNITY MEDICINE(PSM) | 68 | 132 | 200 |

SCHEME OF EXAMINATION: PHASE 2 (AT THE END OF 5TH SEMESTER) 2ND MBBS (JANUARY, 2012)

| Subject | Theory& Oral Viva | Practical | Internal assessment (Theory + practical) | Total marks |
|----------------------|----------------------|-----------|--|----------------|
| PHARMACOLOGY | 58/95 | 20/25 | 22/30 | 100/150 |
| PATHOLOGY | 57/95 | 19/25 | 18/30 | 94/150 |
| MICROBIOLOGY | 57/95 | 20/25 | 21/30 | 98/150 |
| FORENSIC MEDICINE | 29/50 | 20/30 | 13/20 | 62/100 |
| Total | | | Month of the second | 354/550 |

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MAHATMA GANDHI MISSION'S,

MEDICAL COLLEGE

Sector – 1, Kamothe, Navi Mumbai – 410209.

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E-mail: mgmmcnb@gmail.com, Web: www.mgmmumbai.ac.in

THIRD YEAR MBBS PART-1 (FEBRUARY 2012- JANUARY 2013)

| SUBJECT | THEORY | PRACTICAL | TOTAL HOURS |
|-----------------------|--------|-----------|-------------|
| 1)COMMUNITY | 50 | 66 | 116 |
| MEDICINE(PSM) | | | |
| 2)OPHTHALMOLOGY | 100 | 180 | 280 |
| 3)OTORHINOLARYNGOLOGY | 70 | 144 | 214 |

SCHEME OF EXAMINATION: PHASE 3 (AT THE END OF 7TH SEMESTER) 3RD MBBS PART-1 (JANUARY, 2013)

| Subject | Theory AND Oral Viva | Practical | Internal Assessment (Theory+ Practical) | Total marks |
|------------------------------|----------------------------|-----------|--|-------------|
| COMMUNITY MEDICINE(PSM) | 80/130 | 22/30 | 24/40 | 126/200 |
| OPHTHALMOLOGY | 29/50 | 18/30 | 14/20 | 61/100 |
| OTORHINOLARYNGOLOGY (ENT) | 27/50 | 21/30 | 11/20 | 59/100 |
| TOTAL | | | | 246/400 |

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THIRD YEAR MBBS PART-2(February 2013 TO January 2014)

| SUBJECT | THEORY(Including tutorials and revision) | PRACTICAL | TOTAL HOURS |
|--|--|------------------------------|------------------------------|
| 1)GENERAL MEDICINE INCLUDING PSYCHIATRY | 530 | 468 | 998 |
| TRACHIOBRONCHIAL AND CHEST DISEASES AND DERMATOLOGY | | | |
| 2)SURGERY GENERAL SURGERY ORTHOPAEDICS ANAESTHESIA RADIOLOGY DENTISTRY | 300 100 20 20 10 | 468 180 36 36 36 | 768 280 56 56 46 |
| 3)OBSTETRICS AND GYNAECOLOGY | 300 | 468 | 768 |
| 4)PAEDIATRICS | 100 | 180 | 280 |

SCHEME OF EXAMINATION: PHASE 3(AT THE END OF 9TH SEMESTER)
3RD MBBS PART-2(January, 2014)

| Subject | Theory AND Oral Viva | Practical | Internal Assessment(Theory + practical) | Total marks |
|--|----------------------------|-----------|---|-------------|
| MEDICINE AND ALLIED SUBJECTS | 88/140 | 67/100 | 40/60 | 195/300 |
| GENERAL SURGERY AND ALLIED SUBJECTS | 79/140 | 57/100 | 38/60 | 174/300 |
| OBSTETRICS AND GYNAECOLOGY | 63/100 | 42/60 | 24/40 | 129/200 |
| PAEDIATRICS | 27/50 | 16/30 | 14/20 | 57/100 |
| TOTAL | | - Au | 2.720 | 555/980 |



Sector – 1, Kamothe, Navi Mumbai – 410209.
Ph: (022), 27423404, 27427991, 27427900 Fax: (022) 27422459
E-mail: mgmmcnb@gmail.com, Web: www.mgmmumbai.ac.in

CLINICAL CLERKSHIP CERTIFICATE OF MISS NEHA BALACHANDRAN (From July 2009 - February 2014)

| NAME OF POSTING | PERIOD OF POSTING | SUPERVISING PHYSICIAN |
|--|--|---|
| General Medicine | 3rd Semester-24.11.2010 -12.01.2011 | Dr. Jaishree |
| | 5th Semester-31.10.2011 -29.11.2011 | Ghanekar |
| | 7th Semester-05.10.2012 - 19.10.2012 | |
| | 8th Semester-01.05.2013 - 12.06.2013 | |
| | 9th Semester-24.09.2013 - 20.10.2013 | |
| Dermatology & V.D. | 4th Semester-12.06.2011 - 21.06.2011 | Dr. Satish Udare |
| 5,600 | 6th Semester-21.05.2012 - 04.06.2012 | |
| | 8th Semester-05.03.2013 - 18.03.2013 | |
| Chest & T.B. | 4th Semester-02.06.2011 - 11.06.2011 | Dr. P.V.Potdar |
| Psychiatry | 7 th Semester-26.09.2012 - 04.10.2012 | Dr. Rakesh Ghildiyal |
| General Surgery | 3rd Semester-01.08.2010 - 20.09.2010 | Dr. A. Kalyanshetty |
| | 5th Semester-08.08.2011 - 04.09.2011 | , |
| | 7th Semester-20.10.2012 - 03.11.2012 | |
| | 8th Semester-13.06.2013 - 25.07.2013 | |
| | 9th Semester-21.10.2013 - 16.11.2013 | |
| AND WALL TO SERVICE THE SERVICE STATE OF THE SERVIC | 5th Semester-05.09.2011 - 02.10.2011 | |
| Orthopaedics | 6th Semester-19.06.2012 -17.07.2012 | Dr. Alfven Vieira |
| | 8th Semester-17.04.2013 - 30.04.2013 | |
| | 9th semester-28.08.2013 - 10.09.2013 | |
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Sector – 1, Kamothe, Navi Mumbai – 410209.

Ph: (022), 27423404, 27427991, 27427900 Fax: (022) 27422459

E-mail: mgmmcnb@gmail.com, Web: www.mgmmumbai.ac.in

| Radiology | 7th Semester- 05.09.2012 - 19.09.2012 | Dr. A D Gursale |
|----------------------------------|--|--------------------|
| Community Medicine | 3rd Semester-13.10.2010 - 23.11.2010 | Dr. Seema Anjenaya |
| | 4th Semester-06.04.2011 - 04.05.2011 6th Semester-01.02.2012 - 29.02.2012 | |
| Casualty (Emergency Medicine) | 6th Semester-05.06.2012 - 18.06.2012 | Dr. Deepali Rajpal |
| Dentistry | 4th Semester-22.06.2011 - 01.07.2011 | Dr. Sivashankar |
| | 5th Semester-03.10.2011 - 09.10.2011 | |
| Obstetrics & | 3rd Semester-21.09.2010 - 12.10.2010 | Dr. B. G. Boricha |
| Gynaecology | 4th Semester-02.07.2011 - 21.07.2011 | |
| | 5th Semester-10.10.2011 - 30.10.2011 | |
| | 7th Semester-06.08.2012 - 20.08.2012 | |
| | 8th Semester-04.02.2013 - 04.03.2013 | |
| | 9th Semester-01.08.2013 - 27.08.2013 | |
| Pediatrics . | 4th Semester-23.05.2011 - 01.06.2011 | Dr. Mohanty |
| | 7th Semester-21.08.2012 - 04.09.2012 | |
| | 8th Semester-19.03.2013 - 16.04.2013 | |
| | 9th Semester-11.09.2013 - 23.09.2013 | |
| Otorhinolaryngology | 4th Semester-07.02.2011 - 07.03.2011 | Dr. Suman P. Rao |
| | 6th Semester-01.03.2012 - 29.03.2012 | |
| Ophthalmology | 4th Semester-08.03.2011 - 05.04.2011 | Dr. A. Agashe |
| | 6th Semester-30.03.2012 - 30.04.2012 | |





Sector – 1, Kamothe, Navi Mumbai – 410209. Ph: (022), 27423404, 27427991, 27427900 Fax: (022) 27422459 E-mail: mgmmcnb@gmail.com, Web: www.mgmmumbai.ac.in

ROTATORY INTERNSHIP TRAINING

This is to certify that Ms. Neha Balachandran has successfully completed one year compulsory rotatory Internship from 01.02.2014 to 09.04.2015, details of which are given below:

| Group | Name Of Department | No. Of Days |
|-------|---|-------------|
| 1. | COMMUNITY MEDICINE | 60 |
| | i. Rural community posting. | 30 |
| | ii. Urban health centre postings. | 15 |
| | iii. Departmental posting. | 15 |
| 11. | MEDICINE | |
| | i. General Medicine | 45 |
| | Ii. Psychiatry | 15 |
| III. | SURGERY | |
| | i. General Surgery | 45 |
| | ii. Anaesthesia | 15 |
| IV. | OBSTETRICS AND GYNAECOLOGY: including family welfare planning | 60 |
| V. | PEDIATRICS | 30 |
| VI. | ORTHOPAEDICS including PMR | 30 |
| VII. | OTORHINOLARYNGOLOGY | 15 |
| VIII. | OPHTHALMOLOGY | 15 |
| IX. | CASUALTY (EMERGENCY MEDICINE) | 15 |
| X. | CCL/BLOOD BANK /FMT/RADIOLOGY/DERMATOLOGY | 15 |
| XI. | ORINTATION PROGRAMME | 05 |

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FORM 186 - CERTIFICATION OF IDENTIFICATION FORM - MEDICAL SCHOOL OFFICIAL

0 0 0 0 0 2 1 3 4 3 4 USMLE®/ECFMG® ID Number: 0-985-882-0 Reference Code: G0000213434 Name: N/A Neha Balachandran Date of Birth: 21 Nov 1991 Medical School: Mahatma Gandhi Mission's Medical College, Navi Mumbai Attendance Dates: September 2009 to April 2015 Graduation Date: June 2015 Degree Date: June 2015

> RECEIVED SEP 2 1 2015

ECFMG NLROOM RP



When completed and submitted to ECFMG, this Certification of Identification Form (Form 186) will become a part of your ECFMG record and will be used to identify you when you submit an application to ECFMG for a USMLE Step or Step Component within five years from the date this form is evaluated and accepted by ECFMG.

Sign this Form 185 in the presence of an authorized official of your medical school. Certification of Identification Forms must be sent to ECFMC directly from the office of the official who witnesses the applicant's signature. All information on an application and on the Certification of Identification Form is subject to verification and acceptance by the Educational Commission for Foreign Medical Graduates.

I certify that I am the individual named above, am represented in the attached photograph(s), the photograph(s) were taken within 6 months of the date of this Certification of Identification Form and that the signature below is my signature.

I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information to ECFMG bearing on the content of my application or any other document submitted to ECFMG including, but not limited to records, diptomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment. I hereby authorize ECFMG to transmit any information in its possession, or that may otherwise become available to ECFMG, bearing on the content of my application or any other document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment, and determinations of irregular behavior to any federal, state, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a leg timate interest in such information. For further information regarding ECFMG's data collection and privacy practices, please refer to our privacy policy available on the ECFMG website at www.ecfmg.org/annc/privacy.html

Signature of Applicant (In Latin Characters) X

Date: 15 / 09 / 2015 (day/month/year)

Certification by Medical School Official:

I hereby certify that the photograph, signature and information entered in all parts of this form, including medical school, attendance dates, and graduation and degree dates, accurately apply to the individual named above and that this individual is a graduate of the institution indicated below.

Signature of Medical School Official (in Latin Characters) X

(Signature must match exactly the signature on record with ECFMG)

Date: 15 09 2015 (day/month/year)

R. G.S. NARSHETTY

Print Name (in Latin Characters with English translation, where applicable)

MGM Medical Cullege & Hospital Kamothe, Navi Mumbai-410, 19

Official Title (in Latin Characters with English translation, where applicable) KAMOTHE, NAVI MOMBAS.

Mail To: IWA ECFMG 3624 Market Street, 4th Floor, Philadelphia, PA 19104-2685 USA

Form 186 - Type A. Rev. Sep 2015

Yes. I have printed this Certification of Identification Form.

PROCESSED

OCT 1 5 2015

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495467

Name of Record: Bangera, Rhea Name on Document: Rhea Bangera EPIC ID: C-BR146049

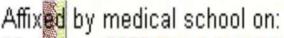
I hereby certify that the attached Final Medical Diploma or other credential is authentic and correct and I am authorized to certify this on behalf of this institution as reported to ECFMG by official notification from this institution.

| Signature: | Install | | Date: 29 August 2022 |
|------------|---------|--|----------------------|
| | | | |
| | | | |

| Lissy Santosh Varghese | |
|--|------------------|
| Name (Printed or Typed) | |
| Head Clerk (Co-ordinator) | |
| Title | |
| Mahatma Gandhi Mission's Medical Colle | ege, Navi Mumbai |
| Name of Medical School | |











29 August 2022GM INSTITUTE OF HEALTH SCIENCES

NAVI MUMBAI

(Deemed to be University u/s 3 of UGC Act, 1956)

We, the Chancellor, Vice Chancellor and Members of the Board of Management, on the recommendation of the Academic Council of MGM Institute of Health Sciences

Certify that the withinsigned

Reongera.

Ms. Rhea Bangera

PRN: 11610100104 DOB: 04/09/1998

Father's Name: Vijay Bangera

Mother's Name: Miriam Faleiro Bangera

of Mahatma Gandhi Mission`s Medical College, Navi Mumbai having been examined for the Degree of



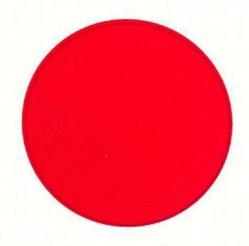
Bachelor of Medicine and Bachelor of Surgery



has passed the Examination in regular mode held in February 2021
and completed one year Compulsory Rotatory Internship.

The said Degree has been conferred on him / her at the Sixteenth Convocation held on the 26th day of July, 2022 at Aurangabad.

In testimony whereof are set the Seal of the said University and the signature of the Vice Chancellor.



Vice Chancellor

Electronic Portfolio of International Credentials (EPIC) IDENTIFICATION FORM **Educational Commission for Foreign Medical Graduates ECFMG®** 3624 Market Street, Philadelphia, PA 19104 (215) 966-3900 info@ecfmgepic.org



Name: Rhea Bangera

Date of Birth: 04-Sep-1998 Gender: FEMALE

IMPORTANT NOTE: When completed and submitted to ECFMG this EPIC Identification Form will become part of your ECFMG record. All information on the EPIC Identification Form is subject to verification and acceptance by ECFMG.

CERTIFICATION OF IDENTIFICATION BY OFFICIAL (To be completed by official) I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a)

comparing his/her physical appearance with the photograph printed hereto, (b) comparing his/her physical appearance with the passport photograph, and (c) comparing his/her original passport with the copy of the attached passport.

The statements in this document are subscribed and sworn to before me by the individual on this 6 day, of the month of August in the year 2022 Notary Public, Prince George, VA Title (with English translation, if not in English) Signature of Official Completed via Remote Online Notarization using 2 way Audio/Video technology.

APPLICANT RELEASE OF INFORMATION AND CERTIFICATION (To be completed by physician) Release of Information Authorization

I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information to ECFMG bearing on the content of my request or any document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment

I hereby authorize ECFMG to transmit any information in its possession, or that may otherwise become available to ECFMG, bearing on the content of my request or any other document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment, to any federal, state, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

I also extend absolute immunity to, and release, other agencies, medical schools, universities, institutions, hospitals and clinics, and registration and licensing authorities providing information, their employees, representatives, directors, and officers, and any third parties and organizations for their acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations, or disclosures involving me, made in good faith and without malice, requested by ECFMG.

I HAVE READ, UNDERSTOOD AND AGREE TO THIS RELEASE OF INFORMATION AUTHORIZATION.

I certify that I am the individual named above, am represented in the attached photograph, the attached passport is a copy of the passport that was issued to me, and that the signature below is my signature.

I hereby certify that I have read, understood, and agree to all of the above statements. I also certify that I have read, understood, and agree to the ECFMG Privacy Notice. I also certify that I have read the ECFMG Policies and Procedures Regarding Irregular Behavior and agree to abide by these policies and procedures. I certify I understand that, as provided in the ECFMG Policies and Procedures Regarding Irregular Behavior, among other things, ECFMG may find that submission of falsified documents to ECFMG through EPIC constitutes irregular behavior, which could result in actions including permanent revocation of or permanent bar to ECFMG Certification, among other things.





Applicant's Passport Withheld

For security reasons, ECFMG does not provide applicants' passport information to third-parties.



495467

Name of Record: Dawre, Saadiya Mohammad Akbar Name on Document: Saadiya Mohd Akbar Dawre EICS ID: E0221532-5

I hereby certify that the attached Final Medical Diploma or other credential is authentic and correct and I am authorized to certify this on behalf of this institution as reported to ECFMG by official notification from this institution.

Signature: Date: 02 September 2021

Lissy Santosh Varghese

Name (Printed or Typed)

Head Clerk (Co-ordinator)

Title

Mahatma Gandhi Mission's Medical College, Navi Mumbai

Name of Medical School

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Name of Record: Dawre, Saadiya Mohammad Akbar Name on Document: Saadiya Mohd Akbar Dawre EICS ID: E0221532-5

I hereby certify that the attached Final Medical Diploma or other credential is authentic and correct and I am authorized to certify this on behalf of this institution as reported to ECFMG by official notification from this institution.

Signature: Date: 02 September 2021

Lissy Santosh Varghese

Name (Printed or Typed)

Head Clerk (Co-ordinator)

Title

Mahatma Gandhi Mission's Medical College, Navi Mumbai

Name of Medical School

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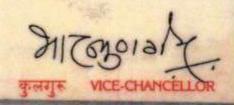


आम्ही मुंबई विद्यापीठाचे कुलपती, कुलगुरू आणि व्यवस्थापन परिषदेचे सदस्य असे प्रमाणित करतो की महात्मा गांधी मिशनचे मेडिकल कांलेजच्या सादिया मोहमद अकबर डावरे, ह्या ऑक्टोबर १९९९ मध्ये घेण्यात आलेली वैद्यक स्नातक आणि शल्यचिकित्सा स्नातक परीक्षा उत्तीर्ण झाल्या अस्न दिनांक २७ डिसेंबर २००१ रोजी मुंबई येथे झालेल्या दीक्षांत समारंभात त्यांना वैद्यक स्नातक आणि शल्यचिकित्सा स्नातक ह्या पदव्या प्रदान करण्यात आल्या आहेत.

विद्यापीठाची मुद्रा व कुलगुरूंची स्वाक्षरी यांसह साक्षीने अंकित.

We, the Chancellor, Vice-Chancellor and Members of the Management Council of the University of Mumbai certify that Saadiya Mohd Akbar Dawre of Mahatma Gandhi Mission's Medical College having passed the Bachelor of Medicine and Bachelor of Surgery degrees examination held in October 1999, the degrees of Bachelor of Medicine and Bachelor of Surgery have been conferred on her at the Convocation held in Mumbai on 27th December, 2001.

In testimony whereof are set the Seal of the said University and the signature of the said Vice-Chancellor.





ADDRESS

1021 Thomas Spratt Place Ottawa, ON CANADA K1G 5L5

CONTACT

MCC CA

Tel: 613-521-6012 Fax: 613-248-5234 Email: service@mcc.ca

Purpose of the Consent to release of Information: All candidates submitting a Source Verification Request ("SVR") are required to consent to the Release of Information for Credentials Verification. The signature and photo on your account will be added to the consent form below and sent with your SVR.

CONSENT TO RELEASE OF INFORMATION FOR CREDENTIALS VERIFICATION

Verification of credentials:

I hereby authorize MCC to provide any documentation and information submitted to MCC by me or on my behalf in support of my medical credentials, including personal information as defined in MCC's Privacy Policy (in this Consent "Personal Information"), to the Educational Commission for Foreign Medical Graduates ("ECFMG") for the purpose of verification, source verification, and/or investigations related to the validity of the information submitted. I also authorize ECFMG to retain such information as described in ECFMG's Privacy Notice at https://www.ecfmg.org/annc/privacy.html.

I request and authorize every person, medical school, university, hospital, licensing, regulatory, educational, training and credentials verification authorities of any state, province or country in which I hold or may have held a license to practice my profession, hospital, clinic, and other medical facilities, government agency (local, state, provincial, federal or foreign), law enforcement agency or other third parties and organizations, and their representatives, to release any information, including, but not limited to, records, diplomas, transcripts, and other documents concerning my professional qualifications and competence, ethics, character, identity, educational, academic or professional history, status or enrollment and other Personal Information to MCC or ECFMG directly at 3624 Market Street, Philadelphia, PA19104, U.S.A. For greater certainty, any of my Personal Information, documents or records already in the possession of MCC or ECFMG, may be used for credentials verification purposes and be subject to the terms and conditions of this Consent.

I acknowledge and agree that information, documents and records requested by MCC or ECFMG, to be furnished by any other organization, educational institution, hospital, individual or any person or groups of persons must be sent directly by such persons or organizations to MCC or ECFMG and that MCC and ECFMG will not accept such information, records or documents forwarded by me.

☑ (2020-12-04) I agree.

Immunity and Release:

I hereby extend absolute immunity to, and release, discharge and hold harmless from any and all liability:

- (1) ECFMG and MCC and their respective employees, representatives, members, directors, and officers, Boards, and the agents of each of them; (2) any person, licensing, regulatory, educational, training or credentials verification entity and any hospital, clinic or other medical facility, government agency (local, state, provincial, federal or foreign) and law enforcement agency providing information pursuant to the terms and conditions of this Consent,
- and their respective employees, agents, representatives, members, directors and officers; and (3) any third parties and organizations and their respective employees, agents, representatives, members, directors and officers, (the persons and entities in items (1) through (3) are collectively known as the "MCC Group"), for or in respect of any acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested or received by any member of the MCC Group.

☑ (2020-12-04) I agree.

Signature and photo:

I understand and agree that the MCC will send my certified photo and signature on account to ECFMG for the purposes of credential verification.

Ø (2020-12-04) I agree.

I have read and agree to the Consent to Release of Information for Credentials Verification.

Name: Saadiya Mohammad Akbar Dawre

Date of consent: 2020-12-04

Version 1





495467

Name of Record: Memon, Saba Aadil Name on Document: SELIA SABA USMAN EICS ID: E0224197-4

I hereby certify that the attached Final Medical School Transcript or other credential is authentic and correct and I am authorized to certify this on behalf of this institution as reported to ECFMG by official notification from this institution.

Signature: Date: 06 September 2021

| Name (Printed or Typed | |
|-----------------------------|----------------------------|
| Head Clerk (Co-ordinator) | |
| Title | |
| Mahatma Gandhi Mission's Me | dical College, Navi Mumbai |

Name of Medical School



Mahatma Gandhi Mission's

MEDICAL COLLEGE

Sector-18, Kamothe, Navi Mumbai - 410 209 Ph: +91-22-27437990 / 27437991 / 27437992 Fax: +91-22-27430320 E-mail: mgmmcnb@gmail.com Web: www.mgmmumbai.ac.in

MGM/MED-C/2020/ 56

January 10, 2020

TRANSCRIPT OF M.B.B.S. DEGREE

This is to certify that **Dr. SELIA SABA USMAN**, born on 26th June 1980 was a student of Mahatma Gandhi Mission's Medical College, Kamothe, Navi Mumbai for the degree of Bachelor of Medicine & Bachelor of Surgery (M.B.B.S) of Maharashtra University of Health Sciences, Nashik (MUHS) during the period of September 1998 to January 2004.

She passed First, Second, Third (Part 1), and Final (Part 2) M.B.B.S examinations of Maharashtra University of Health Sciences held in July 1999, Nov/Dec-2000, October 2001. October 2002 and October 2003 respectively from this college.

Thereafter, she satisfactorily completed the compulsory one year Clinical Rotation Internship (Clerkship) Program as an Intern from 8TH January 2003 to 7th January 2004 and qualified for the award of the M.B.B.S Degree of Maharashtra University of Health Sciences.

MUHS SO NASHIK *

Dean

MGM Medical College & Hospital

Property Medical Cathogs & Hospital Property Cathogs Municipy 410209 Sector-18, Kamothe, Navi Mumbai - 410 209 Ph: +91-22-27437990 / 27437991 / 27437992 Fax: +91-22-27430320 E-mail: mgmmcnb@gmail.com Web: www.mgmmumbai.ac.in

During her tenure at this college, she attended the below mentioned prescribed courses for the degree of M.B.B.S.

FIRST M.B.B.S. (SEPTEMBER 1998 - JULY 1999)

(In hours including tutorials and revisions)

| Subject | Theory | Practical | Total Hours |
|--------------------|--------|-----------|-------------|
| Human Anatomy | 220 | 430 | 650 |
| Physiology | 160 | 320 | 480 |
| Biochemistry | 80 | 160 | 240 |
| Community Medicine | 30 | 30 | 60 |

SCHEME OF EXAMINATION: PHASE I (at the end of Second Semester)

FIRST M.B.B.S. (JULY 1999)

| Subject | Theory | Oral/Viva | Practical | Internal Assessment | Total Marks |
|---------------|--------|-----------|-----------|------------------------|-------------|
| Human anatomy | 63/100 | 15/20 | 27/40 | 33/40 | 138/200 |
| Physiology | 69/100 | 14/20 | 28/40 | 30/40 | 141/200 |
| Biochemistry | 62/100 | 10/20 | 26/40 | 28/40 | 126/200 |
| Total | | 1/2 | | | 405/600 |



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SECOND MBBS (AUGUST 1999 -OCTOBER-2000)

(In hours including tutorials and revisions)

| Subject | Theory | Practical | Total Hours |
|--------------------|--------|-----------|-------------|
| Pharmacology | 186 | 120 | 306 |
| Pathology | 190 | 110 | 300 |
| Microbiology | 130 | 120 | 250 |
| Forensic Medicine | 60 | 40 | 100 |
| Community Medicine | 68 | 132 | 200 |

SCHEME OF EXAMINATION: PHASE II (at the end of Fifth Semester)

SECOND M.B.B.S. (OCTOBER 2000)

| Subject | Theory | Oral/Viva | Practical | Internal Assessment | Total Marks |
|-------------------|--------|-----------|-----------|------------------------|----------------|
| Pharmacology | 45/80 | 9/15 | 21/25 | 22/30 | 97/150 |
| Pathology | 52/80 | 8/15 | 18/25 | 19/30 | 97/150 |
| Microbiology | 62/80 | 9/15 | 19/25 | 20/30 | 110/150 |
| Forensic Medicine | 25/40 | 6/10 | 17/30 | 13/20 | 61/100 |



Dean MGM Medical College & Hospital Dean.

M.G.M Medica

+ 3 Hospital



Mahatma Gandhi Mission's

MEDICAL COLLEGE

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THIRD M.B.B.S. PART - 1 (NOVEMBER 2000 - OCTOBER 2001)

(In hours including tutorials and revisions)

| Subject | Theory | Practical | Total Hours |
|-----------------------------|--------|-----------|-------------|
| Ophthalmology | 100 | 180 | 280 |
| Otorhinolaryngology | 70 | 144 | 214 |
| Community Medicine (PSM) | 50 | 66 | 116 |

SCHEME OF EXAMINATION: PHASE III (at the end of Seventh Semester)

THIRD M.B.B.S. PART- 1 (OCTOBER 2001)

| Subject | Theory | Oral/Viva | Practical | Internal Assessment | Total Marks |
|-----------------------------|--------|-----------|-----------|------------------------|-------------|
| Ophthalmology | 27/40 | 7/10 | 21/30 | 17/20 | 72/100 |
| Otorhinolaryngology | 32/40 | 5/10 | 19/30 | 14/20 | 70/100 |
| Community Medicine (PSM) | 74/120 | 6/10 | 22/30 | 26/40 | 128/200 |
| Total | | | | | 270/400 |



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FINAL M.B.B.S. PART-2 (NOVEMBER 2001 – OCTOBER 2002)

(In hours including tutorials and revisions)

| Subject | Theory | Practical | Total Hours |
|---|--------|-----------|-------------|
| Internal Medicine including Psychiatry Tuberculosis and Chest Diseases Dermatology & V.D. | 530 | 468 | 998 |
| Surgery | | - | - |
| General Surgery | 300 | 468 | 768 |
| Orthopaedics | 100 | 180 | 280 |
| Anaesthesia | 20 | 36 | 56 |
| Radiology | 20 | 36 | 56 |
| Dentistry | 10 | 36 | 46 |
| Obstetrics and Gynaecology | 300 | 468 | 768 |
| Paediatrics | 100 | 180 | 280 |



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SCHEME OF EXAMINATION: PHASE III (at the end of Ninth Semester)

THIRD M.B.B.S. PART II (OCTOBER 2002)

| Subject | Theory | Oral/Viva | Practical | Internal Assessment | Total Marks |
|---|--------|-----------|-----------|------------------------|-------------|
| Medicine and Allied Subjects | 74/120 | 18/20 | 59/100 | 34/60 | 185/300 |
| General Surgery and Allied Subjects | 77/120 | 12/20 | 58/100 | 34/60 | 181/300 |
| Obstetrics and Gynaecology | 51/80 | 18/30 | 18/30 | 35/60 | 122/200 |
| Paediatrics | 22/40 | 6/10 | 19/30 | 13/20 | 60/100 |
| Total | | | | | 548/900 |



Dean

MGM Medical College & Hospital Dean.



Sector-18, Kamothe, Navi Mumbai - 410 209 Ph; +91-22-27437990 / 27437991 / 27437992 Fax; +91-22-27430320 E-mail: mgmmcnb@gmail.com Web: www.mgmmumbai.ac.in

ROTATORY INTERNSHIP TRAINING Dr. SELIA SABA USMAN (12 MONTHS DURATION)

(08.01.2003 TO 07.01.2004)

| GROUP | NAME OF DEPARTMENT | NO. OF |
|-------|---|--------|
| I | COMMUNITY MEDICINE (PSM DEPT/FAMILY PRACTICE) | 90 |
| П | GENERAL (INTERNAL) MEDICINE | 45 |
| | SKIN AND VD | 15 |
| | PSYCHIATRY | 15 |
| | TB AND RESPIRATORY DISEASE | 15 |
| III | GENERAL SURGERY | 45 |
| | ORTHOPAEDICS | 15 |
| | OTORHINOLARYNGOLOGY | 10 |
| | OPHTHALMOLOGY | 10 |
| | ANAESTHESIA | 10 |
| IV | OBSTETRICS AND GYNAECOLOGY | 50 |
| V | CCL/BLOOD BANK/FMT/RADIOLOGY/EMERGENCY | 15 |
| VI | PAEDIATRICS | 30 |

The above under graduate medical course is as per the Maharashtra University of Health Sciences, Nashik guidelines.

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Page 7 of 7

MGM Medical College & Hospital

Dean.

M.G.M. Medical College & Hospital Kamothe, Navi Mumbai - 410209

1 3

Controller of Examinations

Maharashtra University Of Health Sciences
Dindori Road, Mhasrul, Nasik-422 004

MAHARASHTRA (INDIA)



MAHATMA GANDHI MISSION'S, MEDICAL COLLEGE

Sector – I, Kamothe, Navi Mumbai – 410209. Ph: (022),27433404, 27427991, 27427900 Fax: (022) 27422459 E-mail: mgmmcnb@gmail.com, Web: www.mgmmumbai.ac.in

CLINICAL CLERKSHIP CERTIFICATE OF DR. SELIA SABA USMAN

(From August 1999 to September 2002)

| NAME OF POSTING | PERIOD OF POSTING | SUPERVISING PHYSICIAN |
|---|---|--------------------------|
| General Medicine | 1 st Aug 1999 – 31 st Oct 1999 1 st Nov 2000 –15 th Dec 2000 1 ST Sept 2000-15 th Sept 2000 1 st Feb 2002 – 15 th Mar 2002 | Dr. Jayshree Ghanekar |
| Dermatology & V.D. 16 th Jan 2001 –31 st Jan 2001 1 st Apr 2002 –15 th Apr 2002 | | Dr. Satish Udare |
| Chest & T.B. | 16 th Sept 2000 –30 th Sept 2000 16 th Mar 2002 –30 th Mar 2002 16 th June 2002 –30 th June 2002 | Dr. P. D. Deshpande |
| Psychiatry | 1 st Jan 2001 – 15 th Jan 2001 16 th April 2002 –30 th April 2002 | Dr. Rakesh Ghildiyal |
| General Surgery | 1 st Nov 1999 – 31 st Jan 2000 1 st Feb 2001 –15 th March 2001 1 st May 2002 – 15 th June 2002 | Dr. G. S. Narshetty |
| Orthopedics | 16 th March 2001 –30 th March 2001 16 th June 2002 –30 th June 2002 | Dr. Subhash Diware |
| Radiology | 1 st April 2001 – 15 th April 2001 1 st July 2002 -15 th July 2002 | Dr. A. D. Gursale |



Dean

M.G.M. Medical College & Hospital Dean.



Affixed by medical school on: 06 September 2021



MAHATMA GANDHI MISSION'S, MEDICAL COLLEGE

Sector - 1, Kamothe, Navi Mumbai - 410209.

Ph: (022),27433404, 27427991, 27427900 Fax: (022) 27422459

E-mail: mgmmcnb@gmail.com, Web: www.mgmmumbai.ac.in

| Anaesthesia | 16 th April 2001 – 30 th April 2001 15 th July 2002 – 31 st July 2002 | Dr. Shivashankar |
|----------------------------|--|-------------------|
| Obstetrics & Gynecology | 1 st Feb 2000 – 30 th Apr 2000 1 st Nov 2001 – 31st Dec 2001 1 st Aug 2002- 15 th Sep 2002 | Dr. B. G. Boricha |
| Paediatrics | 1 st May 2000 – 31 st May 2000 1 st Jan 2002 – 30 th Jan 2002 16 th Sep 2002- 31 st Sep 2002 | Dr. Nitin Kadam |
| Otorhinolaryngology | 1 st Aug 2000 – 15 th Aug 2000 1 st May 2001 –31 st May 2001 | Dr. Suman P. Rao |
| Ophthalmology | 16 th Aug 2000- 31 st Aug 2000 1 st June 2001 – 30 th June 2001 | Dr. N. Abidi |
| Community Medicine | 1 st June 2000 –31 st July 2000 1 st July 2001 – 31 st Sep 2001 | Dr. Usha Chavan |

MUHS Nashik * 80

Dean

M.G.M. Medical College & Hospital





ADDRESS

1021 Thomas Spratt Place Ottawa, ON CANADA K1G 5L5

CONTACT

Tel: 613-521-6012

MCC CA

Fax: 613-248-5234 Email: service@mcc.ca

Purpose of the Consent to release of Information: All candidates submitting a Source Verification Request ("SVR") are required to consent to the Release of Information for Credentials Verification. The signature and photo on your account will be added to the consent form below and sent with your SVR.

CONSENT TO RELEASE OF INFORMATION FOR CREDENTIALS VERIFICATION

Verification of credentials:

I hereby authorize MCC to provide any documentation and information submitted to MCC by me or on my behalf in support of my medical credentials, including personal information as defined in MCC's Privacy Policy (in this Consent "Personal Information"), to the Educational Commission for Foreign Medical Graduates ("ECFMG") for the purpose of verification, source verification, and/or investigations related to the validity of the information submitted. I also authorize ECFMG to retain such information as described in ECFMG's Privacy Notice at https://www.ecfmg.org/annc/privacy.html.

I request and authorize every person, medical school, university, hospital, licensing, regulatory, educational, training and credentials verification authorities of any state, province or country in which I hold or may have held a license to practice my profession, hospital, clinic, and other medical facilities, government agency (local, state, provincial, federal or foreign), law enforcement agency or other third parties and organizations, and their representatives, to release any information, including, but not limited to, records, diplomas, transcripts, and other documents concerning my professional qualifications and competence, ethics, character, identity, educational, academic or professional history, status or enrollment and other Personal Information to MCC or ECFMG directly at 3624 Market Street, Philadelphia, PA19104, U.S.A. For greater certainty, any of my Personal Information, documents or records already in the possession of MCC or ECFMG, may be used for credentials verification purposes and be subject to the terms and conditions of this Consent.

I acknowledge and agree that information, documents and records requested by MCC or ECFMG, to be furnished by any other organization, educational institution, hospital, individual or any person or groups of persons must be sent directly by such persons or organizations to MCC or ECFMG and that MCC and ECFMG will not accept such information, records or documents forwarded by me.

☑ (2020-10-10) I agree.

Immunity and Release:

I hereby extend absolute immunity to, and release, discharge and hold harmless from any and all liability:

- (1) ECFMG and MCC and their respective employees, representatives, members, directors, and officers, Boards, and the agents of each of them; (2) any person, licensing, regulatory, educational, training or credentials verification entity and any hospital, clinic or other medical facility, government agency (local, state, provincial, federal or foreign) and law enforcement agency providing information pursuant to the terms and conditions of this Consent,
- and their respective employees, agents, representatives, members, directors and officers; and (3) any third parties and organizations and their respective employees, agents, representatives, members, directors and officers, (the persons and entities in items (1) through (3) are collectively known as the "MCC Group"), for or in respect of any acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested or received by any member of the MCC Group.

☑ (2020-10-10) I agree.

Signature and photo:

I understand and agree that the MCC will send my certified photo and signature on account to ECFMG for the purposes of credential verification.

Ø (2020-10-10) I agree.

I have read and agree to the Consent to Release of Information for Credentials Verification.

Name: Saba Aadil Memon

Date of consent: 2020-10-10



3624 Market Street
Philadelphia PA 19104-2685
215-386-5900 | 215-386-6327
www.ecfmg.org

495467

Name of Record: Vasan, Prakash Singh Name on Document: Vasan Prakash Singh Swaran Singh EPIC ID: C-VP123315

I hereby certify that the attached Final Medical Diploma or other credential is authentic and correct and I am authorized to certify this on behalf of this institution as reported to ECFMG by official notification from this institution.

Signature: Date: 02 February 2022

Lissy Santosh Varghese

Name (Printed or Typed)

Head Clerk (Co-ordinator)

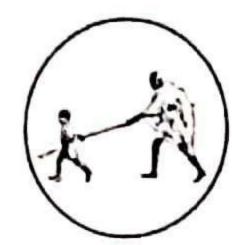
Title

Mahatma Gandhi Mission's Medical College, Navi Mumbai

Name of Medical School









Affixed by medical school on STITUTE OF HEALTH SCIENCES 02 February 1966

We, the Chancellor, Vice Chancellor and Members of the Board of Management, on the recommendation of the Academic Council of MGM Institute of Health Sciences

Certify that the withinsigned



Mr. Vasan Prakash Singh Swaran Singh

PRN: 11410100124 DOB: 10/06/1996

Father's Name: Vasan Swaran Singh

Mother's Name: Vasan Parmeet Kaur Swaran Singh of Mahatma Gandhi Mission's Medical College, Navi Mumbai

having been examined for the Degree of



Bachelor of Medicine and

Bachelor of Surgery

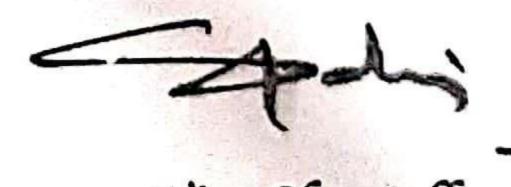
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has passed the Examination in regular mode held in March 2019 and completed one year Compulsory Rotatory Internship. The said Degree has been conferred on him / her at the Thirteenth Convocation

held on the 27th day of September, 2020 at Navi Mumbai.

In testimony whereof are set the Seal of the said University

and the signature of the Vice Chancellor.



Vice Chancellor

Electronic Portfolio of International Credentials (EPIC) IDENTIFICATION FORM **Educational Commission for Foreign Medical Graduates ECFMG®** 3624 Market Street, Philadelphia, PA 19104 (215) 966-3900 info@ecfmgepic.org



Name: Prakash Singh Vasan Date of Birth: 10-Jun-1996

Signature of Official

Gender: MALE

IMPORTANT NOTE: When completed and submitted to ECFMG this EPIC Identification Form will become part of your ECFMG record. All information on the EPIC Identification Form is subject to verification and acceptance by ECFMG.

CERTIFICATION OF IDENTIFICATION BY OFFICIAL (To be completed by official)

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph printed hereto, (b) comparing his/her physical appearance with the passport photograph, and (c) comparing his/her original passport with the copy of the attached passport.

The statements in this document are subscribed and sworn to before me by the individual on this 15 day, of the month of the year 2021.

Notary Public of Chesterfield County, VA

Title (with English translation, if not in English)

Completed via Remote Online Notarization using 2way Audio/Video technology

APPLICANT RELEASE OF INFORMATION AND CERTIFICATION (To be completed by physician) **Release of Information Authorization**

I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information to ECFMG bearing on the content of my request or any document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment

I hereby authorize ECFMG to transmit any information in its possession, or that may otherwise become available to ECFMG, bearing on the content of my request or any other document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment, to any federal, state, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

I also extend absolute immunity to, and release, other agencies, medical schools, universities, institutions, hospitals and clinics, and registration and licensing authorities providing information, their employees, representatives, directors, and officers, and any third parties and organizations for their acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations, or disclosures involving me, made in good faith and without malice, requested by ECFMG.

I HAVE READ, UNDERSTOOD AND AGREE TO THIS RELEASE OF INFORMATION AUTHORIZATION.

I certify that I am the individual named above, am represented in the attached photograph, the attached passport is a copy of the passport that was issued to me, and that the signature below is my signature.

I hereby certify that I have read, understood, and agree to all of the above statements. I also certify that I have read, understood, and agree to the ECFMG Privacy Notice. I also certify that I have read the ECFMG Policies and Procedures Regarding Irregular Behavior and agree to abide by these policies and procedures. I certify I understand that, as provided in the ECFMG Policies and Procedures Regarding Irregular Behavior, among other things, ECFMG may find that submission of falsified documents to ECFMG through EPIC constitutes irregular behavior, which could result in actions including permanent revocation of or permanent bar to ECFMG Certification, among other things.

x Prakash Singh Vasan Signature of Applicant

December

Date

Official: Seal/stamp must cover a portion of the muniphoto and of the passport. ANFRIDLEY PUBLIC REG # 7699515

Applicant's Passport Withheld

For security reasons, ECFMG does not provide applicants' passport information to third-parties.

3624 Market Street
Philadelphia PA 19104-2685
215-386-5900 | 215-386-6327
www.ecfmg.org

VERIFICATION OF MEDICAL EDUCATION

INSTRUCTIONS TO THE DEAN

The individual identified on the attached *Medical School Release Request*, *Certification of Identification Form*, or *Certification Statement* has authorized your medical school to provide to the Educational Commission for Foreign Medical Graduates (ECFMG) any and all information pertaining to his/her education at your institution. Please complete this VERIFICATION OF MEDICAL EDUCATION form and return it to ECFMG with the attached medical diploma and a final medical school transcript in the enclosed, addressed envelope.

RE: Vasundhra Mahendra

1-137-356-0

Mahatma Gandhi Mission's Medical College, Navi Mumbai

Sector 18, Kamothe

Navi Mumbai 410209 Maharashtra

INDIA

Please notify ECFMG if the name of your institution has changed or is different from the name displayed.

SECTION 1: MEDICAL SCHOOL TRANSCRIPT

Attach an official medical school transcript in the original language that displays course grades or marks, not just hours, to this Verification of Medical Education form and return to ECFMG – Affix your official stamp to the transcript – Non-English language transcripts must include a word-for-word English language translation prepared by a recognized translator – An official English language version medical school transcript is also acceptable – Transcripts returned to ECFMG under separate cover must include the individual's ECFMG Identification Number to prevent processing delays.

SECTION 2A: CERTIFICATION

By my signature below, I certify: (1) the information provided on this form is an accurate account of the above named individual's official records maintained in this medical school and is true and correct to my knowledge, and, (2) that I am authorized to certify this on behalf of this institution as reported to ECFMG on an Authorized Signature List for Medical School Officials or other official notification from this institution.

Signature, Printed Name, Title and Official Seal must match samples provided to ECFMG by the medical school

SECTICAL COLORS

Signature:

Printed Name: Lissy Santosh Varghese

Title: Head Clerk (Co-ordinator)

Date of Signature: 22 December 2021

Phone: 912227437991 Fax: 912227431094

SECTION 2B: DEGREE CERTIFICATION Email: 1mgmmcnbpg@gmail.com

This individual:

Was conferred/issued the degree of **Bachelor of Medicine and Bachelor of Surgery** on **27/06/2015** (dd/mm/yyyy) and the attached medical diploma is authentic and correct.

- Or -

Was not conferred/issued a degree or the attached diploma is not authentic and correct because:

English 327-A English Version 2 USMLE: 1-137-356-0 MedSchool Code: 495467 Print Date: 12/22/2021 Page 1 of 3

SECTION 3A: PRE-MEDICAL EDUCATION

Years of education required for admission to your medical school: 14 years

Credential/degree presented by the applicant for admission to your medical school: HSC (12 Standard)

Did this individual transfer credits to your medical school from another institution? YES () NO (X)

If you checked 'YES' please print the name of the institution(s) from where the credits were transferred:

SECTION 3B: MEDICAL EDUCATION

Enrollment and Participation: Our records indicate that Vasundhra Mahendra attended our medical school for total of 284 weeks of medical education on the following dates:

From 16/07/2009 (dd/mm/yyyy) To 31/01/2015 (dd/mm/yyyy)

SECTION 4: UNUSUAL CIRCUMSTANCES

The following questions apply to unusual circumstances that occurred during <u>any part</u> of the individual's medical education. Please provide dates and requested information if you check "YES" to questions 1-5.

1. Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? YES () NO (X)

If you checked "YES" please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

| | From Month/Year | To Month/Year | Approved | <u>Unapproved</u> |
|--|-----------------|---------------|----------|-------------------|
| Personal/Family | _/ | _/ | () | () |
| Academic remediation | _/ | | () | () |
| <u>Health</u> | _/ | _/ | () | () |
| Financial | | _1 | () | () |
| Participation in joint degree | | | | |
| Program (e.g., MD/PhD) | | | () | () |
| Participation in non-research special study (e.g., fellowship, | | | | |
| international experience) | | _1 | () | () |
| Participation in non-degree | | | | |
| research | _/ | _/ | () | () |
| Other | _/ | | () | \mathbf{O} |
| Please Specify: | | | | |

English 327-A English Version 2 USMLE: 1-137-356-0 MedSchool Code: 495467 Print Date: 12/22/2021 Page 2 of 3

| 2. | Does this individual's official record reflect that he/she was ever p medical education? YES () NO (X) | placed on academic or di | sciplinary probation during his/her |
|----|--|-----------------------------|--|
| | If you checked "YES" please select the reason(s) for the proportion and attach additional documentation to this report | | (s) of placement on and removal from |
| | | From Month / Year | To Month / Year |
| | Academic Probation | | |
| | Probation for unprofessional conduct/behavioral | | |
| | Probation for other reason | | _/ |
| | Please specify reason: | | |
| 3. | Does this individual's official record reflect that he/she was ever of medical school or parent university? YES () NO (X) | disciplined for unprofessi | onal conduct/behavioral reasons by the |
| | If you checked "YES" please provide detailed documentation | n/information about the c | ircumstances and outcome(s): |
| 4. | Does this individual's official record reflect that he/she was ever t school or parent university? YES () NO (X) | the subject of negative re | eports or an investigation by the medica |
| | If you checked "YES" please provide detailed documentation | n/information about the c | ircumstances and outcome(s): |
| 5. | 5. Does this individual's official record reflect that there were any lin because of questions of academic incompetence, disciplinary pr | nitations or special requir | |
| | If you checked "YES" please provide detailed documentation | n/information about the n | ature of the limitations or special |
| | requirements: | | |
| | <u>,=</u> , | | |
| | - | | |

English 327-A English Version 2 USMLE: 1-137-356-0 MedSchool Code: 495467 Print Date: 12/22/2021 Page 3 of 3

3624 Market Street
Philadelphia PA 19104-2685
215-386-5900 | 215-386-6327
www.ecfmg.org

495467

RE: Vasundhra Mahendra 1-137-356-0

I hereby certify that the attached diploma or other credential is authentic and correct and I am authorized to certify this on behalf of this institution as reported to ECFMG by official notification from this institution.

Signature: Date: 22 December 2021

Name (Printed or Typed)

Head Clerk (Co-ordinator)

Title

Mahatma Gandhi Mission's Medical College, Navi Mumbai

Name of Medical School





22 December 2021



MGM INSTI

Deemed University u/s 3 of UGC Act, 1956

We, the Chancellor, Vice Chancellor and Members of the Board of Management, on the recommendation of the Academic Council of MGM Institute of Health Sciences

Certify that the withinsigned Namedile

Ms. Vasundhra Mahendra DOB: 31/01/1990

Father's Name: Sanjay Mahendra

Mother's Name: Madhvi Mahendra

of Mahatma Gandhi Mission's Medical College, Navi Mumbai having been examined for the Degree of

D-6Q D0-D

Bachelor of Medicine and Bachelor of Surgery

D0000000

has passed the Examination held in January 2014 and completed one year Compulsory Rotatory Internship. The said Degree has been conferred on him / her at the Fifth Convocation held on the 27th day of June, 2015 at Aurangabad.

In testimony whereof are set the Seal of the said University and the signature of the Vice Chancellor.





Vice Chancellor

3624 Market Street
Philadelphia PA 19104-2685
215-386-5900 | 215-386-6327
www.ecfmg.org

495467

RE: Vasundhra Mahendra 1-137-356-0

I hereby certify that the attached transcript or other credential is authentic and correct and I am authorized to certify this on behalf of this institution as reported to ECFMG by official notification from this institution.

Signature: Date: 22 December 2021

Name (Printed or Typed)

Head Clerk (Co-ordinator)

Title

Mahatma Gandhi Mission's Medical College, Navi Mumbai

Name of Medical School





MEDICAL COLLEGE

Sector - 1, Kamothe, Navi Mumbai - 410209. Ph: (022),27433404, 27427991, 27427900 Fax: (022) 27422459 E-mail: mgmmcnb@gmail.com, Web: www.mgmmumbai.ac.in

TRANSCRIPT OF MEDICAL STUDIES FOR DEGREE OF BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (M.B.B.S)

This is to certify that Miss. Vasundhra Mahendra, born on 31st January, 1990 was a student of Mahatma Gandhi Mission's Medical College, Kamothe, Navi Mumbai for the degree of Bachelor of Medicine and Bachelor of Surgery (M.B.B.S) of MGM Institute of Health Sciences (MGMIHS), Navi Mumbai, India from July 2009.

She passed First, Second, Third (Part-1) & Final (Third Part-2) MBBS examinations of Mahatma Gandhi Mission's Institute of Health Sciences, Navi Mumbai, held in July 2010, January 2012, January 2013 & January 2014 respectively from this college.

She has successfully completed one year compulsory rotatory internship on 31st January 2015. During her tenure at this college, she has attended the below mentioned prescribed subjects for the degree of MBBS.

FIRST YEAR MBBS (JULY 2009 TO JULY 2010)

| Subject | Theory | Practical | Total Hours | Actual Attendance | | |
|----------------------------|--|-----------|-------------|-------------------|-----------|------------|
| | (Including Tutorials And Revision) | | | Theory | Practical | Total Hrs. |
| Human Anatomy | 220 | 430 | 650 | 80% | 80% | 80% |
| Physiology | 160 | 320 | 480 | 80% | 80% | 80% |
| Biochemistry | 80 | 160 | 240 | 80% | 80% | 80% |
| Community Medicine(PSM) | 30 | 30 | - 60 | 80% | 80% | 80% |

SCHEME OF EXAMINATION: PHASE 1 (At the end of 2nd Semester)

1st MBBS (JULY 2010) Practical Internal Assessment Total Oral/Viva Theory Subject (Theory + Practical) Marks 15/40 97+3 */200 11/2022/40 49/100 Human Anatomy 115/200 23/40 24/40 Physiology 57/106 11/20 24/40 114/200 14/20 27/40 49/100 Biochemistry 329/600 Fotal

NEW MUNBA



MAHATMA GANDHI MISSION'S, MEDICAL COLLEGE

Sector – 1, Kamothe, Navi Mumbai – 410209. Ph; (022):27433404, 27427991, 27427900 Fax: (022) 27422459 E-mail: mgmmcnb@gmail.com, Web; www.mgmmumbai.ac.in

SECOND YEAR MBBS

(AUGUST 2010 TO JANUARY 2012)

| Subject | Theory | Practical Total Hours Th | Total Hours | Actual Attendance | | |
|----------------------------|--|--------------------------|-------------|-------------------|------------|-----|
| | (Including Tutorials And Revision) | | Theory | Practical | Total Hrs. | |
| Pharmacology | 180 | 120 | 300 | 80% | 80% | 80% |
| Pathology | 190 | 110 | 300 | 80% | 80% | 80% |
| Microbiology | 130 | 120 | 250 | 80% | 80% | 80% |
| Forensic Medicine | 60 | 40 | 100 | 80% | 80% | 80% |
| Community Medicine(PSM) | 68 | 132 | 200 | 80% | 80% | 80% |

SCHEME OF EXAMINATION: PHASE 2 (At the end of 5th Semester)

2nd MBBS (JANUARY 2012)

| Subject | Theory & Oral | Practical | Internal Assessment (Theory + Practical) | Total Marks |
|-------------------|---------------|-----------|---|-------------|
| Pharmacology | 61/95 | 22/25 | 25/30 | 108/150 |
| Pathology | 60/95 | 22/25 | 20/30 | 102/150 |
| Microbiology | 69/95 | 19/25 | 18/30 | 106/150 |
| Forensic Medicine | 35 /50 | 24/30 | 13/20 | 72/100 |
| Total | | | | 388/550 |





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E-mail: mgmmcnb@gmail.com, Web: www.mgmmumbai.ac.in

THIRD YEAR MBBS PART-1 (FEBRUARY 2012-JANUARY- 2013)

| Subject | Theory Practical | Practical | Total Hours | Actual Attendance | | |
|----------------------------|------------------|-----------|-------------|-------------------|------------|-----|
| | | | Theory | Practical | Total Hrs. | |
| Community Medicine(PSM) | 50 | 66 | 116 | 80% | 80% | 80% |
| Ophthalmology | 100 | 180 | 280 | 80% | 80% | 80% |
| Oterhinolaryngology | 70 | 144 | 214 | 80% | 80% | 80% |

SCHEME OF EXAMINATION: PHASE 3(At the end of 7th Semester) 3rd MBBS PART-1 (JANUARY 2013)

| Subject | Theory & Oral | Practical | (Theory+ Practical) | Total Marks |
|------------------------------|---------------|-----------|---------------------|-------------|
| Community Medicine (PSM) | 89/130 | 22/30 | 27/40 | 138/200 |
| Ophthalmology | 31/50 | 17/30 | 14/20 | 62/100 |
| Otorhinolaryngology (ENT) | 28/50 | 22/30 | 13/20 | 63/100 |
| Total | | | | 263/400 |





MAHATMA GANDHI MISSION'S, MEDICAL COLLEGE

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E-mail: mgmmcnb@gmail.com. Web: www.mgmmumbai.ac.in

THIRD YEAR MBBS PART-2 (FEBRUARY 2013 TO JANUARY

2014) Actual Attendance Total Hours Subject Practical Theory Theory Practical Total Hrs. 80% 80% 80% 998 468 530 General Medicine Includ ing -Psychiatry -Tracheo -Bronchial And Chest Diseases And Dermatology Surgery 80% 80% 80% 768 468 General Surgery 300 80% 80% 80% 280 180 100 Orthopedics 80% 80% 80% 56 36 20 Anesthesia 80% 80% 80% 56 36 20 Radiology 80% 80% 80% 46 36 10 Dentistry 80% 80% 80% 768 468 300 Obstetries And Gynecology 80% 80% 80% 280 180 100 Pediatrics

SCHEME OF EXAMINATION: PHASE 3(At the end of 9th Semester)

3rd MBBS PART-2 (JANUARY 2014)

| Subject | Theory & Oral | Practical | Internal Assessment (Theory +Practical) | Total Marks |
|---------------------------------|---------------|-----------|--|-------------|
| Medicine And Allied Subjects | 94/140 | 56/100 | 36/60 | 186/300 |
| General Surgery | 81/140 | 59/100 | 43/60 | 183/300 |
| Obstetrics And Gynecology | 68/100 | 50/60 | 28/40 | 146/200 |
| Pediatrics | 26/50 | 16/30 | 12/20 | 54/100 |
| Total | | | | 569/900 |





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E-mail: mgmmcnb@gmail.com, Web: www.mgmmumbai.ac.in

CLINICAL CLERKSHIP CERTIFICATE OF MISS. VASUNDHRA MAHENDRA

(From August 2010 - November 2013)

| NAME OF POSTING | PERIOD OF POSTING | SUPERVISING PHYSICIAN |
|--------------------|--|------------------------|
| General Medicine | 3 rd Semester- 24.11,2010 - 12.01.2011 5 th Semester- 31.10.2011 - 29.11.2011 7 th Semester- 05.10.2012 - 19.10.2012 8 th Semester- 01.05,2013 - 12.06.2013 9 th Semester- 24.09.2013 - 20.10.2013 | Dr. Jaishree Ghanekar |
| Dermatology &V.D. | 4 th Semester- 12.06.2011 - 21.06.2011 6 th Semester- 21.05.2012 - 04.06.2012 8 th Semester- 05.03.2013 - 18.03.2013 | Dr. Satish Udare |
| Chest & T.B. | 4th Semester- 02.06,2011 - 11.06,2011 | Dr. P.V. Potdar |
| Psychiatry | 7 th Semester- 20.09.2012 - 04.10.2012 | Dr. Rakesh Ghildiyal |
| Community Medicine | 3 rd Semester- 13.10.2010 - 23.11.2010 4 th Semester- 06.04.2011 - 04.05.2011 6 th Semester- 01.02.2012 - 29.02.2012 | Dr. Seema Anjenaya |
| General Surgery | 3 th Semester- 01.08.2010 – 20.09.2010 5 th Semester- 08.08.2011 – 04.09.2011 7 th Semester- 20.10.2012 – 03.11.2012 8 th Semester- 13.6.2013 – 25.07.2013 9 th Semester- 21.10.2013 – 16.11.2013 | Dr.Ashok Kalyan Shetty |



Dean.



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| | @gmail.com, Web: www.mg | D- Alfren Viera |
|----------------------------------|--|-----------------|
| Orthopaedics | 5 th Semester- 05.09:2011 - 02.10:2011 6 th Semester- 19.06:2012 - 17.07:2012 8 th Semester- 17.04:2013 - 30:04:2013 9 th Semester- 28.08:2013 - 10:09:2013 | |
| Radiology | 7th Semester- 05.09.2012 - 19.09.2012 | |
| Casualty (Emergency Medicine) | 6 th Semester- 05.06.2012 - 18.06.2012 | |
| Dentistry | 4th Semester- 22.06.2011 - 01.07.2011 5th Semester- 03.10.2011 - 09.10.2011 | |
| Obstetrics & Gynaecology | 3 rd Semester- 21.09.2010 - 12.10.2010 4 th Semester- 02.07.2011 - 21.07.2011 5 th Semester- 10.10.2011 - 30.10.2011 7 th Semester- 06.08.2012 - 20.08.2012 8 th Semester- 04.02.2013 - 04.03.2013 9 th Semester- 01.08.2013 - 27.08.2013 | |
| Pediatrics | 4 th Semester- 23.05.2011 - 01.06.2011 7 th Semester- 21.08.2012 04.09.2012 8 th Semester- 19.03.2013 - 16.04.2013 9 th Semester- 11.09.2013 - 23.09.2013 | |





${\bf MAHATMA~GANDHI~MISSION'S}.$

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| Otorhinolaryngology | 4th Semester- 07.02.2011 - 07.03.2011 6th Semester- 01.03.2012 - 29.03.2012 | |
|---------------------|--|---------------|
| Ophthalmology | 4th Semester- 08.03.2011 - 05.04.2011 6th Semester- 30.03.2012 - 30.04.2012 | Dr. A. Agashe |



Dean.



Affixed by medical school on: 22 December 2021



MAHATMA GANDHI MISSION'S, MEDICAL COLLEGE

Sector – 1, Kamothe, Navi Mombai – 110209 Ph: (022),27433404, 27427901, 27427900 f ax: (022) 27422459 E-mail: mgmmcnb@gmail.com, Web: www.mgmmumbai.ac.m

ROTATORY INTERNSHIP TRAINING

This is to certify that Miss, Vasundhra Mahendra has successfully completed her one year compulsory rotatory Internship from 01.02.2014 to 31.01.2015, details of which are given below:

| Group | Name of Department | No. Of Days |
|-------|---|-------------|
| L. | COMMUNITY MEDICINE | 60 |
| | i. Rural community posting. | 30 |
| | ii. Urban health centre postings. | 15 |
| | iii. Departmental posting. | 15 |
| II. | MEDICINE | 60 |
| | i. General Medicine | 45 |
| | li. Psychiatry | 15 |
| III. | SURGERY | 60 |
| | i.General Surgery | 45 |
| | ii.Anaesthesia | 15 |
| IV. | OBSTETRICS AND GYNAECOLOGY: including family welfare planning | 60 |
| ٧. | PEDIATRICS | 30 |
| VI. | ORTHOPAEDICS including PMR | 30 |
| VII. | OTORHINOLARYNGOLOGY | 15 |
| VIII. | OPHTHALMOLOGY | 15 |
| IX. | CASUALTY (EMERGENCY MEDICINE) | 15 |
| Х. | CCL/BLOOD BANK /FMT/RADIOLOGY/DERMATOLOGY | 15 |
| XI. | ORIENTATION | 05 |



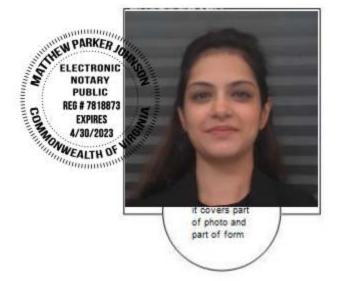


ECFMG CERTIFICATION OF IDENTIFICATION FORM (FORM 186)



ECFMG ID® Number: 1-137-356-0 Name: Vasundhra Mahendra Date of Right: 31 Jan 1990

Gender: Female



IMPORTANT NOTE: When completed and submitted to ECFMG, this Certification of Identification Form will become part of your ECFMG record.

All information on the Certification of Identification Form is subject to verification and acceptance by ECFMG. This form will be used to identify you when you submit an application to ECFMG for any of its programs or services, including an application for a USMLE® Step or Step Component.

CERTIFICATION OF IDENTIFICATION BY OFFICIAL (To be completed by official)

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by:
(a) comparing his/her physical appearance with the photograph printed hereto, (b) comparing his/her physical appearance with the passport photograph, and (c) comparing his/her original passport with the copy of the attached passport.

10/13/2021

Date (mm/dd/yyyy)

Completed via Remote Online Notarization using 2way Audio/Video technology

The statements in this document were subscribed and sworn to before me by the individual.

| APPLICANT RELEASE OF INFORMATION AND CERTIFICATION (| To be completed by physician) |
|--|-------------------------------|

Release of Information Authorization

I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information to ECFMG bearing on the content of my request or any document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment.

I hereby authorize ECFMG to transmit any information it may hold, or that may otherwise become available to ECFMG, bearing on the content of my request or any other document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment, determinations of irregular behavior and/or removal of J-1 visa sponsorship to any federal, state, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

I also extend absolute immunity to, and release, other agencies, medical schools, universities, institutions, hospitals and clinics, and registration and licensing authorities providing information, their employees, contractors, representatives, trustees, directors, and officers, and any third parties and organizations for their acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations, or disclosures involving me, made in good faith and without malice, requested by ECFMG.

I HAVE READ, UNDERSTOOD, AND AGREE TO THIS RELEASE OF INFORMATION AUTHORIZATION AND I INTEND TO BE LEGALLY BOUND BY IT.

Certification

Signature of Official

I certify that I am the individual named above, am represented in the attached photograph, the attached passport is a copy of the passport that was issued to me, and that the signature below is my signature.

I hereby certify that I have read, understood, and agree to all of the above statements. I also certify that I have read the Policies and Procedures Regarding Irregular Behavior and agree to abide by these policies and procedures. I certify I understand that, as provided in the Policies and Procedures Regarding Irregular Behavior, among other things, ECFMG may find that submission of falsified documents to ECFMG during the certification process constitutes irregular behavior, which could result in actions including permanent revocation of or permanent bar to ECFMG Certification, and permanent annotation of my ECFMG record, among other things. I also certify that I have read and understood the ECFMG Privacy Notice, which is available on the ECFMG website at https://www.ecfmg.org/annc/privacy.html, and consent to the collection and use of my personal information in the matter described therein.

| _x Vasundhra Mahendra | 10/13/2021 |
|---------------------------------|-------------------|
| Signature of Applicant | Date (mm/dd/yyyy) |



3624 Market Street
Philadelphia PA 19104-2685
215-386-5900 | 215-386-6327
www.ecfmg.org

495467

Name of Record: Zariwala, Yakuta Tehjul Name on Document: Yakuta Tehjul Zariwala EPIC ID: C-ZY130737

I hereby certify that the attached Final Medical Diploma or other credential is authentic and correct and I am authorized to certify this on behalf of this institution as reported to ECFMG by official notification from this institution.

Signature: Date: 05 April 2022

| Name (Printed or Typed) | |
|--------------------------------|-------------------------|
| Head Clerk (Co-ordinator) | |
| Title | |
| Mahatma Gandhi Mission's Medic | al College, Navi Mumbai |

Name of Medical School









Affixed by medical school on:

05 April 2022 IGM INSTITUTE OF HEALTH SCIENCES

NAVI MUMBAI

(Deemed to be University u/s 3 of UGC Act, 1956)

We, the Chancellor, Vice Chancellor and Members of the Board of Management, on the recommendation of the Academic Council of MGM Institute of Health Sciences

Certify that the withinsigned



Ms. Yakuta Tehjul Zariwala

PRN: 11510100093 DOB: 14/08/1996

Father's Name: Tehjul Ismail Zariwala

Mother's Name: Rashida Tehjul Zariwala

of Mahatma Gandhi Mission's Medical College, Navi Mumbai

having been examined for the Degree of



Bachelor of Medicine and Bachelor of Surgery



has passed the Examination in regular mode held in January 2020
and completed one year Compulsory Rotatory Internship.

The said Degree has been conferred on him / her at the Fifteenth Convocation held on the 29th day of August, 2021 at Navi Mumbai.

In testimony whereof are set the Seal of the said University and the signature of the Vice Chancellor.



Vice Chancellor

Electronic Portfolio of International Credentials (EPIC) IDENTIFICATION FORM **Educational Commission for Foreign Medical Graduates ECFMG®** 3624 Market Street, Philadelphia, PA 19104 (215) 966-3900 info@ecfmgepic.org



Name: Yakuta Tehjul Zariwala Date of Birth: 14-Aug-1996

Gender: FEMALE

IMPORTANT NOTE: When completed and submitted to ECFMG this EPIC Identification Form will become part of your ECFMG record. All information on the EPIC Identification Form is subject to verification and acceptance by ECFMG.

CERTIFICATION OF IDENTIFICATION BY OFFICIAL (To be completed by official)

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph printed hereto, (b) comparing his/her physical appearance with the passport photograph, and (c) comparing his/her original passport with the copy of the attached passport.

The statements in this document are subscribed and sworn to before me by the individual on this <u>09</u> day, of the month of <u>March</u> in the year <u>2022</u>. Notary Public - Bedford County, Virginia Title (with English translation, if not in English) "Completed Via Remote Online Notarizaion using 2way Audio Video Technology"_

APPLICANT RELEASE OF INFORMATION AND CERTIFICATION (To be completed by physician) **Release of Information Authorization**

I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information to ECFMG bearing on the content of my request or any document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment

I hereby authorize ECFMG to transmit any information in its possession, or that may otherwise become available to ECFMG, bearing on the content of my request or any other document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment, to any federal, state, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

I also extend absolute immunity to, and release, other agencies, medical schools, universities, institutions, hospitals and clinics, and registration and licensing authorities providing information, their employees, representatives, directors, and officers, and any third parties and organizations for their acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations, or disclosures involving me, made in good faith and without malice, requested by ECFMG.

I HAVE READ, UNDERSTOOD AND AGREE TO THIS RELEASE OF INFORMATION AUTHORIZATION.

I certify that I am the individual named above, am represented in the attached photograph, the attached passport is a copy of the passport that was issued to me, and that the signature below is my signature.

I hereby certify that I have read, understood, and agree to all of the above statements. I also certify that I have read, understood, and agree to the ECFMG Privacy Notice. I also certify that I have read the ECFMG Policies and Procedures Regarding Irregular Behavior and agree to abide by these policies and procedures. I certify I understand that, as provided in the ECFMG Policies and Procedures Regarding Irregular Behavior, among other things, ECFMG may find that submission of falsified documents to ECFMG through EPIC constitutes irregular behavior, which could result in actions including permanent revocation of or permanent bar to ECFMG Certification, among other things.

x Yakuta Tehjul Zariwala March Signature of Applicant Date



Official: Seal/stamp must cover a portion of the photo and of the passport.

N RAWLING PUBLIC

Applicant's Passport Withheld

For security reasons, ECFMG does not provide applicants' passport information to third-parties.



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Philadelphia PA 19104-2685
215-386-5900 | 215-386-6327
www.ecfmg.org

495467

Name of Record: Gude, Omshree Name on Document: Gude Omshree Suryanarayana EPIC ID: C-GO111610

I hereby certify that the attached Final Medical School Transcript or other credential is authentic and correct and I am authorized to certify this on behalf of this institution as reported to ECFMG by official notification from this institution.

Signature: Date: 14 August 2021

| Lissy Santosn vargnese | |
|--------------------------------|-------------------------|
| Name (Printed or Typed) | == <u></u> e |
| Head Clerk (Co-ordinator) | |
| Title | |
| Mahatma Gandhi Mission's Medic | al College, Navi Mumbai |

Name of Medical School





MAHATMA GANDHI MISSION'S, MEDICAL COLLEGE

Sector – 1, Kamothe, Navi Mumbai – 410209. Ph: (022),27433404, 27427991, 27427900 Fax: (022) 27422459 E-mail: mgmmcnb@gmail.com, Web: www.mgmmumbai.ac.in

TRANSCRIPT OF MEDICAL STUDIES FOR DEGREE OF BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (M.B.B.S)

This is to certify that Miss. Gude Omshree Suryanarayana born on 06th December,1996 was a student of Mahatma Gandhi Mission's Medical College, Kamothe, Navi Mumbai for the degree of Bachelor of Medicine and Bachelor of Surgery (M.B.B.S) of MGM Institute of Health Sciences (MGMIHS), Navi Mumbai, India from August 2014.

She passed her First, Second, Third (Part-I & Part- II) MBBS examinations of Mahatma Gandhi Mission's Institute of Health Sciences, Navi Mumbai, held in August 2015, February 2017 January 2018 & January 2019 respectively from this college. She has completed one year compulsory rototary internship training.

FIRST YEAR MBBS (AUGUST-2014 TO AUGUST-2015)

| Subject | Theory (Including Tutorials And Revision) | Practical | Total Hours | Actual Attendance | | |
|---------------|---|-----------|-------------|-------------------|-----------|-------------|
| | | | | Theory | Practical | Total Hours |
| Human Anatomy | 220 | 430 | 650 | 80% | 80% | 80% |
| Physiology | 160 | 320 | 480 | 80% | 80% | 80% |
| Biochemistry | 80 | 160 | 240 | 80% | 80% | 80% |

SCHEME OF EXAMINATION: PHASE 1 (At the end of 2nd Semester)

| Subject | Theory | Oral/Viva | Practical | Internal Assessment (Theory + Practical) | |
|--------------|--------|-----------|-----------|---|---------|
| Anatomy | 76/100 | 13/20 | 22/40 | 26/40 | 137/200 |
| Physiology | 65/100 | 15/20 | 23/40 | 25/40 | 128/200 |
| Biochemistry | 68/100 | 14/20 | 26/40 | 26/40 | 134/200 |
| Total | | | 7-4-1-4 | | 399/600 |





MEDICAL COLLEGE

Sector – 1, Kamothe, Navi Mumbai – 410209. Ph: (022), 27433404, 27427991, 27427900 Fax: (022) 27422459 E-mail: <u>mgmmcnb@gmail.com</u>, Web: <u>www.mgmmumbai.ac.in</u>

SECOND YEAR MBBS (SEPTEMBER-2015 TO FEBRUARY-2017)

| Subject | Theory (Including Tutorials And Revision) | Practical | Total Hours | Actual Attendan | | nce |
|----------------------|---|-----------|-------------|-----------------|-----------|-------------|
| | | | | Theory | Practical | Total Hours |
| Pharmacology | 180 | 120 | 300 | 80% | 80% | 80% |
| Pathology | 190 | 110 | 300 | 80% | 80% | 80% |
| Microbiology | 130 | 120 | 250 | 80% | 80% | 80% |
| Forensic Medicine | 60 | 40 | 100 | 80% | 80% | 80% |

SCHEME OF EXAMINATION: PHASE 2 (At the end of 5th Semester)

2nd MBBS (FEBRUARY-2017)

| Subject | Theory & Oral | Practical | Internal Assessment (Theory + Practical) | Total Marks |
|-------------------|---------------|-----------|---|-------------|
| Pharmacology | 72/95 | 23/25 | 21/30 | 116#/150 |
| Pathology | 60/95 | 17/25 | 21/30 | 98/150 |
| Microbiology | 64/95 | 16/25 | 22/30 | 102/150 |
| Forensic Medicine | 31/50 | 20/30 | 16/20 | 67/100 |
| Total | | | | 383/550 |





MEDICAL COLLEGE

Sector – 1, Kamothe, Navi Mumbai – 410209. Ph: (022), 27433404, 27427991, 27427900 Fax: (022) 27422459 E-mail: <u>mgmmcnb@gmail.com</u>, Web: <u>www.mgmmumbai.ac.in</u>

THIRD YEAR MBBS PART-I (MARCH 2017-JANUARY 2018)

| Subject | Theory | Practical | Total Hours | Actual Attendance | | |
|----------------------------|--------|-------------|-------------|-------------------|-------------|-----|
| | | The same of | Theory | Practical | Total Hours | |
| Community Medicine(PSM) | 50 | 66 | 116 | 80% | 80% | 80% |
| Ophthalmology | 100 | 180 | 280 | 80% | 80% | 80% |
| Otorhinolaryngology | 70 | 144 | 214 | 80% | 80% | 80% |

SCHEME OF EXAMINATION: PHASE 3(At the end of 7th Semester)

3rd MBBS PART-I (JANUARY 2018)

| Subject | Theory & Oral | Practical | Internal Assessment (Theory+ Practical) | Total Marks |
|---------------------------|------------------|-----------|--|-------------|
| Community Medicine (PSM) | 86/130 | 23/30 | 29/40 | 138/200 |
| Ophthalmology | 33/50 | 20/30 | 13/20 | 66/100 |
| Otorhinolaryngology (ENT) | 33/50 | 15/30 | 11/20 | 59/100 |
| Total | | | | 263/400 |





MEDICAL COLLEGE

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THIRD YEAR MBBS PART-2 (FEBUARY 2018- JANUARY- 2019)

| Subject | Theory (Including Tutorials And Revision) | Practical | Total Hours | Actual Attendance | | nce |
|---|--|-----------|----------------|-------------------|-----------|-------------|
| | | | | Theory | Practical | Total Hours |
| General Medicine Including -Psychiatry -Tracheo -Bronchial And Chest Diseases And Dermatology | 530 | 468 | 998 | 80% | 80% | 80% |
| General Surgery | 300 | 468 | 768 | 80% | 80% | 80% |
| Orthopedics | 100 | 180 | 280 | 80% | 80% | 80% |
| Anesthesia | 20 | 36 | 56 | 80% | 80% | 80% |
| Radiology | 20 | 36 | 56 | 80% | 80% | 80% |
| Dentistry | 10 | 36 | 46 | 80% | 80% | 80% |
| Obstetrics And Gynecology | 300 | 468 | 768 | 80% | 80% | 80% |
| Pediatrics | 100 | 180 | 280 | 80% | 80% | 80% |

SCHEME OF EXAMINATION: PHASE 3(At the end of 9th Semester)

3rd MBBS PART-II (JANUARY 2019)

| Subject | Theory & Oral | Practical | Internal Assessment (Theory+ Practical) | Total Marks |
|----------------------------|---------------|-----------|--|-------------|
| Medicine & Allied Subjects | 92/140 | 61/100 | 34/60 | 187/300 |
| General Surgery | 69+1*/140 | 50/100 | 28/60 | 148+2/300 |
| Obstetrics and Gynecology | 55/100 | 33/60 | 29/40 | 117/200 |
| Paediatrics | 27/50 | 17/30 | 12/20 | 56/100 |
| Total | | | | 510/900 |





MAHATMA GANDHI MISSION'S, MEDICAL COLLEGE

Sector – 1, Kamothe, Navi Mumbai – 410209. Ph: (022), 27433404, 27427991, 27427900 Fax: (022) 27422459 E-mail: mgmmcnb@gmail.com, Web: www.mgmmumbai.ac.in

CLINICAL CLERKSHIP CERTIFICATE OF MISS. GUDE OMSHREE

SURYANARAYANA

(From September 2015 - Nov. 2018)

| NAME OF POSTING | PERIOD OF POSTING | SUPERVISING PHYSICIAN | | |
|--------------------|---|-------------------------------------|--|--|
| General Medicine | 3 rd Semester- 01.09.2015 - 13.10.2015 5 th Semester- 01.08.2016 - 20.08.2016 7 th Semester- 05.08.2017 - 25.08.2017 8 th Semester- 01.02.2018 - 13.03.2018 9 th Semester 30.07.2018- 26.08.2018 | Dr. Jaishree Ghanekar | | |
| Dermatology & V.D. | 4 th Semester- 02.07.2016 - 12.07.2016 6 th Semester 08.07.2017- 17.07.2017 8 th Semester- 20.05.2018 - 03.06.2018 | Dr. Hemangi Jerajani | | |
| Chest & T.B. | 4 th Semester- 21.06.2016 - 01.07.2016 | Dr. P.V. Potdar | | |
| Psychiatry | 7 th Semester- 26.08.2017 - 07.09.2017 | Dr. Rakesh Ghildiyal | | |
| General Surgery | 3 th Semester- 14.10.2015 – 31.10.2015 & 16.11.2015- 09.12.2015 5 th Semester- 20.10.2016 – 26.10.2016 & 03.11.2016- 15.11.2016 7 th Semester- 31.10.2017 – 24.11.2017 8 th Semester- 14.03.2018 – 23.04.2018 9 th Semester 22.10.2018- 18.11.2018 | Dr. Kalyan Shetty & Dr Sameer Kadam | | |





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| Orthopaedics | 5 th Semester- 30.09.2016 - | Dr. Alfven Viera |
|----------------------------------|--|--|
| | 19.10.2016 6 th Semester- 26.03.2017 - | |
| | 14.04.2017 | The second second second |
| | 8 th Semester- 30.06.2018 - | |
| | 14.07.2018 | |
| | 9 th Semester 10.09.2018- | |
| | 23.09.2018 | 0 00 00 00 00 00 00 00 00 00 00 00 00 0 |
| Radiology | 6 th Semester- 28.06.2017 - | Dr. A. D. Gursale |
| | 07.07.2017 | |
| | 7 th Semester-08.09.2017- | |
| III LANGE BEING | 19.09.2017 | |
| Community Medicine | 3 rd Semester- 25.12.2015 - | Dr. Seema Anjenaya |
| | 20.01.2016 | |
| | 4 th Semester- 12.02.2016 - | |
| | 03.03.2016 | |
| | 6 th Semester- 03.03.2017 - 25.03.2017 | |
| Casualty (Emorganov | 5 th Semester 31.08.2016- | Dr. D.B. Bhusare |
| Casualty (Emergency Medicine) | 09.09.2016 | Dr. D.B. Bitusare |
| iviedicine) | 6 th Semester- 18.07.2017 - | |
| | 27.07.2017 | |
| Dentistry | 4 th Semester- 09.06.2016 - | Dr. Sivashankar |
| | 20.06.2016 | |
| | 5 th Semester- 21.08.2016 - | |
| | 30.08.2016 | |
| Obstetrics & Gynecology | 3 rd Semester -10.12.2015- | Dr. Sushil Kumar |
| | 24.12.2015 | |
| | 4 th Semester-17.04.2016- | |
| | 30.04.2016 & 21.05.2016- | |
| | 29.05.2016 | |
| | 5 th Semester-10.09.2016 | |
| | 29.09.2016 7 th Semster-20.09.2017- | |
| | 15.10.2017 | |
| | 8 th Semester -24.04.2018- | |
| | 19.05.2018 | The state of the s |
| | 9 th Semester 24.09.2018- | |
| | 21.10.2018 | |





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| Pediatrics | 4 th Semester- 30.05.2016 - 08.06.2016 6 th Semester- 17.06.2017 - 27.06.2017 8 th Semester 04.06.2018- 29.06.2018 9 th Semester 27.08.2018- 09.09-2018 | Dr. Mohanty |
|---------------------|--|------------------|
| Otorhinolaryngology | 4 th Semester- 04.03.2016 - 25.03.2016 6 th Semester- 15.04.2017- 30.04.2017 & 22.05.2017-26.05.2017 | Dr. Suman P. Rao |
| Ophthalmology | 4 th Semester- 26.03.2016 - 16.04.2016 6 th Semester- 27.05.2017 - 16.06.2017 | Dr. Abidi Nahed |





Affixed by medical school on: 14 August 2021



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E-mail: mgmmcnb@gmail.com, Web: www.mgmmumbai.ac.in

ROTATORY INTERNSHIP TRAINING

Miss.Gude Omshree Suryanarayana has completed one year compulsory Rotatory

Internship from 04.02.2019 to 13.03.2020.

| Group | Name Of Department | No. Of Days |
|-------|---|-------------|
| I. | COMMUNITY MEDICINE | 60 |
| | i. Rural community posting. | 30 |
| | ii. Urban health centre postings. | 15 |
| | iii. Departmental posting. | 15 |
| П. | MEDICINE | 60 |
| | i. General Medicine | 45 |
| | Ii. Psychiatry | 15 |
| III. | SURGERY | 60 |
| | i.General Surgery | 45 |
| | ii.Anaesthesia | 15 |
| IV. | OBSTETRICS AND GYNAECOLOGY: including family welfare planning | 60 |
| V. | PEDIATRICS | 30 |
| VI. | ORTHOPAEDICS including PMR | 30 |
| VII. | OTORHINOLARYNGOLOGY | 15 |
| VIII. | OPHTHALMOLOGY | 15 |
| IX. | CASUALTY (EMERGENCY MEDICINE) | 15 |
| X. | CCL/BLOOD BANK /FMT/RADIOLOGY/DERMATOLOGY | 15 |
| XI. | ORIENTATION | 05 |



Dean.
M.G.M. Medical College & Hospital
Kamothe, Navi Mumbai - 41u209

Electronic Portfolio of International Credentials (EPIC) IDENTIFICATION FORM **Educational Commission for Foreign Medical Graduates ECFMG®** 3624 Market Street, Philadelphia, PA 19104 (215) 966-3900 info@ecfmgepic.org



Name: Omshree Gude

Gender: FEMALE Date of Birth: 06-Dec-1996

IMPORTANT NOTE: When completed and submitted to ECFMG this EPIC Identification Form will become part of your ECFMG record. All information on the EPIC Identification Form is subject to verification and acceptance by ECFMG.

| comparing his/her physical appearance with the photograph printed by photograph, and (c) comparing his/her original passport with the cop | |
|---|--|
| The statements in this document are subscribed and sworn to before in the year 2021. | me by the individual on this 16 day, of the month of |
| x Alelisander Durit Wandows | Notary Public for Williamsburg Virginia |
| Signature of Official | Title (with English translation, if not in English) tion using 2way Audio/Video technology |
| | |

APPLICANT RELEASE OF INFORMATION AND CERTIFICATION (To be completed by physician) **Release of Information Authorization**

CERTIFICATION OF IDENTIFICATION BY OFFICIAL (To be completed by official)

I request and authorize every person, medical school, university, hospital, government agency, or other entity to release information to ECFMG bearing on the content of my request or any document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment

I hereby authorize ECFMG to transmit any information in its possession, or that may otherwise become available to ECFMG, bearing on the content of my request or any other document submitted to ECFMG, including, but not limited to, records, diplomas, transcripts, and other documents concerning my identity, citizenship or immigration status, educational, academic or professional history and status, or enrollment, to any federal, state, or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

I also extend absolute immunity to, and release, other agencies, medical schools, universities, institutions, hospitals and clinics, and registration and licensing authorities providing information, their employees, representatives, directors, and officers, and any third parties and organizations for their acts, communications, reports, records, diplomas, transcripts, statements, documents, recommendations, or disclosures involving me, made in good faith and without malice, requested by ECFMG.

I HAVE READ, UNDERSTOOD AND AGREE TO THIS RELEASE OF INFORMATION AUTHORIZATION.

I certify that I am the individual named above, am represented in the attached photograph, the attached passport is a copy of the passport that was issued to me, and that the signature below is my signature.

I hereby certify that I have read, understood, and agree to all of the above statements. I also certify that I have read, understood, and agree to the ECFMG Privacy Notice. I also certify that I have read the ECFMG Policies and Procedures Regarding Irregular Behavior and agree to abide by these policies and procedures. I certify I understand that, as provided in the ECFMG Policies and Procedures Regarding Irregular Behavior, among other things, ECFMG may find that submission of falsified documents to ECFMG through EPIC constitutes irregular behavior, which could result in actions including permanent revocation of or permanent bar to ECFMG Certification, among other things.

| x Omshree Gude | July | 16 2021 |
|------------------------|------|---------|
| Signature of Applicant | Date | |



Applicant's Passport Withheld

For security reasons, ECFMG does not provide applicants' passport information to third-parties.



State Common Entrance Test Cell, Maharashtra

8th Floor, New Excelsior Building, A. K. Nayak Marg, Fort, Mumbai- 400 001

NEET (PG) - 2021

Provisional Selection Letter (CAP 1)

Printed On

Jan 29 2022 8:01AM

· Candidate's Details

Name

· JADHAV PRATOSHA MOHAN

Roll Number

: 2166087035

State CET Form No

: 215000354

All India Rank

: 78119

Date of Birth

: 28/08/1995

Category

: OPEN





Current Selection

| Round No - Data | Institute Nams | Course | Allotted Quota |
|-----------------------|--|-------------|--------------------|
| CAP 1 - 28/01/2022 | 44111: SMBT INSTITUTE of MEDICAL SCIENCES, & RESEARCH CENTRE, IGATPURI, NASHIK | ANAESTHESIA | INSTITUTE QUOTA |

- 1. Please read instructions carefully published in Notice for Physical Joining.
- 2. The selection letter will be considered as e-pass/curfew pass to facilitate candidate along with one parent/Attendant during travel for the purpose of physical reporting/joining to allotted college.
- 3. The candidates are advised to contact the allotted college authorities for details before proceeding for admission by physical joining
- 4. This selection is Provisional, to be confirmed subject to verification of original documents at the time of physical joining. Candidate should report to the respective allotted college along with all the original certificates and a set of photo copy with requisite fees and scanned copy of all original documens.
- 5. Reserved candidate who have secured seat under reserved quota and whose first round of allotted seat got cancelled during the document verification on reporting for admission will be considered for all of ment of seat in the next round of seat all of ment with changed category, subject to eligibility & availability of seat in respective category.
- 6. The candidate is requested to ensure that he/she is issued a System Generated Receipt/Acknowledgement by the college where he/she is taking admission.
- 7. A desirous candidate may give his/her Status Retention Form in prescribed format available in information brochure within prescribed period to the allotted college to retain the admission. Candidate who submits Status Retention Form will get Retention Acknowledgement by the college. Candidate who does not fill status retention form is eligible for betterment in the subsequent rounds, as per the preference filled by the candidate. Betterment in the subsequent rounds is mandatory, if the candiate has not filled and submitted the status retention form. Candidate should note that filling up of Status Retention Form is not mandatory for all candidates.
- 8. After joining the allotted coilege, if candidate desires to resign the allotted seat then the candidate must fill the Cancelletion Form in prescribed format available in information brochure and submit to college within prescribed period. Candidate who submits Cancellation Form will get Admission Cancellation Acknowledgement by the college.
- 9. If the candidate falls to join physically within prescribed period, he/she will be considered as NOT JOINED and will not be considered for further CAP rounds.
- 10. Candidate must preserve the physical acknowledgement of confirmation of admission / confirmation of retention / confirmation of resignation given by the admitting college authority whichever is applicable.
- 11. This is computer generated letter, no signature is required.

Note: This is based on the personal data viz. Category, Name, DOB etc. submitted by the candidate. State CET Cell is not responsible for the truth/factualness of the data. Neither State CET Cell is responsible for any inadvertent error that may have crept in the Provisional Selection Letter being published on the web.



NEET-PG 2021



NEET-PG 2021 SCORE CARD (NEET-PG 2021 RANK)

Important Instructions

- This score card is intended to provide NEET-PG 2021 Rank which is the overall merit position of the candidate amongst all the candidates who have appeared in NEET-PG 2021 after applying tie-breaker criteria as mentioned in Para 10.6 of the NEET-PG 2021 Information Bulletin.
- 2. Validity: This result is valid for admission to MD/MS/Post Graduate Diploma Courses and Post MBBS DNB and NBEMS Diploma Courses of 2021 admission session only.
- 3. Result of All India 50% quota MD/MS/PG Diploma seats shall be published separately.
- 4. Score Card:

| 1. | Name of the candidate**: | PHALKE ADHEESH RAJESH |
|-------|------------------------------|-----------------------|
| II. | Father's Name**: | RAJESH |
| III. | Mother's name**: | APARNA |
| IV. | Roll Number: | 2166093965 |
| V. | Date of Birth(dd/mm/yyyy)**: | 07/09/1996 |
| VI. | Category**: | GENERAL |
| VII. | PwD status**: | NO. |
| VIII. | Score (out of 800)#: | 356 |
| XI. | Total Correct responses: | 104 |
| X. | Total Incorrect responses: | 60 |
| XI. | NEET-PG 2021 Rank#: | 61065 |

^{**} As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling/admitting authorities are advised to verify the same.

Appearance in NEET-PG 2021 does not confer any automatic rights upon the candidates for admission to MD/MS/Post Graduate Diploma/DNB/NBEMS Diploma Courses. Your candidature is purely provisional subject to fulfillment of the eligibility criteria and verification of original documents by the Counseling/Admission Authority and verification of Face ID wherever required.

- This is a computer-generated Score Card and hence does not require signature. NBEMS disclaims responsibility for any inadvertent error that might occur due to technical reasons.
- NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the application form.
- The final merit list/category wise merit list for admission to MD/MS/PG Diploma (except All India 50% quota seats) shall be generated by various Counseling Authorities as per their qualifying/eligibility criteria, applicable guidelines/Regulations & reservation policy.
- Candidates are advised to remain in touch with the website of various Counseling Authorities for all the information related to admission process.

Cut-off scores for NEET-PG 2021:

| General/ EWS (50th percentile) | OBC/SC/ST (40th percentile) | General-PwD (45th percentile) |
|--------------------------------|-----------------------------|-------------------------------|
| 302 | 265 | 283 |

!! End of score card !!



NEET-PG 2021

NEET-PG 2021 SCORE CARD (NEET-PG 2021 RANK)



Important Instructions

- This score card is intended to provide NEET-PG 2021 Rank which is the overall merit position of the candidate amongst all the candidates who have appeared in NEET-PG 2021 after applying tie-breaker criteria as mentioned in Para 10.6 of the NEET-PG 2021 Information Bulletin
- Validity: This result is valid for admission to MD/MS/Post Graduate Diploma Courses and Post MBBS DNB and NBEMS Diploma Courses
 of 2021 admission session only.
- Result of All India 50% quota MD/MS/PG Diploma seats shall be published separately.
- 4 Score Card:

| l. | Name of the candidate**: | SIDDHARTH BISHNOI |
|-------|------------------------------|-------------------|
| II. | Father's Name**: | ANIL BISHNOI |
| m. | Mother's name**: | BABITA BISHNOI |
| IV. | Roll Number: | 2166117207 |
| V. | Date of Birth(dd/mm/yyyy)**: | 25/02/1995 |
| VI. | Category**; | OBC |
| VII. | PwD status**: | NO |
| VIII. | Score (out of 800)#: | 355 |
| XI. | Total Correct responses: | 111 |
| Χ. | Total Incorrect responses: | 89 |
| XI. | NEET-PG 2021 Rank: | 61199 |

- ** As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling/admitting authorities are advised to verify the same.
- # Appearance in NEET-PG 2021 does not confer any automatic rights upon the candidates for admission to MD/MS/Post Graduate
 Diploma/DNB/NBEMS Diploma Courses. Your candidature is purely provisional subject to fulfillment of the eligibility criteria and
 verification of original documents by the Counseling/Admission Authority and verification of Face ID wherever required.
- This is a computer-generated Score Card and hence does not require signature. NBEMS disclaims responsibility for any inadvertent error that might occur due to technical reasons.
- NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the application form.
- The final merit list/category wise merit list for admission to MD/MS/PG Diploma (except All India 50% quota seats) shall be generated by various Counseling Authorities as per their qualifying/eligibility criteria, applicable guidelines/Regulations & reservation policy.
- Candidates are advised to remain in touch with the website of various Counseling Authorities for all the information related to admission process.

Cut-off scores for NEET-PG 2021:

| General/ EWS (50th percentile) | OBC/SC/ST (40th percentile) | General-PWD (45th percentile) |
|--------------------------------|-----------------------------|-------------------------------|
| 302 | 263 | 285 |

!! End of score card !!



Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India NEET PG Medical Counselling 2021

Round No.2 Provisional Allotment Letter

Allotment Date: February 15, 2022

| Personal Details | | | | |
|-----------------------------|---|-------------------|-----------------------------|--|
| NEET PG Roll Number | 2166085758 | Candidate's Name | OAK BAGESHREE AJIT | |
| Father's Name | AJIT SHRIPAD OAK | Mother's Name | MEDHA AJIT OAK | |
| Date of Birth | 26-12-1996 | Category | GENERAL | |
| Gender | FEMALE | Sub Category | NO | A STATE OF THE STA |
| Rank Details | | | | |
| All India Rank [PG Medical] | | 74637 | | |
| Round No.2 | | | | |
| Choice No. | 3 | Round No. | 2 | DAY SANATA |
| Seat Allocated Category | OPEN | Allotted Quota | MANAGEMENT/PAID SEATS QUOTA | |
| Institute Allocated | SREE BALAJI MEDICAL COLLEGE AND HOSPITAL, CHENNAI | Program Allocated | M.S. (ORTHOPAEDICS) | |
| Institute Contacts Details | | | | |
| Nodal officer Email Id: | admission.sbmch@bharath | univ ac in | | |
| Nodal officer Mobile number | 9444716937 | 771.011.32.80.011 | | |

Note The above candidate has been allotted seat during 2nd Round.

Dear Candidate,

TO SHATTER COLOTER CONTRACTOR AND MACHINE MACH

Based on your merit and choices of Institutions & Programs exercised by you during online Counselling, you have been provisionally allotted a seat in the above mentioned Institute and Program. Kindly report to the allotted Medical College/ Institute within the stipulated period, as mentioned in the counselling schedule, failing which the allotted seat will be cancelled and Security Deposit will be forfeited.

- Candidates are required to produce all original documents at the time of reporting at the Allotted Institute as mentioned in the Information Bulletin of NEET PG 2021.
- 2. The candidate will be required to undergo a medical examination at their own cost on a notified date(s) by the allotted college.
- 3. The candidate is advised to report and join the allotted Medical College as early as possible. In some of the allotted Colleges /Universities, 3-5 days time is required to complete admission formalities. Please also take into consideration holiday(s)/ local holiday(s). The candidates are further advised to contact the allotted college authorities for details before proceeding.
- 4. The candidate is requested to ensure that he/she is issued an admission letter by the college where he is taking admission (generated through online submission of his/her details by the allotted college to Medical Counseling Committee (MCC)).
- Candidate will be required to produce concerned certificate(Caste/PwD/EWS) at the time of admission.
- 6. The Allotment Letter will be considered as e Pass/ Curfew pass to facilitate candidates along with one parent / attendant during travel for the purpose of reporting to allotted college in places under COVID related Lockdown.
- Once Round-2 Seat is joined the candidate will not be able to resign the seat.

Important Instructions:

1. This Provisional Allotment Letter is based on the personal data viz. Category, Sub Category and Gender etc. submitted by the candidate. MCC /DGHS is not responsible for the truth/ factualness of the data. Neither DGHS nor MCC is responsible for any inadvertent error that may have crept in the Provisional Allotment Letter being published on the web. The allotment is purely "Provisional" and the seat of candidate is liable to cancel in case the candidate does not fulfill the eligibility criteria on verification of original documents at the time of Reporting or any time thereafter.

Downloading Date: February 18, 2022 11:54 AM

NEET PG Medical Counselling 2021 (No signature required, since it is a computer generated letter.)



counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India NEET PG Medical Counselling 2021

Round No.2 Provisional Allotment Letter

Allotment Date: February 15, 2022

| NEET PG Roll Number | 2166086201 | | | |
|----------------------------|--|-------------------|-------------------------|-------------------------------|
| Father's Name | DAMODAR MUKUND JADHAV | Candidate's Name | JADHAV KASTURI DAMODAR | THE ATTENDED |
| Date of Birth | 26-07-1995 | Mother's Name | SUSULBHA DAMODAR JADHAV | - AND |
| Gender | FEMALE | Category | SCHEDULE CASTE (SC) | |
| Rank Details | TEMALE | Sub Category | NO | 1 1 1 1 1 |
| All India Rank [PG Medical | | | | |
| Round No.2 | | 85477 | | |
| Choice No. | 11 | | | |
| Seat Allocated Category | OPEN | Round No. | 2 | 国内的 对于100mm |
| Institute Allocated | | Allotted Quota | NON-RESIDENT INDIAN | |
| | PRAVARA RURAL MEDICAL COLLEGE, LONI | Program Allocated | M.S. (GENERAL SURGERY) | |
| | | | | |
| nstitute Contacts Details | | | | and the state of the Party of |
| odal officer Email Id: | admission@pmtpims.org | | | |

Note The above candidate has been allotted seat during 2nd Round.

Dear Candidate,

Based on your merit and choices of Institutions & Programs exercised by you during online Counselling, you have been provisionally allotted a seat in the above mentioned Institute and Program. Kindly report to the allotted Medical College/ Institute within the stipulated period, as mentioned in the counselling schedule, failing which the allotted seat will be cancelled and Security Deposit will be forfeited.

- Candidates are required to produce all original documents at the time of reporting at the Allotted Institute as mentioned in the Information Bulletin of
- The candidate will be required to undergo a medical examination at their own cost on a notified date(s) by the allotted college. 3.
- The candidate is advised to report and join the allotted Medical College as early as possible. In some of the allotted Colleges /Universities, 3-5 days time is required to complete admission formalities. Please also take into consideration holiday(s)/ local holiday(s). The candidates are further advised to contact the allotted college authorities for details before proceeding.
- The candidate is requested to ensure that he/she is issued an admission letter by the college where he is taking admission (generated through 4 online submission of his/her details by the allotted college to Medical Counseling Committee (MCC)). 5.
- Candidate will be required to produce concerned certificate(Caste/PwD/EWS) at the time of admission.
- The Allotment Letter will be considered as a Pass/ Curfew pass to facilitate candidates along with one parent / attendant during travel for the 6. purpose of reporting to allotted college in places under COVID related Lockdown. 7.
- Once Round-2 Seat is joined the candidate will not be able to resign the seat.

Important Instructions:

This Provisional Allotment Letter is based on the personal data viz. Category, Sub Category and Gender etc. submitted by the candidate. MCC /DGHS is not responsible for the truth/ factualness of the data. Neither DGHS nor MCC is responsible for any inadvertent error that may have crept in the Provisional Allotment Letter being published on the web. The allotment is purely "Provisional" and the seat of candidate is liable to cancel in case the candidate does not fulfill the eligibility criteria on verification of original documents at the time of Reporting or any time thereafter.

Downloading Date:February 18, 2022 3:30 PM

NEET PG Medical Counselling 2021 (No signature required, since it is a computer generated letter.)



Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India NEET PG Medical Counselling 2021

Round No.2 Provisional Allotment Letter

Allotment Date February 15, 2022

| Personal Details | | | | |
|-----------------------------|--|-------------------|-----------------------------|--------------------|
| NEET PG Roll Number | 2166042930 | Candidate's Name | RUMAO RHEA ROBERT | |
| Father's Name | RUMAO ROBERT IGNATIUS | Mother's Name | RUMAO SUNITA ROBERT | (a) |
| Date of Birth | 12-11-1996 | Category | GENERAL | 1-1 |
| Gender | FEMALE | Sub Category | NO | |
| Rank Details | | | | |
| All India Rank [PG Medical] | | 11969 | | |
| Round No.2 | | | | |
| Choice No. | 113 | Round No. | 2 | 国际 指数第回 |
| Seat Allocated Category | OPEN | Allotted Quota | MANAGEMENT/PAID SEATS QUOTA | |
| Institute Allocated | SRM MEDICAL COLLEGE HOSPITAL AND RESEARCH CENTRE, SRM INSTITUTE OF SCIENCE AND TECHNOLOGY | Program Allocated | M.D. (RADIO-DIAGNOSIS) | |
| Institute Contacts Details | | | | PERSONAL PROPERTY. |
| Nodal officer Email Id: | asstdirector.admissions.mhs | @srmist.edu.in | | |

Note The above candidate has been allotted seat during 2nd Round.

9642300099

Dear Candidate.

Nodal officer Mobile number:

Based on your merit and choices of Institutions & Programs exercised by you during online Counselling, you have been provisionally allotted a seat in the above mentioned Institute and Program. Kindly report to the allotted Medical College/ Institute within the stipulated period, as mentioned in the counselling schedule, failing which the allotted seat will be cancelled and Security Deposit will be forfeited.

- Candidates are required to produce all original documents at the time of reporting at the Allotted Institute as mentioned in the Information Bulletin of NEET PG 2021.
- The candidate will be required to undergo a medical examination at their own cost on a notified date(s) by the allotted college.
- The candidate is advised to report and join the allotted Medical College as early as possible. In some of the allotted Colleges /Universities, 3-5 days time is required to complete admission formalities. Please also take into consideration holiday(s)/ local holiday(s). The candidates are further advised to contact the allotted college authorities for details before proceeding.
- 4. The candidate is requested to ensure that he/she is issued an admission letter by the college where he is taking admission (generated through online submission of his/her details by the allotted college to Medical Counseling Committee (MCC)).
- Candidate will be required to produce concerned certificate(Caste/PwD/EWS) at the time of admission.
- 6. The Allotment Letter will be considered as a Pass/ Curfew pass to facilitate candidates along with one parent / attendant during travel for the purpose of reporting to allotted college in places under COVID related Lockdown.
- Once Round-2 Seat is joined the candidate will not be able to resign the seat.

Important Instructions:

1. This Provisional Allotment Letter is based on the personal data viz. Category, Sub Category and Gender etc. submitted by the candidate. MCC /DGHS is not responsible for the truth/ factualness of the data. Neither DGHS nor MCC is responsible for any inadvertent error that may have crept in the Provisional Allotment Letter being published on the web. The allotment is purely "Provisional" and the seat of candidate is liable to cancel in case the candidate does not fulfill the eligibility criteria on verification of original documents at the time of Reporting or any time thereafter.

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NEET PG Medical Counselling 2021 (No signature required, since it is a computer generated letter.)



Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of the Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of the Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of the Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of the Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of the Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of the Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of the Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of the Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of the Medical Counselling Coun

Provisional Allotment Letter

Allotment Date: February 15, 2022

| Personal Details NEET PG Roll Number Father's Name | 2166085221 SRINIVASAN | Candidate's Name Mother's Name Category Sub Category | SRINIVASAN AISHWARYA USHA SRINIVASAN GENERAL NO | |
|--|--|--|--|--------------|
| Date of Birth Gender | FEMALE | 59027 | | POPULATION |
| Rank Details All India Rank [PG Medical] Round No.2 | 157 | Round No. Allotted Quota | MANAGEMENT/PAID SEATS QUOTA M.D. (ANAESTHESIOLOGY) | |
| Choice No. Seat Allocated Category | OPEN KRISHNA INSTITUTE OF MEDICAL SCIENCES, KARAD | Program Allocated | W.D. V | 高温 可以 |
| Institute Allocated Institute Contacts Details Nodal officer Email Id: | | | | |

Note The above candidate has been allotted seat during 2nd Round. Nodal officer Mobile nu

Based on your merit and choices of Institutions & Programs exercised by you during online Counselling, you have been provisionally allotted a seat in the above mentioned Institute and Program, Kindly report to the allotted Medical College/ Institute within the stipulated period, as mentioned in the Dear Candidate,

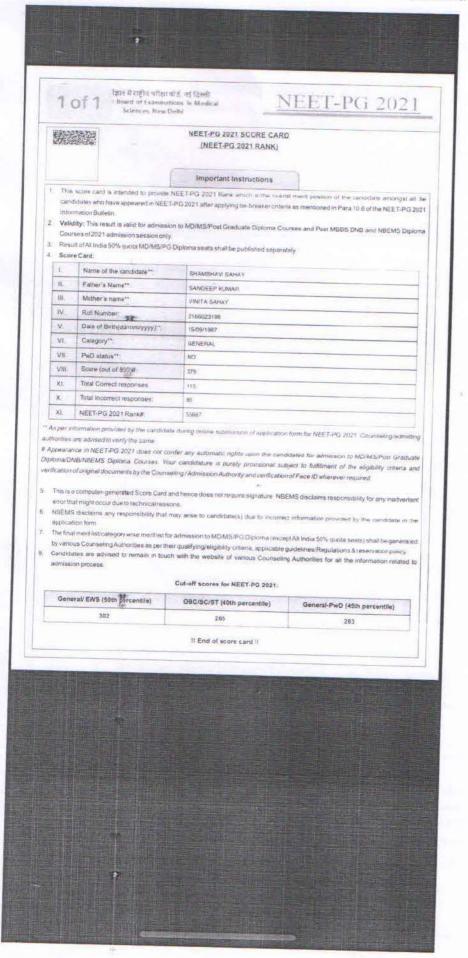
- counselling schedule, falling which the allotted seat will be cancelled and Security Deposit will be forfeited. Candidates are required to produce all original documents at the time of reporting at the Allotted Institute as mentioned in the Information Bulletin of
 - The candidate will be required to undergo a medical examination at their own cost on a notified date(s) by the allotted college. NEET PG 2021.
 - The candidate is advised to report and join the allotted Medical College as early as possible. In some of the allotted Colleges /Universities, 3-5 days time is required to complete admission formalities. Please also take into consideration holiday(s)/ local holiday(s). The candidates are further advised to contact the allotted college authorities for details before proceeding. 2 3
 - The candidate is requested to ensure that he/she is issued an admission letter by the college where he is taking admission (generated through online submission of his/her details by the allotted college to Medical Counseling Committee (MCC)).

 - Candidate will be required to produce concerned certificate(Caste/PwD/EWS) at the time of admission. The Allotment Letter will be considered as a Pass/ Curfew pass to facilitate candidates along with one parent / attendant during travel for the
 - purpose of reporting to allotted college in places under COVID related Lockdown.
 - Once Round-2 Seat is joined the candidate will not be able to resign the seat.

This Provisional Allotment Letter is based on the personal data viz. Category, Sub Category and Gender etc. submitted by the candidate. MCC /DGHS is not responsible for the truth/ factualness of the data. Neither DGHS nor MCC is responsible for any inadvertent error that may have crept in the Provisional Allotment Letter being published on the web. The allotment is purely "Provisional" and the seat of candidate is liable to cancel in 7. Important Instructions: case the candidate does not fulfill the eligibility criteria on verification of original documents at the time of Reporting or any time thereafter.

Downloading Date:February 18, 2022 3:12 PM

NEET PG Medical Counselling 202 (No signature required, since it is a computer generated lette





आयुर्विज्ञान में राष्ट्रीय परीक्षा बोर्ड NATIONAL BOARD OF EXAMINATIONS IN MEDICAL SCIENCES

NEET-PG 2021

NEET-PG 2021 RESULT (ALL INDIA 50% QUOTA RANK)

For All India 50% quota of MD/MS/Post Graduate Diploma courses 2021 admission session (NEET-PG 2021): Counseling to be conducted by DGHS



Important Instructions

- This score card is intended to provide All India 50% Quota Rank and All India 50% Quota Category Rank for admission to All India 50% quota MD/MS/PG Diploma seats.
- Validity: This result is valid for admission to All India 50% quota MD/MS/Post Graduate Diploma Courses of 2021 admission session only.
- Ranking System:
- a) All India 50% quota rank: This is the overall merit position of the candidate amongst all the candidates who have appeared in NEET-PG 2021 after applying tie-breaker criteria and are eligible for All India 50% quota seats, and is valid for All India 50% quota MD/MS/Post Graduate Diploma Courses of 2021 admission session only.
 - b) All India 50% quota category rank: This is the overall merit position of the candidate in the category (OBC/SC/ST) as opted by the candidate in NEET-PG 2021 for All India 50% quota seats, and is valid for All India 50% quota MD/MS/Post Graduate Diploma Courses of 2021 admission session only.

Score Card:

| | Name of the candidate**: | GAIKWAD GAYATRI DEEPAK |
|-------|------------------------------------|---|
| 1. | Father's Name**: | DEEPAK RAJARAM GAIKWAD |
| II. | Mother's name**: | SMITA |
| IV. | Roll Number: | 2166086230 |
| V. | Date of Birth(dd/mm/yyyy): | 18/10/1996 |
| VI. | Category**: | GENERAL |
| VII. | PH status**: | NO |
| VIII. | Score (out of 800): | 388 |
| IX. | All India 50% quota rank: | 48827 |
| X. | All India 50% quota category rank: | |
| XI. | Result: ** | Qualified to participate in online All India 50% Quota Counseling |

^{**} As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling / admitting authorities are advised to verify the same.

- This is a computer-generated result and hence does not require signature. NBEMS disclaims responsibility for any inadvertent error in the result that might occur due to technical reasons.
- NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the application form.
- Please visit website of Medical Counseling Committee www.mcc.nic.in for details of seats available and schedule of counseling.
- 8. Qualification to participate in online counseling for All India 50% quota seats does not confer any automatic rights upon the candidates for admission to All India 50% quota MD/MS/Post Graduate Diploma Courses.

| UR / EWS (50th percentile) | OBC/SC/ST (Including PWD) (40th percentile) | UR-PWD (45th percentile) |
|----------------------------|---|--------------------------|
| 302 | 265 | 283 |



NEET-PG 2021

NEET-PG 2021 SCORE CARD (NEET-PG 2021 RANK)



Important Instructions

- This score card is intended to provide NEET-PG 2021 Rank which is the overall ment position of the candidate amongst all the candidates who have appeared in NEET-PG 2021 after applying tie-breaker criteria as mentioned in Para 10.6 of the NEET-PG 2021 Information Bulletin.
- Validity: This result is valid for admission to MD/MS/Post Graduate Diploma Courses and Post MBBS DNB and NBEMS Diploma Courses
 of 2021 admission session only.
- Result of All India 50% quota MD/MS/PG Diploma seats shall be published separately.
- 4 Score Card:

| I. | Name of the candidate**: | TEJAS BHARAT SANGHAVI | |
|-------|------------------------------|----------------------------|---|
| 11. | Father's Name**: | BHARAT PURSHOTTAM SANGHAVI | |
| 10. | Mother's name**: | MANISHA BHARAT SANGHAVI | W-day |
| IV. | Roll Number: | 2166096588 | |
| V. | Date of Birth(dd/mm/yyyy)**: | 31/05/1996 | 100000000000000000000000000000000000000 |
| VI. | Category**: | GENERAL | |
| VII. | PwD status** | NO | |
| VIII. | Score (out of 800)#: | 354 | |
| XI, | Total Correct responses: | 101 | 7 |
| Х. | Total Incorrect responses: | 50 | |
| XI. | NEET-PG 2021 Rank: | 61926 | |

- ** As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling/admitting authorities are advised to verify the same.
- # Appearance in NEET-PG 2021 does not confer any automatic rights upon the candidates for admission to MD/MS/Post Graduate Diploma/DNB/NBEMS Diploma Courses. Your candidature is purely provisional subject to fulfillment of the eligibility criteria and verification of original documents by the Counseling / Admission Authority and verification of Face ID wherever required.
- This is a computer generated Score Card and hence does not require signature. NBEMS disclaims responsibility for any inadvertent error that might occur due to technical reasons.
- NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the
 application form.
- The final merit list/category wise merit list for admission to MD/MS/PG Diploma (except All India 50% quota seats) shall be generated by various Counseling Authorities as per their qualifying/eligibility criteria, applicable guidelines/Regulations & reservation policy.
- Candidates are advised to remain in touch with the website of various Counseling Authorities for all the information related to admission process.

| General/ EWS (50th percentile) | OBC/SC/ST (40th percentile) | General-PWD (45th percentile) | |
|--------------------------------|-----------------------------|-------------------------------|--|
| 302 | 263 | 285 | |



NEET-PG 2021

NEET-PG 2021 SCORE CARD (NEET-PG 2021 RANK)



Important Instructions

- This score card is intended to provide NEET-PG 2021 Rank which is the overall merit position of the candidate amongst all the candidates who have appeared in NEET-PG 2021 after applying tie-breaker criteria as mentioned in Para 10.6 of the NEET-PG 2021 Information Bulletin.
- Validity: This result is valid for admission to MD/MS/Post Graduate Dipioma Courses and Post MBBS DNB and NBEMS Diploma Courses of 2021 admission session only.
- Result of All India 50% quota MD/MS/PG Diploma seats shall be published separately.

| Score | Card: | |
|-------|------------------------------|-----------------|
| 1. | Name of the candidate**: | SALONI SHRIMALI |
| 11. | Father's Name**: | SATISH SHRIMALI |
| III. | Mother's name**: | NEENA SHRIMALI |
| IV. | Roll Number: | 2166116387 |
| V. | Date of Birth(dd/mm/yyyy)**: | 29/07/1996 |
| VI. | Category**: | GENERAL |
| VII. | PwD status**: | NO |
| VIII. | Score (out of 800)#: | 373 |
| Xí. | Total Correct responses: | 106 |
| X. | Total Incorrect responses: | 51 |
| XI. | NEET-PG 2021 Rank: | 54844 |

- ** As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling/admitting authorities are advised to verify the same.
- # Appearance in NEET-PG 2021 does not confer any automatic rights upon the candidates for admission to MD/MS/Post Graduate Diploma/DNB/NBEMS Diploma Courses. Your candidature is purely provisional subject to fulfillment of the eligibility criteria and verification of original documents by the Counseling / Admission Authority and verification of Face ID wherever required.
- 5. This is a computer-generated Score Card and hence does not require signature. NBEMS disclaims responsibility for any inadvertent error that might occur due to technical reasons.
- 6. NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the application form.
- The final merit list/category wise merit list for admission to MD/MS/PG Diploma (except All India 50% quota seats) shall be generated by various Counseling Authorities as per their qualifying/eligibility criteria, applicable guidelines/Regulations & reservation policy.
- 8. Candidates are advised to remain in touch with the website of various Counseling Authorities for all the information related to admission process.

Cut-off scores for NEET-PG 2021:

| General/ EWS (50th percentile) | OBC/SC/ST (40th percentile) | General-PWD (45th percentile |
|--------------------------------|-----------------------------|------------------------------|
| 302 | 263 | 285 |

!! End of score card !!



NEET-PG 2021



(NEET-PG 2021 SCORE CARD

Important Instructions

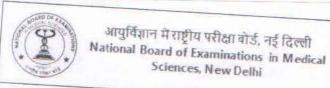
- This score card is intended to provide NEET-PG 2021 Rank which is the overall merit position of the candidate amongst all the candidates who have appeared in NEET-PG 2021 after applying tie-breaker criteria as mentioned in Para 10.6 of the NEET-PG 2021 Information Bulletin.
- Validity: This result is valid for admission to MD/MS/Post Graduate Diploma Courses and Post MBBS DNB and NBEMS Diploma
 Courses of 2021 admission session only.
- 3. Result of All India 50% quota MD/MS/PG Diploma seats shall be published separately.
- 4. Score Card:

| 1. | Name of the candidate**: | SHETTY RACHANA SURESH |
|--------|------------------------------|-----------------------|
| II. | Father's Name**: | SURESH B SHETTY |
| III. | Mother's name**: | JYOTHI'S SHETTY |
| IV. | Roll Number: | 2166096800 |
| V. | Date of Birth(dd/mm/yyyy)**: | 17/10/1996 |
| VI. | Category**; | OBC |
| VII. | PwD status**: | NO |
| VIII. | Score (out of 800)#: | 367 |
| XL, ,- | Total Coffect responses: | 109 |
| X. | Total Incorrect responses: | 69 |
| XI. | NEET-PG 2021 Rank#: | 56915 |

^{**} As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling/admitting authorities are advised to verify the same.

- # Appearance in NEET-PG 2021 does not confer any automatic rights upon the candidates for admission to MD/MS/Post Graduate Diploma/DNB/NBEMS Diploma Courses. Your candidature is purely provisional subject to fulfillment of the eligibility criteria and verification of original documents by the Counseling/Admission Authority and verification of Face ID wherever required.
- 5. This is a computer-generated Score Card and hence does not require signature. NBEMS disclaims responsibility for any inadvertent error that might occur due to technical reasons.
- 6. NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the application form.
- 7. The final merit list/category wise merit list for admission to MD/MS/PG Diploma (exceptAll India 50% quota seats) shall be generated by various Counseling Authorities as per their qualifying/eligibility criteria, applicable guidelines/Regulations & reservation policy.
- 8. Candidates are advised to remain in touch with the website of various Counseling Authorities for all the information related to admission process.

| General/ EWS (50th percentile) | OBC/SC/ST (40th percentile) | General-PwD (45th percentile) |
|--------------------------------|-----------------------------|-------------------------------|
| 302 | 265 | 283 |



NEET-PG 2021



NEET-PG 2021 SCORE CARD (NEET-PG 2021 RANK)

Important Instructions

- 1. This score card is intended to provide NEET-PG 2021 Rank which is the overall merit position of the candidate amongst all the candidates who have appeared in NEET-PG 2021 after applying tie-breaker criteria as mentioned in Para 10.6 of the NEET-PG 2021
- 2. Validity: This result is valid for admission to MD/MS/Post Graduate Diploma Courses and Post MBBS DNB and NBEMS Diploma 3. Result of All India 50% quota MD/MS/PG Diploma seats shall be published separately.
- 4. Score Card:

| Name of the candidate**: | TIMARIAN |
|---------------------------|---|
| Father's Name**: | TIWARI ASHISH SATYANARAYAN |
| Mother's name**: | SATYANARAYAN |
| | NAYANA |
| | 2166085528 |
| | 02/10/1995 |
| | GENERAL |
| | * NO |
| | 516 |
| fotal Correct responses: | 141 |
| otal Incorrect responses: | 48 |
| | 14165 |
| 1 | Father's Name**: Mother's name**: Roll Number: Date of Birth(dd/mm/yyyy)**: Category**: PwD status**: Score (out of 800)#: Total Correct responses: Detail Incorrect responses: EET-PG 2021 Rank#: Pation provided by the candidate |

^{**} As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling/admitting authorities are advised to verify the same.

Appearance in NEET-PG 2021 does not confer any automatic rights upon the candidates for admission to MD/MS/Post Graduate Diploma/DNB/NBEMS Diploma Courses. Your candidature is purely provisional subject to fulfillment of the eligibility criteria and verification of original documents by the Counseling/Admission Authority and verification of Face ID wherever required.

- 5. This is a computer-generated Score Card and hence does not require signature. NBEMS disclaims responsibility for any inadvertent
- 6. NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the
- 7. The final merit list/category wise merit list for admission to MD/MS/PG Diploma (except All India 50% quota seats) shall be generated by various Counseling Authorities as per their qualifying/eligibility criteria, applicable guidelines/Regulations & reservation policy.
- 8. Candidates are advised to remain in touch with the website of various Counseling Authorities for all the information related to

| General/ EWS (50th percentile) | OBC/SC/ST (40th percentile) | |
|--------------------------------|-----------------------------|------------------------------|
| 302 | , m porcentale) | General-PwD (45th percentile |
| | 265 | |



Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India

NEET PG Medical Counselling 2021

MOPUP Round

Provisional Allotment Letter

Allotment Date: March 23, 2022

| Gender | FEMALE | Sub Category | | |
|---------------------|-------------|--|----------------------|-----|
| Date of Birth | 06-03-1996 | Control of the contro | NO | |
| Father's Name | DILIP HALDE | Category | SCHEDULE CASTE (SC) | |
| NEET PG Roll Number | | Mother's Name | SANDHYA HALDE | |
| ersonal Details | 2166091398 | Candidate's Name | HALDE PRIYANKA DILIP | TEA |

| nank Details | | 82511 |
|----------------|--------------|-------|
| All India Rank | [PG Medical] | |

| MOPUP Round | 101 | Round No. | MOPUP Round | |
|-------------------------|--|--|------------------------|-----|
| Choice No. | 131 | Allotted Quota | MANAGEMENT/PAID SEATS | |
| Seat Allocated Category | OPEN | This is a second of the second | QUOTA | 5.4 |
| Institute Allocated | SREE BALAJI MEDICAL COLLEGE AND HOSPITAL, CHENNAI ,SREE BALAJI MEDICAL COLLEGE AND HOSPITAL, NO,7 WORKS ROAD,CHROMEPET,CHENNAI, TAMIL NADU, 600044 | Program Allocated | M,S. (GENERAL SURGERY) | |

| | ROAD, CHROMEPET, CHENNAI, FAMIL NADU, 600044 | |
|------------------------------|---|--|
| Institute Contacts Details | | |
| Nodal officer Email Id: | admission.sbmch@bharathuniv.ac.in | |
| Nodal officer Mobile number: | 9444716937 | |

Note The above candidate has been allotted seat during MOPUP Round.

Based on your merit and choices of Institutions & Programs exercised by you during online Counselling, you have been provisionally allotted a seat in the above mentioned Institute and Program. Kindly report to the allotted Medical College/ Institute within the stipulated period, as mentioned in the counselling schedule, failing which the allotted seat will be cancelled and Security Deposit will be forfeited.

- Candidates are required to produce all original documents at the time of reporting at the Allotted Institute as mentioned in the Information Bulletin of 1. NEET PG 2021.
- The candidate will be required to undergo a medical examination at their own cost on a notified date(s) by the allotted college. 2.
- The candidate is advised to report and join the allotted Medical College as early as possible. In some of the allotted Colleges /Universities, 3-5 days time is required to complete admission formalities. Please also take into consideration holiday(s)/ local holiday(s). The candidates are further advised to contact the allotted college authorities for details before proceeding.
- The candidate is requested to ensure that he/she is issued an admission letter by the college where he is taking admission (generated through online submission of his/her details by the allotted college to Medical Counseling Committee (MCC)).
- Candidate will be required to produce concerned certificate(Caste/PwD/EWS) at the time of admission. 5.
- Once Mop-Up Round Seat is joined the candidate will not be able to resign the seat. 6.
- Candidate who are allotted seat in Mop-Up round but does not report to allotted college, will forfeit his security deposit.
- The Allotment Letter will be considered as e Pass/ Curfew pass to facilitate candidates along with one parent / attendant during travel for the 7. purpose of reporting to allotted college in places under COVID related Lockdown. 8.

Important Instructions:

This Provisional Allotment Letter is based on the personal data viz. Category, Sub Category and Gender etc. submitted by the candidate. MCC /DGHS is not responsible for the truth/ factualness of the data. Neither DGHS nor MCC is responsible for any inadvertent error that may have crept in the Provisional Allotment Letter being published on the web. The allotment is purely "Provisional" and the seat of candidate is liable to cancel in case the candidate does not fulfill the eligibility criteria on verification of original documents at the time of Reporting or any time thereafter.

Downloading Date:March 25, 2022 12:43 PM

NEET PG Medical Counselling 2021 (No signature required, since it is a computer generated letter.)



NEET-PG 2021



(NEET-PG 2021 SCORE CARD (NEET-PG 2021 RANK)

Important Instructions

- This score card is intended to provide NEET-PG 2021 Rank which is the overall merit position of the candidate amongst all the candidates who have appeared in NEET-PG 2021 after applying tie-breaker criteria as mentioned in Para 10.6 of the NEET-PG 2021 Information Bulletin.
- Validity: This result is valid for admission to MD/MS/Post Graduate Diploma Courses and Post MBBS DNB and NBEMS Diploma Courses of 2021 admission session only.
- Result of All India 50% quota MD/MS/PG Diploma seats shall be published separately.
- 4. Score Card:

| 00010 | | |
|-------|------------------------------|----------------------|
| 1. | Name of the candidate**: | ABHISHEK CHABUKSWAR |
| II. | Father's Name**: | DADASAHEB CHABUKSWAR |
| III. | Mother's name**: | VIJAYA CHABUKSWAR |
| IV. | Roll Number: | 2166091384 |
| V. | Date of Birth(dd/mm/yyyy)**: | _ 03/02/1997 |
| VI. | Category**: | SC |
| VII. | PwD status**: | NO |
| VIII. | Score (out of 800)#: | 269 |
| XI. | Total Correct responses: | 76 |
| X. | Total Incorrect responses: | 35 |
| XI. | NEET-PG 2021 Rank#: | 98179 |

^{**} As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling/admitting authorities are advised to verify the same.

- This is a computer-generated Score Card and hence does not require signature. NBEMS disclaims responsibility for any inadvertent error that might occur due to technical reasons.
- NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the application form.
- The final merit list/category wise merit list for admission to MD/MS/PG Diploma (except All India 50% quota seats) shall be generated by various Counseling Authorities as per their qualifying/eligibility criteria, applicable guidelines/Regulations & reservation policy.
- Candidates are advised to remain in touch with the website of various Counseling Authorities for all the information related to admission process.

| General/ EWS (50th percentile) | OBC/SC/ST (40th percentile) | General-PwD (45th percentile) |
|--------------------------------|-----------------------------|-------------------------------|
| 302 | 265 | 283 |

[#] Appearance in NEET-PG 2021 does not confer any automatic rights upon the candidates for admission to MD/MS/Post Graduate Diploma/DNB/NBEMS Diploma Courses. Your candidature is purely provisional subject to fulfillment of the eligibility criteria and verification of original documents by the Counseling / Admission Authority and verification of Face ID wherever required.



Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India NEET PG Medical Counselling 2021

MOPUP Round Provisional Allotment Letter

Allotment Date:March 23, 2022

| Personal Details | | TO WATER | | |
|------------------------------|--|-------------------|-------------------|-------------------|
| NEET PG Roll Number | 2166024677 | Candidate's Name | LAVANIVA CETU | |
| Father's Name | TILAK RAJ SETH | Mother's Name | LAVANYA SETH | 10 - |
| Date of Birth | 27-06-1993 | Category | | 7 (6) |
| Gender | FEMALE | Sub Category | GENERAL | |
| Rank Details | | The sured of y | INO | |
| All India Rank [PG Medical] | | 98893 | | |
| MOPUP Round | The same of the sa | 90093 | | |
| Choice No. | 108 | Round No. | | Teleponous estate |
| Seat Allocated Category | OPEN | Allotted Quota | MOPUP Round | |
| Institute Allocated | INSTITUTE OF MEDICAL SCIENCES AND SUM HOSPITAL, BHUBANESWAR INSTITUTE OF MEDICAL SCIENCES AND SUM HOSPITAL K & KALINGA NAGAR BHUBANESWAR, ODISHA, 751003 | Program Allocated | M.D. (PSYCHIATRY) | |
| nstitute Contacts Details_ | | | | |
| lodal officer Email Id: | rajeshlenka@soa.ac.in | | | 15年15年15日 |
| lodal officer Mobile number: | 7381026300 | | | |

Note The above candidate has been allotted seat during MOPUP Round.

Dear Candidate.

Based on your merit and choices of Institutions & Programs exercised by you during online Counselling, you have been provisionally allotted a seat in the above mentioned Institute and Program. Kindly report to the allotted Medical College/ Institute within the stipulated period, as mentioned in the counselling schedule, failing which the allotted seat will be cancelled and Security Deposit will be forfeited.

- Candidates are required to produce all original documents at the time of reporting at the Allotted Institute as mentioned in the Information Bulletin of NEET PG 2021.
- 2. The candidate will be required to undergo a medical examination at their own cost on a notified date(s) by the allotted college.
- The candidate is advised to report and join the allotted Medical College as early as possible. In some of the allotted Colleges /Universities, 3-5 days time is required to complete admission formalities. Please also take into consideration holiday(s)/ local holiday(s). The candidates are further advised to contact the allotted college authorities for details before proceeding.
- 4. The candidate is requested to ensure that he/she is issued an admission letter by the college where he is taking admission (generated through online submission of his/her details by the allotted college to Medical Counseling Committee (MCC)).
- Candidate will be required to produce concerned certificate(Caste/PwD/EWS) at the time of admission.
- Once Mop-Up Round Seat is joined the candidate will not be able to resign the seat.
- 7. Candidate who are allotted seat in Mop-Up round but does not report to allotted college, will forfeit his security deposit.
- The Allotment Letter will be considered as e Pass/ Curfew pass to facilitate candidates along with one parent / attendant during travel for the purpose of reporting to allotted college in places under COVID related Lockdown.

Important Instructions:

This Provisional Allotment Letter is based on the personal data viz. Category, Sub Category and Gender etc. submitted by the candidate. MCC /DGHS is not responsible for the truth/ factualness of the data. Neither DGHS nor MCC is responsible for any inadvertent error that may have crept in the Provisional Allotment Letter being published on the web. The allotment is purely "Provisional" and the seat of candidate is liable to cancel in case the candidate does not fulfill the eligibility criteria on verification of original documents at the time of Reporting or any time thereafter.

Downloading Date:March 25, 2022 1:43 PM



Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India NEET PG Medical Counselling 2021

MOPUP Round

Provisional Allotment Letter

Allotment Date: March 23, 2022

| NEET PG Roll Number | 2166087565 | Candidate's Name | YASH KALRA | 460 |
|-----------------------------|--|-------------------|---------------------|--|
| Father's Name | RAKESH KALRA | Mother's Name | LATE ANJANA KALRA | 60 |
| Date of Birth | 07-02-1996 | Category | GENERAL | |
| Gender | MALE | Sub Category | NO | |
| Rank Details | | | | And the later of t |
| All India Rank [PG Medical] | | 103788 | | |
| MOPUP Round | | | | |
| Choice No. | 8 | Round No. | MOPUP Round | 国际旅游 派回 |
| Seat Allocated Category | OPEN | Allotted Quota | NON-RESIDENT INDIAN | |
| Institute Allocated | DR. D. Y. PATIL MEDICAL COLLEGE, PUNE ,DR. D. Y. PATIL MEDICAL COLLEGE, PUNE, MAHARASHTRA, 411018 | Program Allocated | M.S. (E.N.T.) | |

Note-The above candidate has been allotted seat during MOPUP Round.

8856968809

Dear Candidate,

Nodal officer Email Id:

Nodal officer Mobile number:

Based on your merit and choices of Institutions & Programs exercised by you during online Counselling, you have been provisionally allotted a seat in the above mentioned Institute and Program. Kindly report to the allotted Medical College/ Institute within the stipulated period, as mentioned in the counselling schedule, failing which the allotted seat will be cancelled and Security Deposit will be forfeited.

- Candidates are required to produce all original documents at the time of reporting at the Allotted Institute as mentioned in the Information Bulletin of NEET PG 2021.
- 2. The candidate will be required to undergo a medical examination at their own cost on a notified date(s) by the allotted college.
- 3. The candidate is advised to report and join the allotted Medical College as early as possible. In some of the allotted Colleges /Universities, 3-5 days time is required to complete admission formalities. Please also take into consideration holiday(s)/ local holiday(s). The candidates are further advised to contact the allotted college authorities for details before proceeding.
- 4. The candidate is requested to ensure that he/she is issued an admission letter by the college where he is taking admission (generated through online submission of his/her details by the allotted college to Medical Counseling Committee (MCC)).
- 5. Candidate will be required to produce concerned certificate(Caste/PwD/EWS) at the time of admission.

admissionpg.medical@dpu.edu.in

- 6. Once Mop-Up Round Seat is joined the candidate will not be able to resign the seat.
- 7. Candidate who are allotted seat in Mop-Up round but does not report to allotted college, will forfeit his security deposit.
- 8. The Allotment Letter will be considered as e Pass/ Curfew pass to facilitate candidates along with one parent / attendant during travel for the purpose of reporting to allotted college in places under COVID related Lockdown.

Important Instructions:

1. This Provisional Allotment Letter is based on the personal data viz. Category, Sub Category and Gender etc. submitted by the candidate. MCC /DGHS is not responsible for the truth/ factualness of the data. Neither DGHS nor MCC is responsible for any inadvertent error that may have crept in the Provisional Allotment Letter being published on the web. The allotment is purely "Provisional" and the seat of candidate is liable to cancel in case the candidate does not fulfill the eligibility criteria on verification of original documents at the time of Reporting or any time thereafter.

Downloading Date: March 25, 2022 12:40 PM

NEET PG Medical Counselling 2021 (No signature required, since it is a computer generated letter.)



State Common Entrance Test Cell, Maharashtra

8th Floor, New Excelsior Building, A. K. Nayak Marg, Fort, Mumbai- 400 001.

NEET (PG) - 2021

Provisional Selection Letter (MOP UP 1)

Printed On

: Mar 26 2022 9:53PM

Candidate's Details

Name

: HIWRALE TRUPTI KAILASH

Roll Number

2166086692

State CET Form No

215006104

All India Rank

103033

Date of Birth

: 13/07/1995

Category

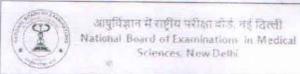
: SC



| • Current Selec | etion | | |
|--------------------------|---|--------|--------------------|
| Round No - Date | Institute Name | Course | Allotted Quota |
| MOP UP 1 - 26/03/2022 | 44081: SMBT INSTITUTE of MEDICAL SCIENCES & RESEARCH CENTRE, IGATPURI, NASHIK | E.N.T. | INSTITUTE QUOTA |

- Please read instructions carefully published in Notice for Physical Joining.
- 2. The selection leter will be considered as e-pass/curfew pass to facilitate candidate along with one parent/Attendant during travel for the purpose of physical reporting/joining to allotted college.
- 3. The candidates are advised to contact the allotted college authorities for details before proceeding for admission by physical joining process.
- 4. This selection is Provisional, to be confirmed subject to verification of original documents at the time of physical joining. Candidate should report to the respective allotted college along with all the original certificates and a set of photo copy with requisite fees and scanned copy of all original documens.
- 5. Reserved candidate who have secured seat under reserved quota and whose first round of allotted seat got cancelled during the document verification on reporting for admission will be considered for allotment of seat in the next round of seat allotment with changed category, subject to eligibility & availability of seat in respective category.
- 6. The candidate is requested to ensure that he/she is issued a System Generated Receipt/Acknowledgement by the college where he/she is taking admission.
- 7. A desirous candidate may give his/her Status Retention Form in prescribed format available in information brochure within prescribed period to the allotted college to retain the admission. Candidate who submits Status Retention Form will get Retention Acknowledgement by the college. Candidate who does not fill status retention form is eligible for betterment in the subsequent rounds, as per the preference filled by the candidate. Betterment in the subsequent rounds is mandatory, if the candiate has not filled and submitted the status retention form. Candidate should note that filling up of Status Retention Form is not mandatory for all candidates.
- 8. After joining the allotted college, if candidate desires to resign the allotted seat then the candidate must fill the Cancellation Form in prescribed format available in information brochure and submit to college within prescribed period. Candidate who submits Cancellation Form will get Admission Cancellation Acknowledgement by the college.
- If the candidate fails to join physically within prescribed period, he/she will be considered as NOT JOINED and will not be considered for further CAP rounds.
- 10. Candidate must preserve the physical acknowledgement of confirmation of admission / confirmation of retention / confirmation of resignation given by the admitting college authority whichever is applicable.
- 11. This is computer generated letter, no signature is required.

Note: This is based on the personal data viz. Category, Name, DOB etc. submitted by the candidate. State CET Cell is not responsible for the truth/factualness of the data, Neither State CET Cell is responsible for any inadvertent error that may have crept in the Provisional Selection Letter being published on the web.



NEET-PG 2021



(NEET-PG 2021 SCORE CARD (NEET-PG 2021 RANK)

Important Instructions

- This score card is intended to provide NEET-PG 2021 Rank which is the overall merit position of the candidate amongst all the candidates who have appeared in NEET-PG 2021 after applying tie-breaker criteria as mentioned in Para 10.6 of the NEET-PG 2021 Information Bulletin.
- Validity: This result is valid for admission to MD/MS/Post Graduate Diploma Courses and Post MBBS DNB and NBEMS Diploma
 Courses of 2024 admission session only.
- Result of All India 50% quota MD/MS/PG Diploma seats shall be published separately.
- 4. Score Card: #

| 1. | Name of the candidate**: | AISHWARYA RAY |
|-------|------------------------------|---------------|
| II. | Father's Name**: | PRASHANT RAY |
| 111. | Mother's name**: | SONIA RAY |
| IV. | Roll Number: | 2166103311 |
| V. | Date of Birth(dd/mm/yyyy)**: | 21/10/1994 |
| VI. | Category**: | GENERAL-EWS |
| VII. | PwD status**: | NO |
| VIII. | Score (out of 800)#: | 388 |
| XI. | Total Correct responses: | 116 |
| X. | Total Incorrect responses: | 76 |
| XI. | NEET-PG 2021 Rank#: | 49285 |

^{**} As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling/admitting authorities are advised to verify the same.

Appearance in NEET-PG 2021 does not confer any automatic rights upon the candidates for admission to MD/MS/Post Graduate Diplome/DNB/NBEMS Diploma Courses. Your candidature is purely provisional subject to fulfillment of the eligibility criteria and verification of original documents by the Counseling / Admission Authority and verification of Face ID wherever required.

- This is a computer-generated Score Card and hence does not require signature. NBEMS disclaims responsibility for any inadvertent error that might occur due to technical reasons.
- 6. NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the application form.
- The final merit list/category wise merit list for admission to MD/MS/PG Diploma (except All India 50% quota seats) shall be generated by various Counseling Authorities as per their qualifying/eligibility criteria, applicable guidelines/Regulations & reservation policy.
- Candidates are advised to remain in touch with the website of various Counseling Authorities for all the information related to admission process.

Cut-off scores for NEET-PG 2021:

| General/ EWS (50th percentile) | OBC/SC/ST (40th percentile) | General-PwD (45th percentile) |
|--------------------------------|-----------------------------|-------------------------------|
| 302 | 265 | 283 |

II End of score card II



State Common Entrance Test Cell, Maharashtra

8th Floor, New Excelsior Building, A. K. Nayak Marg, Fort, Mumbai- 400 001.

NEET (PG) - 2021

Provisional Selection Letter (MOP UP 1)

Printed On

: Mar 27 2022 1:38AM

Candidate's Details

Name

MAJID UMAIR MUSADDIQUE

Roll Number
State CET Form No

2166091287 215006507

All India Rank

: 93664 : 18/01/1992

Date of Birth Category

OPEN

: 0



Current Selection

| Round No - Date | Institute Name | Course | Allotted Quota |
|--------------------------|--|-----------|--------------------------|
| MOP UP 1 - 26/03/2022 | 4520S: INDIAN INST. of MED. SC.& RESEARCH (MUSLIM MINORITY), BADNAPUR, JALNA | PATHOLOGY | MINORITY ((Minority)) |

- 1. Please read instructions carefully published in Notice for Physical Joining.
- The selection letter will be considered as e-pass/curfew pass to facilitate candidate along with one parent/Attendant during travel for the purpose of physical reporting/joining to allotted college.
- 3. The candidates are advised to contact the allotted college authorities for details before proceeding for admission by physical joining process.
- 4. This selection is Provisional, to be confirmed subject to verification of original documents at the time of physical joining. Candidate should report to the respective allotted college along with all the original certificates and a set of photo copy with requisite fees and scanned copy of all original documens.
- Reserved candidate who have secured seat under reserved quota and whose first round of allotted seat got cancelled during the document verification on reporting for admission will be considered for allotment of seat in the next round of seat allotment with changed category, subject to eligibility & availability of seat in respective category.
- The candidate is requested to ensure that he/she is issued a System Generated Receipt/Acknowledgement by the college where he/she is taking admission.
- 7. A desirous candidate may give his/her Status Retention Form in prescribed format available in information brochure within prescribed period to the allotted college to retain the admission. Candidate who submits Status Retention Form will get Retention Acknowledgement by the college. Candidate who does not fill status retention form is eligible for betterment in the subsequent rounds, as per the preference filled by the candidate. Betterment in the subsequent rounds is mandatory, if the candidate has not filled and submitted the status retention form. Candidate should note that filling up of Status Retention Form is not mandatory for all candidates.
- 8. After joining the allotted college, if candidate desires to resign the allotted seat then the candidate must fill the Cancellation Form in prescribed format available in information brochure and submit to college within prescribed period. Candidate who submits Cancellation Form will get Admission Cancellation Acknowledgement by the college.
- If the candidate fails to join physically within prescribed period, he/she will be considered as NOT JOINED and will not be considered for further CAP rounds.
- 10. Candidate must preserve the physical acknowledgement of confirmation of admission / confirmation of retention / confirmation of resignation given by the admitting college authority whichever is applicable.
- 11. This is computer generated letter, no signature is required.

Note: This is based on the personal data viz.Category, Name, DOB etc. submitted by the candidate. State CET Cell is not responsible for the truth/factualness of the data. Neither State CET Cell is responsible for any inadvertent error that may have crept in the Provisional Selection Letter being published on the web.



State Common Entrance Test Cell, Maharashtra

8th Floor, New Excelsior Building, A. K. Nayak Marg, Fort, Mumbai- 400 001.

NEET (PG) - 2021

Provisional Selection Letter (MOP UP 1)

Printed On

Mar 26 2022 8:50PM

• Candidate's Details
Name

Date of Birth

GALITAM TANMAY NAVIN

Roll Number State CET Form No 2166091291 215002680

All India Rank

: 78489 : 12/06/1995

Category : OPEN





Current Selection

| Round No - Date | Institute Name | Course | Allotted Quota |
|-----------------------|---|-------------|-------------------|
| MOP UP 1 - 26/03/2022 | 2807N : SANCHETI INSTITUTE OF ORTHOPEDICS & REHABILITATION, PUNE CITY, PUNE | ORTHOPEDICS | NRI (Against NRI) |

- 1. Please read instructions carefully published in Notice for Physical Joining.
- 2. The selection letter will be considered as e-pass/curfew pass to facilitate candidate along with one parent/Attendant during travel for the purpose of physical reporting/joining to allotted college.
- 3. The candidates are advised to contact the allotted college authorities for details before proceeding for admission by physical joining process.
- 4. This selection is Provisional, to be confirmed subject to verification of original documents at the time of physical joining. Candidate should report to the respective allotted college along with all the original certificate and π set of photo copy with requisite fees and scanned copy of all original documents.
- 5. Reserved candidate who have secured seat under reserved quota and whose first round of allotted seat got cancelled during the document verification on reporting for admission will be considered for allotment of in the next round of seat allotment with changed category, subject to eligibility & availability of seat in respective category.
- 6. The candidate is requested to ensure that he/she is issued a System Generated Receipt/Acknowledgement by the college where he/she is taking admission.
- 7. A desirous candidate may give his/her Status Retention Form in prescribed format available in information brochure within prescribed period to the allotted college to retain the admission. Candidate v submits Status Retention Form will get Retention Acknowledgement by the college. Candidate who does not fill status retention form is eligible for betterment in the subsequent rounds, as per the preference filled by the candidate. Betterment in the subsequent rounds is mandatory, if the candidate has not filled and submitted the status retention form. Candidate should note that filling up of Stat Retention Form is not mandatory for all candidates.
- 8. After joining the allotted college, if candidate desires to resign the allotted seat then the candidate must fill the Cancellation Form in prescribed format available in information brochure and submit to college within prescribed period. Candidate who submits Cancellation Form will get Admission Cancellation Acknowledgement by the college.
- 9. If the candidate fails to join physically within prescribed period, he/she will be considered as NOT JOINED and will not be considered for further CAP rounds.
- Candidate must preserve the physical acknowledgement of confirmation of admission / confirmation of retention / confirmation of resignation given by the admitting college authority whichever is
 applicable.
- 11. This is computer generated letter, no signature is required.

Note: This is based on the personal data viz. Category, Name, DOB etc., submitted by the candidate. State CET Cell is not responsible for the truth/factualness of the data. Neither State CET Cell is responsible for any inadvertant error that may have crept in Provisional Selection Letter being published on the web.



NEET-PG 2021



(NEET-PG 2021 SCORE CARD (NEET-PG 2021 RANK)

Important Instructions

- This score card is intended to provide NEET-PG 2021 Rank which is the overall merit position of the candidate amongst all the candidates who have appeared in NEET-PG 2021 after applying tie-breaker criteria as mentioned in Para 10.6 of the NEET-PG 2021 Information Bulletin.
- Validity: This result is valid for admission to MD/MS/Post Graduate Diploma Courses and Post MBBS DNB and NBEMS Diploma Courses of 2021 admission session only.
- 3. Result of All India 50% quota MD/MS/PG Diploma seats shall be published separately.
- 4. Score Card:

| I. | Name of the candidate**: | SHINGOTE APURVA SANJAY |
|-------|------------------------------|----------------------------|
| II. | Father's Name**: | SANJAY CHANDRAKANT SHINGOE |
| 111. | Mother's name**: | ASHALATA SANJAY SHINGOTE |
| IV. | Roll Number: | 2166085454 |
| V. | Date of Birth(dd/mm/yyyy)**: | 23/03/1996 |
| VI. | Category**: | GENERAL |
| VII. | PwD status**: | мо |
| VIII. | Score (out of 800)#: | 316 |
| XI. | Total Correct responses: | 98 |
| X. | Total Incorrect responses: | 76 |
| XI. | NEET-PG 2021 Rank#: | 77171 |

^{**} As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling/admitting authorities are advised to verify the same.

Appearance in NEET-PG 2021 does not confer any automatic rights upon the candidates for admission to MD/MS/Post Graduate Diploma/DNB/NBEMS Diploma Courses. Your candidature is purely provisional subject to fulfillment of the eligibility criteria and verification of original documents by the Counseling/Admission Authority and verification of Face ID wherever required.

- 5. This is a computer-generated Score Card and hence does not require signature. NBEMS disclaims responsibility for any inadvertent error that might occur due to technical reasons.
- 6. NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the application form.
- 7. The final merit list/category wise merit list for admission to MD/MS/PG Diploma (except All India 50% quota seats) shall be generated by various Counseling Authorities as per their qualifying/eligibility criteria, applicable guidelines/Regulations & reservation policy.
- 8. Candidates are advised to remain in touch with the website of various Counseling Authorities for all the information related to admission process.

| General/ EWS (50th percentile) | OBC/SC/ST (40th percentile) | General-PwD (45th percentile) |
|--------------------------------|-----------------------------|-------------------------------|
| 302 | 265 | 283 |



NEET-PG 2021



(NEET-PG 2021 SCORE CARD (NEET-PG 2021 RANK)

Important Instructions

- This score card is intended to provide NEET-PG 2021 Rank which is the overall merit position of the candidate amongst all the candidates who have appeared in NEET-PG 2021 after applying tie-breaker criteria as mentioned in Para 10.6 of the NEET-PG 2021 Information Bulletin.
- Validity: This result is valid for admission to MD/MS/Post Graduate Diploma Courses and Post MBBS DNB and NBEMS Diploma
 Courses of 2021 admission session only.
- 3. Result of All India 50% quota MD/MS/PG Diploma seats shall be published separately.
- 4. Score Card:

| 1, | Name of the candidate**: | PEREIRA JESSICA JUDE | - |
|-------|------------------------------|-----------------------|---|
| 11. | Father's Name**: | JUDE STEPHEN PEREIRA | |
| III. | Mother's name**; | SANGEETA JUDE PEREIRA | _ |
| IV. | Roll Number: | 2166086667 | |
| V. | Date of Birth(dd/mm/yyyy)**: | 30/10/1996 | |
| VI. | Category**; | GENERAL | |
| VII. | PwD status**; | NO NO | |
| VIII. | Score (out of 800)#: | 283 | _ |
| KI. | Total Correct responses: | 91 | _ |
| ζ, | Total incorrect responses: | 81 | _ |
| (1. | NEET-PG 2021 Rank#: | 91633 | |

** As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling/admitting authorities are advised to verify the same.

Appearance in NEET-PG 2021 does not confer any automatic rights upon the candidates for admission to MD/MS/Post Graduate Diploma/DNB/NBEMS Diploma Courses. Your candidature is purely provisional subject to fulfillment of the eligibility criteria and verification of original documents by the Counseling / Admission Authority and verification of Face ID wherever required.

- This is a computer-generated Score Card and hence does not require signature. NBEMS disclaims responsibility for any inadvertent error that might occur due to technical reasons.
- NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the application form.
- The final merit list/category wise merit list for admission to MD/MS/PG Diploma (except All India 50% quota seats) shall be generated by various Counseling Authorities as per their qualifying/eligibility criteria, applicable guidelines/Regulations & reservation policy.
- Candidates are advised to remain in touch with the website of various Counseling Authorities for all the information related to admission process.

Cut-off scores for NEET-PG 2021:

| General/ EWS (50th percentile) | OBC/SC/ST (40th percentile) | General-PwD (45th percentile | |
|--------------------------------|-----------------------------|------------------------------|--|
| 302 | 265 | 283 | |

!! End of score card !!



Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India



NEET PG Medical Counselling 2021

DOCUMENT VERIFICATION CENTER:KRISHNA INSTITUTE OF MEDICAL SCIENCES, KARAD Round Number :MOPUP Round

Document Verification Date & Time:29-03-2022 14:17:31

Provisional Admission Letter

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Declaration

I hereby declare that all the particulars given by me in this form are true to the best of my knowledge and belief. Any mistake / misinformation, detected at the time of admission or at any stage in future, will result in the cancellation of admission. I have read the information bulletin and understood all the procedures.

Candidate (ADITHI VISHWANATH)

INFIEL

Document Verifying Officer (DR RAJANI GAONKAR)

Center Incharge (DR. S. T. MOHITE)



N.D.M.V.P. SAMAJA'S MEDICAL COLLEGE, NASHIK

Vasantdada Nagar Nashik 422003

Admission & Retaintion Acknowledgement

Printed On

: Mar 30 2022 6:53PM

Candidate Details

Sr.No.

: 5411

All India Rank

: 117573

CET Form No

: 215006429

Name

: SANE ANUSHREE PRAFULLA

Date of Birth

: 10/08/1993

Category

: OBC

Admission Details

Exam Name

: NEET (PG) - 2021

Institute Name

N.D.M.V.P. SAMAJA'S MEDICAL COLLEGE, NASHIK

Course Name

: PATHOLOGY

Allotment Date

: 26/03/2022

Round No

: MOP UP 1

Alloted Quota

: INSTITUTE QUOTA





| | Joined | Retained | Cancelled |
|--------|------------|------------|-----------|
| Status | Yes | Yes | No |
| Date | 30/03/2022 | 30/03/2022 | |



Dean/Principal

Dr. Vasantrao Pawar Medical College Hospital & Research Centre, Nashik.

It is hereby made clear that I have joined the allotted college and I am fully aware that after submitting this Status Retention Form I will not be considered for any subsequent rounds of selection process. I also declare that I will not ask for reconsideration of my name for further selection process.

Signature of the Candidate Date : 30 03 22



NEET-PG 2021

NEET-PG 2021 SCORE CARD (NEET-PG 2021 RANK)



Important Instructions

- This score card is intended to provide NEET-PG 2021 Rank which is the overall merit position of the candidate amongst all the candidates who have appeared in NEET-PG 2021 after applying tie-breaker criteria as mentioned in Para 10.6 of the NEET-PG 2021 Information
- Validity: This result is valid for admission to MD/MS/Post Graduate Diploma Courses and Post MBBS DNB and NBEMS Diploma Courses of 2021 admission session only
- Result of All India 50% quota MD/MS/PG Diploma seats shall be published separately.

| I. | Name of the candidate** | SHREEYA SANJAY PATTIWAR |
|-------|------------------------------|-------------------------|
| 11. | Father's Name**: | SANJAY VITHAL PATTIWAR |
| III. | Mother's name**; | MADHURI SANJAY PATTIWAR |
| IV. | Roll Number: | 2166085471 |
| V. | Date of Birth(dd/mm/yyyy)**: | 26/07/1996 |
| VI. | Category**; | GENERAL |
| VII. | PwD status**: | NO |
| VIII. | Score (out of 800)#: | 361 |
| KI. | Total Correct responses: | 106 |
| Κ. | Total Incorrect responses: | 63 |
| KI. | NEET-PG 2021 Rank: | 59150 |

- ** As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling/admitting authorities are advised to verify the same.
- # Appearance in NEET-PG 2021 does not confer any automatic rights upon the candidates for admission to MD/MS/Post Graduate Diploma/DNB/NBEMS Diploma Courses. Your candidature is purely provisional subject to fulfillment of the eligibility criteria and verification of original documents by the Counseling / Admission Authority and verification of Face ID wherever required.
- 5. This is a computer-generated Score Card and hence does not require signature. NBEMS disclaims responsibility for any inadvertent error that might occur due to technical reasons.
- 6. NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the application form.
- 7. The final merit list/category wise merit list for admission to MD/MS/PG Diploma (except All India 50% quota seats) shall be generated by various Counseling Authorities as per their qualifying/eligibility criteria, applicable guidelines/Regulations & reservation policy.
- 8. Candidates are advised to remain in touch with the website of various Counseling Authorities for all the information related to admission process

Cut-off scores for NEET-PG 2021:

| General/ EWS (50th percentile) | OBC/SC/ST (40th percentile) | General-PWD (45th percentile) | |
|--------------------------------|-----------------------------|-------------------------------|--|
| 302 | 263 | 285 | |

!! End of score card !!



NEET-PG 2021

NEET-PG 2021 SCORE CARD (NEET-PG 2021 RANK)



Important Instructions

- This score card is fitended to provide NEET-PG 2021 Rank which is the overall merit position of the candidate amongst all the candidates
 who have appeared in NEET-PG 2021 after applying tie-breaker criteria as mentioned in Para 10.6 of the NEET-PG 2021 Information
 Bulletin.
- 2. Validity: This result is valid for admission to MD/MS/Post Graduate Diploma Courses and Post MBBS DNB and NBEMS Diploma Courses of 2021 admission session only.
- 3. Result of All India 50% quota MD/MS/PG Diploma seats shall be published separately.
- 4. Score Card:

| l, | Name of the candidate**: | MENON PRIYANKA SHIVADAS |
|-------|------------------------------|---------------------------|
| П. | Father's Name**: | SHIVADAS MANIKUTTAN MENON |
| III. | Mother's name**: | RAJESHREE SHIVADAS MENON |
| IV. | Roll Number: | 2166096780 |
| V. | Date of Birth(dd/mm/yyyy)**: | 19/12/1997 |
| VI. | Category**: | GENERAL |
| VII. | PwD status**: | NO |
| VIII. | Score (out of 800)#; | 350 |
| XI. | Total Correct responses: | 105 |
| X. | Total Incorrect responses: | 70 |
| XI. | NEET-PG 2021 Rank: | 63408 |

- ** As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling/admitting authorities are advised to verify the same.
- # Appearance in NEET-PG 2021 does not confer any automatic rights upon the candidates for admission to MD/MS/Post Graduate Diploma/DNB/NBEMS Diploma Courses. Your candidature is purely provisional subject to fulfillment of the eligibility criteria and verification of original documents by the Counseling / Admission Authority and verification of Face ID wherever required.
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- NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the application form.
- The final merit list/category wise merit list for admission to MD/MS/PG Diploma (except All India 50% quota seats) shall be generated by various Counseling Authorities as per their qualifying/eligibility criteria, applicable guidelines/Regulations & reservation policy.
- 8. Candidates are advised to remain in touch with the website of various Counseling Authorities for all the information related to admission process.

| General/ EWS (50th percentile) | OBC/SC/ST (40th percentile) | General-PWD (45th percentile) | |
|--------------------------------|-----------------------------|-------------------------------|--|
| 302 | 263 | 285 | |

Bihar Combined Entrance Competitive Examination Board

POST GRADUATE MEDICAL ADMISSION COUNSELLING - 2021

Rank Card of PGMAC[DEGREE]-2021 MOP-UP COUNSELLING

PGMAC ID-2021

NEET[PG]-2021 ROLL NO.

NEET[PG]-2021 APPLICATION NO.

NEET[PG]-2021 ALL INDIA RANK

COURSE

NAME

FATHER'S NAME

MOTHER'S NAME

CATEGORY

GENDER

MARKS OBTAINED IN NEET[PG]-2021

DATE OF BIRTH

PGMAC[DEGREE]-2021 CATEGORY WISE STATE MOP-UP RANK

UNRESERVED

9210001894

2166023576

PG074873

114711

MEDICAL

INDRAJEET KUMAR RAJAN

SONE LAL ROY

MALTI KUMARI

BC

MALE

17/02/1993

232

CATEGORY

RANK

3.UR(DEGREE)-624

Remark: ELIGIBLE FOR ONLY PRIVATE MEDICAL COLLEGES

Search again

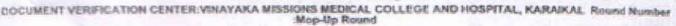


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Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India





Document Verification Date & Time:28-04-2922 17:58:40

Provisional Admission Letter

| 10010 | Details | | | | Capitalia Capitalia | The state of | | - | | | |
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| 1754E | Name | | SURUCHI SAXENA | Gender | | Fernado | Fernado | | | | |
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| ligior | | | HINDLISM | Categ | yory | General | | | - | U Section 1 | |
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| India | Rank (P | PG Medic | ant) | | 102146 | | | | ALL AS | | |
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reby declare that all the particulars given by me in this form are true to the best of my knowledge and belief, Any mistake / misinformation, detected at one of admission or at any steps in future, will misult in the cancellation of admission. I have read the information bulletin and understood all the extures.

ididate CHA SAXENA)

Moreus

Document Verifying Officer (MR & R ANANDHAN)

REPORTING OFFICER
Vinayaka Mission's Medical College
Karaikal-609 609

Center Incharge (DR.G.AMBUJANI

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NEET-PG 2021



NEET-PG 2021 SCORE CARD (NEET-PG 2021 RANK)

Important Instructions

- This score card is intended to provide NEET-PG 2021 Rank which is the overall merit position of the candidate amongst all the candidates who have appeared in NEET-PG 2021 after applying tie-breaker criteria as mentioned in Para 10.6 of the NEET-PG 2021
- 2. Validity: This result is valid for admission to MD/MS/Post Graduate Diploma Courses and Post MBBS DNB and NBEMS Diploma Courses of 2021 admission session only.
- Result of All India 50% quota MD/MS/PG Diploma seats shall be published separately.

| | Name of the candidate**: | CHIRAG AKSHAY THAKKER | |
|-------|------------------------------|-----------------------|--|
| | Father's Name**: | AKSHAY | |
| | Mother's name**: | PHALGUNI | |
| 1. | Roll Number: | 2166091967 | |
| 1. | Date of Birth(dd/mm/yyyy)**: | 10/03/1997 | |
| /I. | Category**: | GENERAL | |
| /II. | PwD status**: | ЙО | |
| VIII. | Score (out of 800)#: | 257 | |
| XI. | Total Correct responses: | 76 | |
| Χ. | Total Incorrect responses: | 47 | |
| XI. | NEET-PG 2021 Rank#: | 103464 | |

- ** As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling/admitting
- # Appearance in NEET-PG 2021 does not confer any automatic rights upon the candidates for admission to MD/MS/Post Graduate Diploma/DNB/NBEMS Diploma Courses. Your candidature is purely provisional subject to fulfillment of the eligibility criteria and verification of original documents by the Counseling / Admission Authority and verification of Face ID wherever required.
- 5. This is a computer-generated Score Card and hence does not require signature. NBEMS disclaims responsibility for any inadvertent error that might occur due to technical reasons.
- 6. NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the
- 7. The final merit list/category wise merit list for admission to MD/MS/PG Diploma (except All India 50% quota seats) shall be generated by various Counseling Authorities as per their qualifying/eligibility criteria, applicable guidelines/Regulations & reservation policy.
- 8. Candidates are advised to remain in touch with the website of various Counseling Authorities for all the information related to admission process.

| · · | Cut-on society | | |
|--------------------------------|---|-----|--|
| " FWC (50th percentile) | OBC/SC/ST (40th percentile) General-PwD (45th | | |
| General/ EWS (50th percentile) | | 283 | |
| 302 | 265 | | |



NEET-PG 2021



(NEET-PG 2021 SCORE CARD

Important Instructions

- 1. This score card is intended to provide NEET-PG 2021 Rank which is the overall merit position of the candidate amongst all the candidates who have appeared in NEET-PG 2021 after applying tie-breaker criteria as mentioned in Para 10.6 of the NEET-PG 2021 Information Bulletin.
- Validity: This result is valid for admission to MD/MS/Post Graduate Diploma Courses and Post MBBS DNB and NBEMS Diploma Courses of 2021 admission session only.
- 3. Result of All India 50% quota MD/MS/PG Diploma seats shall be published separately.
- 4. Score Card:

| 1. | Name of the candidate**: | SHUBHRA |
|-------|------------------------------|-------------|
| II. | Father's Name**: | RAJIV VERMA |
| m. | Mother's name**: | ANAMIKA |
| IV. | Roll Number: | 2166022784 |
| V. | Date of Birth(dd/mm/yyyy)**: | 07/12/1996 |
| VI. | Categorys*: | GENERAL |
| VII. | PwD status**: | -NO |
| VIII. | Score (out of 800)#: | 258 |
| XI. | Total Correct responses: | 78 |
| X. | Total Incorrect responses: | 54 |
| KI. | NEET-PG 2021 Rank#: | 103074 |

- ** As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling/admitting authorities are advised to verify the same.
- # Appearance in NEET-PG 2021 does not confer any automatic rights upon the candidates for admission to MD/MS/Post Graduate Diploma/DNB/NBEMS Diploma Courses. Your candidature is purely provisional subject to fulfillment of the eligibility criteria and verification of original documents by the Counseling/Admission Authority and verification of Face ID wherever required.
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| General/ EWS (50th percentile) | OBC/SC/ST (40th percentile) | General-PwD (45th percentile) | |
|--------------------------------|-----------------------------|-------------------------------|--|
| 302 | 265 | 283 | |



MP STATE Combined P.G. Counselling-2021 (MOP UP ROUND PG MEDICAL)

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NEET (PG)-2021 ROLLNO:

2166076743

Score

241

All India NEET PG-2021 Rank

110652

Candidate Type

Common Rank

OPEN

Candidate's Name.

MANDAKINI KATIYAR

MP State Rank

2345

Father's Name:

KISHORILAL KATIYAR

Date of Birth (DD/MMYYYY)

01/01/1995

Gender

PEMALE

Mother's Name: M.P. Domicile.

RAMKALI KATIYAR

Correspondence Address.

FLAT NO 303 , SUBH SIDDED VINAYAK BEAVAN MENON COLONY NEAR LITTLE-FLOWER SCHOOL KHAJRANA ROAD INDORE MADHYA PRADESH PINCODE: 452018

Qualifying exam passed:

MBBS

Candidate's Category/Class (Filled by Candidate) : SC/X

MBBS/BDS Completion State

Other

Admission Status

| Name o | finitiution | |
|---------|-------------|----------|
| | | |
| COLLEGE | OF MEDICAL | SCIENCE, |

Institute Type

Course

Subject

Eligible Category

Allotted Seat Category

PEOPLES BHOPAL

Private

ANAESTHESIOLOGY MD

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Admission & Retaintion Acknowledgement

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· Candidate Details

All India Rank

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Date of Figure

Category

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| Status | Yes | Yes | No. |
| Date | 27/04/2022 | 27/04/2022 | |



Dean/Principal (Stamp & Signature)

It is hereby made clear that I have joined the allotted college and I am fully aware that after submitting this Status Refention Form I will not be considered for any subsequent rounds of selection process. I also declare that I will not ask for reconsideration of my name for further selection process.



आयुक्तिमान में सङ्गीय परीक्षा बोर्ड, नई विरसी National Board of Examinations in Medical Sciences, New Delhi

NEET-PG 2021



NEET-PG 2021 SCORE CARD (NEET-PG 2021 RANK)

Important Instructions

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- Validity: This result is valid for admission to MD/MS/Post Graduate Diploma Courses and Post MBBS DNB and NBEMS Diploma Courses of 2021 admission session only.
- Result of All India 50% quota MD/MS/PG Diploma seats shall be published separately.
- 4. Score Card:

| Caru. | |
|------------------------------|--|
| Name of the candidate**: | AISHWARYA VILAS BIRADAR |
| Father's Name**: | VILAS BABURAO BIRADAR |
| Mother's name**: | SATYABHAMA VILAS BIRADAR |
| Roll Number: | 2166096819 |
| Date of Birth(dd/mm/yyyy)**: | 15/11/1997 |
| Category**: | GENERAL |
| PwD status**: | NO |
| Score (out of 800)#: | 254 |
| Total Correct responses: | 83 |
| Total Incorrect responses: | 78 |
| NEET-PG 2021 Rank#: | 104873 |
| | Name of the candidate**: Father's Name**: Mother's name**: Roll Number: Date of Birth(dd/mm/yyyy)**: Category**: PwD status**: Score (out of 800)#: Total Correct responses: Total Incorrect responses: |

^{**} As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling/admitting authorities are advised to verify the same.

- # Appearance in NEET-PG 2021 does not confer any automatic rights upon the candidates for admission to MD/MS/Post Graduate Diploma/DNB/NBEMS Diploma Courses. Your candidature is purely provisional subject to fulfillment of the eligibility criteria and verification of original documents by the Counseling / Admission Authority and verification of Face ID wherever required.
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Cut-off scores for NEET-PG 2021:

| General/ EWS (50th percentile) | OBC/SC/ST (40th percentile) | General-PwD (45th percentile) |
|--------------------------------|-----------------------------|-------------------------------|
| 302 | 265 | 283 |

!! End of score card !!



ामुनिज्ञान में सङ्घेष परीक्षाची है, नई दिख्ली National Board of Examinations in Medical Sciences, New Delhi

NEET-PG 2021



NEET-PG 2021 SCORE CARD (NEET-PG 2021 RANK)

Important Instructions

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- Result of All India 50% quota MD/MS/PG Diploma seats shall be published separately.

Score Card

| I. | Name of the candidate": | SHAIKH WAFA ABBAS HAIDER RAZA |
|------|-----------------------------|-------------------------------|
| 11 | Father's Name**: | HAIDER RAZA |
| iii | Mother's name**: | SAHAR BANO |
| IV | Roll Number: | 2166086461 |
| V. | Date of Binn(dd/mm/yyyy)**; | 15/01/1990 |
| V) | Category**: | GENERAL |
| VII | PwD status**: | NO |
| Viii | Source (out of 800)#; | 479 |
| X1 | Total Correct responses: | 134 |
| х | Total Incorrect responses: | 57 |
| X) | NEET-PG 2021 Rank# | 22254 |

- ** As purinformation provided by the candidate during online submission of application form for NEET-PG 2021. Counseling/admitting
- A Section of Comments by the Counseling/Admission Authority and verification of Face ID wherever required.
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- 6 NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the application form
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- Candidates are advised to remain in touch with the website of various Counseling Authorities for all the information related to adversion places.

Cut-off scores for NEET-PG 2021

| General/ EWS (50th percentile) | ово | /SC/ST (40th percentile) | General-PwD (45th percentile) |
|--------------------------------|-------|--------------------------|-------------------------------|
| 302 | 4,000 | 265 | 283 |

II End of score card II



आयुर्विज्ञान में राष्ट्रीय परीक्षा बोर्ड, नई दिल्ली National Board of Examinations in Medical Sciences, New Delhi

NEET-PG 2021



NEET-PG 2021 SCORE CARD (NEET-PG 2021 RANK)

Important Instructions

- This score card is intended to provide NEET-PG 2021 Rank which is the overall merit position of the candidate amongst all the candidates who have appeared in NEET-PG 2021 after applying tie-breaker criteria as mentioned in Para 10.6 of the NEET-PG 2021 information Bulletin
- 2 Validity: This result is valid for admission to MD/MS/Post Graduate Diploma Courses and Post MBBS DNB and NBEMS Diploma Courses of 2021 admission session only.
- 3. Result of All India 50% quota MD/MS/PG Diploma seats shall be published separately.
- 4. Score Card:

| l | Name of the candidate**: | DARSHIKA GOYAL |
|-------|------------------------------|----------------|
| 11. | Father's Name**1 | AMIT GOYAL |
| III. | Mother's name**: | ARCHANA GOYAL |
| IV. | Roll Number; | 2160108401 |
| V. | Date of Birth(dd/mm/yyyy)**: | 08/04/1996 |
| VI. | Category** | GENERAL |
| VII. | PwD status**: | NO |
| VIII. | Score (out of 800)#: | 482 |
| XI. | Total Correct responses: | 136 |
| X. | Total Incorrect responses: | 62 |
| XI. | NEET-PG 2021 Rank#: | 21488 |

[&]quot;As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling/admitting authorities are advised to verify the same.

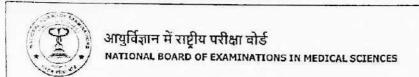
Apportance in NEET-PG 2021 does not confer any automatic rights upon the candidates for admission to MD/MS/Post Graduate Diplome/DNB/NBEMS Diplome Courses, Your candidature is purely provisional subject to fulfillment of the eligibility criteria and verification of original documents by the Counseling/Admission Authority and verification of Face ID wherever required.

- 5. This is a computer-generated Score Card and hence does not require signature. NBEMS disclaims responsibility for any inadvertent error that might occur due to technical reasons.
- 6 NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the application form.
- The final merit list/category wise merit list for admission to MD/MS/PG Diploma (except All India 50% quota seats) shall be generated
 by various Counseling Authorities as per their qualifying/eligibility criteria, applicable guidelines/Regulations & reservation policy.
- B Candidates are advised to remain in touch with the website of various Counseling Authorities for all the information related to admission process.

Cut-off scores for NEET-PG 2021:

| Genoral/ EWS (50th porcentile) | OBC/SC/ST (40th percentile) | General-PwD (45th percentile) |
|--------------------------------|-----------------------------|-------------------------------|
| 302 | 265 | 283 |

Il End of score card II



NEET-PG 2021

NEET-PG 2021 RESULT (ALL INDIA 50% QUOTA RANK)

For All India 50% quota of MD/MS/Post Graduate Diploma courses 2021 admission session (NEET-PG 2021): Counseling to be conducted by DGHS



Important Instructions

- 1 This score card is intended to provide All India 50% Quota Rank and All India 50% Quota Category Rank for admission to All India 50% quota MD/MS/PG Diploma seats
- 2 Valudity: This result is valid for admission to All India 50% quota MD/MS/Post Graduate Diploma Courses of 2021 admission session only.
- 3 Ranking System:
 - a) All India 50% quota rank: This is the overall merit position of the candidate amongst all the candidates who have appeared in NEET-PG 2021 after applying tie-breaker criteria and are eligible for All India 50% quota seats, and is valid for All India 50% quota MD/MS/Post Graduate Diploma Courses of 2021 admission session only.
 - b) All India 50% quota category rank: This is the overall merit position of the candidate in the category (OBC/SC/ST) as opted by the candidate in NEET-PG 2021 for All India 50% quota seats, and is valid for All India 50% quota MD/MS/Post Graduate Diploma Courses of 2021 admission session only
- 4 Score Card

| l. | Name of the candidate**: | THAKKER YESHA JAYESH |
|-------|------------------------------------|---|
| II. | Father's Name**: | JAYESH THAKKER |
| 111. | Mother's name**: | DAKSHA THAKKER |
| IV. | Roll Number: | 2166086629 |
| V. | Date of Birth(dd/mm/yyyy): | 02/03/1997 |
| VI. | Category**; | GENERAL |
| VII. | PH status**: | NO |
| VIII. | Score (out of 800): | 369 |
| IX. | All India 50% quota rank: | 55839 |
| X. | All India 50% quota category rank: | |
| XI. | Result: | Qualified to participate in online All India 50% Quota Counseling |

- ** As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling / admitting authorities are advised to verify the same.
- 5 This is a computer-generated result and hence does not require signature. NBEMS disclaims responsibility for any inadvertent error in the result that might occur due to technical reasons.
- 6. NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the application form
- 7 Please visit website of Medical Counseling Committee www.mcc.nic.in for details of seats available and schedule of counseling.
- 8. Qualification to participate in online counseling for All India 50% quota seats does not confer any automatic rights upon the candidates for admission to All India 50% quota MD/MS/Post Graduate Diploma Courses.

Cut-off scores for NEET-PG 2021:

| UR / EWS (50th percentile) | OBC/SC/ST (Including PWD) (40th percentile) | UR-PWD (45th percentile) |
|----------------------------|--|--------------------------|
| 302 | 265 | 283 |

Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India NEET PG Medical Counselling 2021

Round No.1 Provisional Allotment Letter

Allotment Date:January 20, 2022

| Personal Details | | | | |
|-----------------------------|--|-------------------|--------------------------------|---------------|
| NEET PG Roll Number | 2166084256 | Candidate's Name | INAMDAR AKASH SUNIL | / |
| Father's Name | SUNIL | Mother's Name | SWATI | |
| Date of Birth | 28-06-1996 | Category | GENERAL | |
| Gender | MALE | Sub Category | NO | |
| Rank Details | | | | |
| All India Rank [PG Medical] | | 37534 | | |
| Round No.1 | | | | |
| Choice No. | 8 | Round No. | 1 | |
| Seat Allocated Category | OPEN | Allotted Quota | MANAGEMENT/PAID SEATS QUOTA | |
| Institute Allocated | JAWAHARLAL NEHRU MEDICAL COLLEGE, SAWANGI (MEGHE), WARDHA- | Program Allocated | M.S. (GENERAL SURGERY) | |
| Institute Contacts Details | | | | PERSONAL WALL |
| Nodal officer Email Id: | drlalitwaghmare@gmail.com | V - 25-X | | |
| Nodal officer Mobile number | er: 9765404007 | | | |

Note The above candidate has been allotted seat during 1st Round.

Dear Candidate,

Based on your merit and choices of Institutions & Programs exercised by you during online Counselling, you have been provisionally allotted a seat in the above mentioned institute and Program. Kindly report to allotted Medical College/Institute within the stipulated period, as mentioned in the counselling schedule, falling which the allotted seat will be cancelled. Please add Medical College/Institute in place of Medical College.

- Candidates are required to produce all original documents at the time of reporting at the Allotted Institute as mentioned in the Information Bulletin of NEET PG 2021.
- 2. The candidate will be required to undergo a medical examination at their own cost on a notified date(s) by the allotted college.
- 3. The candidate is advised to report and join the allotted Medical College as early as possible. In some of the allotted Colleges /Universities, 3-5 days time is required to complete admission formalities. Please also take into consideration holiday(s)/ local holiday(s). The candidates are further advised to contact the allotted college authorities for details before proceeding.



Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Governmendia

NEET PO Medical Counselling 2021

DOCUMENT VERIFICATION CENTER: JAWAHARLAL HEHRU MEDICAL COLLEGE, SAWANGI (MEGHE), WARDHA-Number ;2

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| | G Roll No | | 2166092976 | Application No. | | | SH KISANRAO | | |
| | ate Name | | KALE PRATHAMESH MAHESH | | | me | Malo | טאמאואפות חב: | |
| Mother Name KALE BHARTI MAHESH | | • | Gender | | Indian | | - | | |
| DOB | | | 14.03 1997 | 1 | nallh | y | | | |
| Religio | | | HINDUISM | Cate | gory | | General | | |
| Is Eligii Quota ? | ble for Al | India | Yes | | | | | | |
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| Round | Choice No. | Institut | te Name | Acader | hic P | rogram Al | located | Allocated Category | Allo |
| | 21 | The state of the s | arlal Nehru Medical College, Sawangi e), Wardha | MS (C | RTH | OPAEDICS | 3) | Open | Man Pald Quo |
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| | | | the particulars given by me in this form | 1 | A | Class of the last | | | |

Candidate

procedures.

(KALE PRATHAMESH MAHESH)

Document Verifying Officer

(DR LALITBHUSHAN WAGHMARE)



ਬਾਬਾ ਵਚੀਦ ਯੂਨੀਵਰਸਿਟੀ ਆਫ ਹੈਲਬ ਸਾਇੰਸਿਜ਼, ਫਰੀਦਕੋਟ Baba Farid University of Health Sciences, Faridkot

PG Medical MopUp Online Countelling

ision To MD_MS_Immuno Haematology & Blood Transfusion Course

Mop Up Round Allotted College :

Adesh Institute of Medical Sciences & Research, Bathinda

MopUp Round Allasted Course / Specialty: MD_MS_Immuno Hacmatology & Blood Transfusion AU-PC-Open Merit (All India Basis)

MopUp Round Allotted Category :

AU-PC-Open Merit (All India Basis)-Open

NEET Rank :

99678

NEET Marks:

265.0000000

Incentive Marks %:

Total Marks :

265,0000000

Reg. No :

471735

NEET Roll No. .

2166024579

Candidate Name

TAMANNA KALRA

Father's Name :

RAMAN KALRA

Calegory

General

Minority :

Date of Birth

19/03/1996

Date: 01/05/2022

Candidate's Under a lug:

a) I hereby declare that all the information given/uploaded by me in the application is factually correct and true to the best of my Knowledge and belief. I understand that this allotment is purely provisional and undertake that in the event of any document/credentia information being found false or incorrect at any stage, my candidature is liable to be cancelled and I will have no claim on the seat allotted to me by the competent authority.

I have joined the seat and well aware that as per directions of the Hon'ble Supreme Court of India dated 16.12.2021 passed in SLA No 10487 of 2021 titled Nihila P.P Vs Medical Council Committee will not be able to resign from this seat and I will not be eligible to tak

part in further rounds of any type of counseling".

gs 3/20/10 an

fole. Admission slip is to be signed by the candidate as well as the Principal of the Institute.)

Signature of Student



आयुर्विज्ञान भें राष्ट्रीय परीक्षा वोर्ड, नई दिल्ली National Board of Examinations in Medical Sciences, New Delhi

NEET-PG 2021



NEET-PG 2021 SCORE CARD (NEET-PG 2021 RANK)

Important Instructions

- This score card is intended to provide NEET-PG 2021 Rank which is the overall ment position of the candidate amongst all the candidates who have appeared in NEET-PG 2021 after applying tie-breaker criteria as mentioned in Para 10.6 of the NEET-PG 2021 Information Bulletin.
- Validity: This result is valid for admission to MD/MS/Post Graduate Diploma Courses and Post MBBS DNB and NBEMS Diploma
 Courses of 2021 admission session only.
- 3. Result of All India 50% quota MD/MS/PG Diploma seats shall be published separately
- 4. Score Card:

| l, | Name of the candidate** | CHAVARKAR AISHWARYA DEEPAK |
|-------|-----------------------------|----------------------------|
| 11. | Father's Name**: | DEEPAK |
| III | Mother's name**: | VAISHALI |
| IV. | Roll Number: | 2166086222 |
| V. | Date of Birth(dd/mm/yyyy)** | 11/06/1998 |
| VI. | Category**: | OBC |
| VII. | PwD status**: | NO |
| VIII. | Score (out of 800)#: | 280 |
| XI. | Total Correct responses | 89 |
| X. | Total Incorrect responses | 76 |
| XI | NEET-PG 2021 Rank#: | 93141 |

^{**} As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling/admitting authorities are advised to verify the same.

Appearance in NEET-PG 2021 does not confer any automatic rights upon the candidates for admission to MD/MS/Post Graduate Diploma/DNB/NBEMS Diploma Courses. Your candidature is purely provisional subject to fulfillment of the eligibility criteria and verification of original documents by the Counseling / Admission Authority and verification of Face ID wherever required.

- 5. This is a computer-generated Score Card and hence does not require signature. NBEMS disclaims responsibility for any inadvertent error that might occur due to technical reasons.
- NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the application form.
- 7. The final ment list/category wise merit list for admission to MD/MS/PG Diploma (except Ali India 50% quota seats) shall be generated by various Counseling Authorities as per their qualifying/eligibility criteria, applicable guidelines/Regulations & reservation policy.
- 8. Candidates are advised to remain in touch with the website of various Counseling Authorities for all the information related to admission process.

Cut-off scores for NEET-PG 2021:

| General/ EWS (50th percentile) | OBC/SC/ST (40th percentile) | General-PwD (45th percentile) | |
|--------------------------------|-----------------------------|-------------------------------|--|
| 302 | 265 | 283 | |

!! End of score card !!



आयुर्विज्ञान में राष्ट्रीय परीक्षाबोर्ड, नई दिस्ती National Board of Examinations in Medical Sciences, New Delhi

NEET-PG 2021

NEET-PG 2021 SCORE CARD (NEET-PG 2021 RANK)



Important Instructions

- This score card is intended to provide NEET-PG 2021 Rank which is the overall merit position of the candidate amongst all the candidates
 who have appeared in NEET-PG 2021 after applying tio-breaker criteria as mentioned in Para 10.6 of the NEET-PG 2021 Information
 Buildtin.
- Validity: This result is valid for admission to MD/MS/Post Graduate Diploma Courses and Post MBBS DNB and NBEMS Diploma Courses
 of 2021 admission session only.
- Result of All India 50% quota MD/MS/PG Diploma seets shall be published separately.
- 4. Score Card

| 1. | Name of the candidate**; | AJAY DAYAL DODEJA | | | | | |
|-------|------------------------------|-------------------|--|--|--|--|--|
| 11. | Father's Namo**: | DAYAL DODEJA | | | | | |
| HL. | Mother's name*1: | VARSHA DODEJA | | | | | |
| M. | Roll Number: | 2166046763 | | | | | |
| V. | Date of Birth(dd/mm/yyyy)**; | 23/08/1995 | | | | | |
| VI. | Category**: | GENERAL | | | | | |
| VII. | PwD status**: | NO | | | | | |
| VIII. | Scorn (out of 800)#: | 515 | | | | | |
| XI. | Total Correct responses: | 142 | | | | | |
| X. | Total Incorrect responses: | 63 | | | | | |
| XI. | NEET-PG 2021 Rank: | 14357 | | | | | |
| | No. | | | | | | |

- ** As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling/admitting authorities are advised to verify the same.
- # Appearance in NEET-PG 2021 does not confer any automatic rights upon the candidates for admission to MD/MS/Post Graduate Diploma/DNB/NBEMS Diploma Courses. Your candidature is purely provisional subject to fulfillment of the eligibility criteria and verification of original documents by the Counseling / Admission Authority and verification of Face ID wherever required.
- 5 This is a computer-generated Score Card and hence does not require signature. NBEMS disclaims responsibility for any inadvertent error that might occur due to technical reasons.
- 6 NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the application form.
- 7. The final months Veategory wish ment list for admission to MD/MS/PG Diploms (except All india 50% quots seets) shall be generated by various Counseling Authorities as per their qualifying/eligibility criteria, applicable guidelines/Regulations & reservation policy.
- 8. Candidates are advised to remain in touch with the website of various Counseling Authorities for all the information related to admission process.

Cut-off acores for NEET-PG 2021:

| General/ EWS (50th percentile) | OBC/SC/ST (40th percentile) | General-PWD (45th percentile) | |
|--------------------------------|-----------------------------|-------------------------------|--|
| 302 | 263 | 285 | |

Il End of score card Il



आयुर्विज्ञान में राष्ट्रीय परीक्षा वोर्ड NATIONAL BOARD OF EXAMINATIONS IN MEDICAL SCIENCES

NEET-PG 2021

NEET-PG 2021 RESULT (ALL INDIA 50% QUOTA RANK)

For All India 50% quota of MD/MS/Post Graduate Diploma courses 2021 admission session (NEET-PG 2021): Counseling to be conducted by DGHS



Important Instructions

- This score card is intended to provide All India 50% Quota Rank and All India 50% Quota Category Rank for admission to All India 50% quota MD/MS/PG Diploma seats
- Validity: This result is valid for admission to All India 50% quota MD/MS/Post Graduate Diploma Courses of 2021 admission session only
- 3. Ranking System:
 - a) All India 50% quota rank: This is the overall merit position of the candidate amongst all the candidates who have appeared in NEET-PG 2021 after applying tie-breaker criteria and are eligible for All India 50% quota seats, and is valid for All India 50% quota MD/MS/Post Graduate Diploma Courses of 2021 admission session only.
 - b) All India 50% quota category rank: This is the overall merit position of the candidate in the category (OBC/SC/ST) as opted by the candidate in NEET-PG 2021 for All India 50% quota seats, and is valid for All India 50% quota MD/MS/Post Graduate Diploma Courses of 2021 admission session only
- 4 Score Card:

| I. | Name of the candidate** | NAIK ANKITA AVINASH |
|-------|------------------------------------|---|
| 11. | Father's Name** | AVINASH NAIK |
| III. | Mother's name**: | HEMLATA NAIK |
| IV. | Roll Number: | 2166085984 |
| V. | Date of Birth(dd/mm/yyyy). | 02/07/1997 |
| VI. | Category**: | OBC |
| VII. | PH status**: | NO |
| VIII. | Score (out of 800) | 280 |
| IX. | All India 50% quota rank. | 88146 |
| X. | All India 50% quota category rank: | 34569 |
| XI | Result | Qualified to participate in online All India 50% Quota Counseling |

- ** As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling / admitting authorities are advised to verify the same.
- This is a computer-generated result and hence does not require signature. NBEMS disclaims responsibility for any inadvertent error in the result that
 might occur due to technical reasons.
- 6. NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the application form.
- 7. Please visit website of Medical Counseling Committee www mcc.nic in for details of seats available and schedule of counseling
- 8. Qualification to participate in online counseling for All India 50% quota seats does not confer any automatic rights upon the candidates for admission to All India 50% quota MD/MS/Post Graduate Diploma Courses.

Cut-off scores for NEET-PG 2021:

| UR / EWS (50th percentile) | OBC/SC/ST (Including PWD) (40th percentile) | UR-PWD (45th percentile) | |
|----------------------------|--|--------------------------|--|
| 302 | 265 | 283 | |

!! End of score card !!



आयुर्विज्ञान में राष्ट्रीय परीक्षा वोर्ड, नई दिल्ली National Board of Examinations in Medical Sciences, New Delhi

NEET-PG 2021



NEET-PG 2021 SCORE CARD (NEET-PG 2021 RANK)

Important Instructions

- This score card is intended to provide NEET-PG 2021 Rank which is the overall merit position of the candidate amongst all the candidates who have appeared in NEET-PG 2021 after applying tie-breaker criteria as mentioned in Para 10.6 of the NEET-PG 2021 Information Bulletin.
- 2. Validity: This result is valid for admission to MD/MS/Post Graduate Diploma Courses and Post MBBS DNB and NBEMS Diploma Courses of 2021 admission session only.
- 3. Result of All India 50% quota MD/MS/PG Diploma seats shall be published separately.
- 4. Score Card:

| i. | Name of the candidate**: | ANUSHKA ASHOK SINGH |
|-------|------------------------------|---------------------|
| 11. | Father's Name**: | ASHOK KUMAR SINGH |
| III. | Mother's name**: | SUREKHA ASHOK SINGH |
| IV. | Roll Number: | 2166085932 |
| V. | Date of Birth(dd/mm/yyyy)**: | 28/11/1996 |
| VI. | Category**: | GENERAL |
| VII. | PwD status**: | NO |
| VIII. | Score (out of 800)#: | 424 |
| XI. | Total Correct responses: | 123 |
| Χ. | Total Incorrect responses: | 68 |
| XI. | NEET-PG 2021 Rank#: 37488 | |

^{**} As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling/admitting authorities are advised to verify the same.

Appearance in NEET-PG 2021 does not confer any automatic rights upon the candidates for admission to MD/MS/Post Graduate Diploma/DNB/NBEMS Diploma Courses. Your candidature is purely provisional subject to fulfillment of the eligibility criteria and verification of original documents by the Counseling / Admission Authority and verification of Face ID wherever required.

- 5. This is a computer-generated Score Card and hence does not require signature. NBEMS disclaims responsibility for any inadvertent error that might occur due to technical reasons.
- 6. NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the application form.
- 7. The final merit list/category wise merit list for admission to MD/MS/PG Diploma (except All India 50% quota seats) shall be generated by various Counseling Authorities as per their qualifying/eligibility criteria, applicable guidelines/Regulations & reservation policy.
- 8. Candidates are advised to remain in touch with the website of various Counseling Authorities for all the information related to admission process.

Cut-off scores for NEET-PG 2021:

| General/ EWS (50th percentile) | OBC/SC/ST (40th percentile) | General-PwD (45th percentile) | |
|--------------------------------|-----------------------------|-------------------------------|--|
| 302 | 265 | 283 | |

II End of score card II



State Common Entrance Test Cell, Maharashtra

8th Floor, New Excelsior Building, A. K. Nayak Marg, Fort, Mumbai- 400 001.

NEET (PG) - 2021

Provisional Selection Letter (CAP 1)

Printed On

Jan 29 2022 11 27AM

 Candidate's Details Name

GHARAT GAURI HEMANTKUMAR

Roll Number

2166096909

State CET Form No

215003793

All India Rank

99857

Date of Birth

10/09/1994

Category

OBC





Current Selection

Round No - Date

Institute Name

CAP 1 - 28/01/2022

41181: DR. ULHAS PATIL MEDICAL COLLEGE, JALGAON

Course

Allotted Quota

PS.M.

INSTITUTE QUOTA

- 1. Please read instructions carefully published in Notice for Physical Joining
- 2 The selection letter will be considered as e-pass/curfew pass to facilitate candidate along with one parent/Attendant during travel for the
- 3 The candidates are advised to contact the allotted college authorities for details before proceeding for admission by physical joining process.
- 4 This selection is Provisional, to be confirmed subject to verification of original documents at the time of physical joining. Candidate should report to the respective allotted college along with all the original certificates and a set of photo copy with requisite fees and scanned copy of
- 5 Reserved candidate who have secured seat under reserved quota and whose first round of allotted seat got cancelled during the document verification on reporting for admission will be considered for allotment of seat in the next round of seat allotment with changed category. subject to eligibility & availability of seat in respective category.
- 6 The candidate is requested to ensure that he/she is issued a System Generated Receipt/Acknowledgement by the college where
- 7 A desirous candidate may give his/her Status Retention Form in prescribed format available in information brochure within prescribed period to the allotted college to retain the admission. Candidate who submits Status Retention Form will get Retention Acknowledgement by the college. Candidate who does not fill status retention form is eligible for betterment in the subsequent rounds, as per the preference filled by the candidate. Betterment in the subsequent rounds is mandatory, if the candidate has not filled and submitted the status retention form. Candidate should note that filling up of Status Retention Form is not mandatory for
- 8 After joining the allotted college, if candidate desires to resign the allotted scat then the candidate must fill the Cancellation Form in prescribed format available in information brochure and submit to college within prescribed period. Candidate who submits Cancellation Form will get Admission Cancellation Acknowledgement by the college.
- If the candidate fails to join physically within prescribed period, he/she will be considered as NOT JOINED and will not be
- 10. Candidate must preserve the physical acknowledgement of confirmation of admission / confirmation of retention / confirmation of resignation given by the admitting college authority whichever is applicable.
- 11. This is computer generated letter, no signature is required.

Note: This is based on the personal data viz.Category, Name, DOB etc. submitted by the candidate. State CET Cell is not responsible for the truth/factualness of the data. Neither State CET Cell is responsible for any inadvertent error that may have crept in the Provisional Selection Letter being published on the web.

NEET-PG 2021 SCORE CARD (NEET-PG 2021 RANK)



Important Instructions

- This score card is intended to provide NEET-PG 2021 Rank which is the overall merit position of the candidate amongst all the candidates
 who have appeared in NEET-PG 2021 after applying tie-breaker criteria as mentioned in Para 10.6 of the NEET-PG 2021 Information
 Rulletin
- Validity: This result is valid for admission to MD/MS/Post Graduate Diploma Courses and Post MBBS DNB and NBEMS Diploma Courses
 of 2021 admission session only.
- 3. Result of All India 50% quota MD/MS/PG Diploma seats shall be published separately.
- 4 Score Card:

| Score | Card: | | | |
|-------|------------------------------|-------------------------|--|--|
| I. | Name of the candidate**: | GUPTA SIDDESH TRIBHUVAN | | |
| 11. | Father's Name**: | TRIBHUVAN GUPTA | | |
| 111. | Mother's name**: | GEETA GUPTA | | |
| ₩. | Roll Number: | 2166084955 | | |
| V. | Date of Birth(dd/mm/yyyy)**: | | | |
| VI. | Category**: | | | |
| VII. | PwD status**: | NO | | |
| VIII. | Score (out of 800)#: | 414 | | |
| XI. | Total Correct responses: | 121 | | |
| X. | Total Incorrect responses: | 70 | | |
| XI. | NEET-PG 2021 Rank: | 40679 | | |

- ** As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling/admitting authorities are advised to verify the same.
- # Appearance in NEET-PG 2021 does not confer any automatic rights upon the candidates for admission to MD/MS/Post Graduate Diploma/DNB/NBEMS Diploma Courses. Your candidature is purely provisional subject to fulfillment of the eligibility criteria and infiliation of original documents by the Counseling / Admission Authority and verification of Face ID wherever required.
- This is a computer-generated Score Card and hence does not require signature. NBEMS disclaims responsibility for any inadvertent error that might occur due to technical reasons.
- NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the
 application form.
- The final merit list/category wise merit list for admission to MD/MS/PG Diploma (except All India 50% quota seats) shall be generated
 by various Counseling Authorities as per their qualifying/eligibility criteria, applicable guidelines/Regulations & reservation policy.
- Candidates are advised to remain in touch with the website of various Counseling Authorities for all the information related to admission process.

Cut-off scores for NEET-PG 2021:

| General/ EWS (50th percentile) | OBC/SC/ST (40th percentile) | General-PWD (45th percen | |
|--------------------------------|-----------------------------|--------------------------|--|
| 302 | 263 | 285 | |

!! End of score card !!

Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India

NEET PG Medical Counselling 2021

Round No.1

Provisional Allotment Letter

Allotment Date: January 20, 2022

| Personal Details | | | | on his are | |
|-----------------------------|--|-------------------|-----------------------------|---------------|--|
| NEET PG Roll Number | 2166086753 | Candidate's Name | KHAMAR DARSHALI SHAILESH | | |
| Father's Name | KHAMAR SHAILESH BACHUBHAI | Mother's Name | KHAMAR FALGUNI SHAILESH | | |
| Date of Birth | 25-10-1996 | Category | GENERAL | | |
| Gender | FEMALE | Sub Category | NO | J | |
| Rank Details | | | | | |
| All India Rank [PG Medical] | | 41318 | | | |
| Round No.1 | | | | | |
| Choice No. | 44 | Round No. | 1 | H. W. Charles | |
| Seat Allocated Category | OPEN | Allotted Quota | MANAGEMENT/PAID SEATS QUOTA | | |
| Institute Allocated | PRAVARA RURAL MEDICAL COLLEGE, LONI | Program Allocated | M.S. (OPHTHALMOLOGY) | | |
| Institute Contacts Details | | | | | |
| Nodal officer Email Id: | admission@pmtpims.org | | | | |
| Jal officer Mobile number | er: 9607678959 | | | | |

Note The above candidate has been allotted seat during 1st Round.

Dear Candidate,

Based on your merit and choices of Institutions & Programs exercised by you during online Counselling, you have been provisionally allotted a seat in the above mentioned Institute and Program. Kindly report to allotted Medical College/ Institute within the stipulated period, as mentioned in the counselling schedule, failing which the allotted seat will be cancelled. Please add Medical College/ Institute in place of Medical College.

- 1 Candidates are required to produce all original documents at the time of reporting at the Allotted Institute as mentioned in the Information Bulletin of NEET PG 2021
- The candidate will be required to undergo a medical examination at their own cost on a notified date(s) by the allotted college.
- The candidate is advised to report and join the allotted Medical College as early as possible. In some of the allotted Colleges /Universities, 3-5 days time is required to complete admission formalities. Please also take into consideration holiday(s)/ local holiday(s). The candidates are further advised to contact the allotted college authorities for details before proceeding.
- 4. The candidate is requested to ensure that he/she is issued an admission letter by the college where he is taking admission (generated through online submission of his/her details by the allotted college to Medical Counseling Committee (MCC)).
- The Candidate may give his/her willingness for participating in the next round at the time of reporting in the allotted college.
- Candidate will be required to produce concerned certificate(Caste/PwD/EWS) at the time of admission.
- The Allotment Letter will be considered as a Pass/ Curfew pass to facilitate candidates along with one parent / attendant during travel for the purpose of reporting to allotted college in places under COVID related Lockdown.

Important Instructions:

This Provisional Allotment Letter is based on the personal data viz. Category, Sub Category and Gender etc. submitted by the candidate. MCC /DGHS is not responsible for the truth/ factualness of the data. Neither DGHS nor MCC is responsible for any inadvertent error that may have crept in the Provisional Allotment Letter being published on the web. The allotment is purely "Provisional" and the seat of candidate is liable to cancel in case the candidate does not fulfill the eligibility criteria on verification of original documents at the time of Reporting or any time thereafter.

Downloading Date: January 22, 2022 10:06 PM

NEET PG Medical Counselling 2021 (No signature required, since it is a computer generated letter.)

dical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India

NEET PG Medical Counselling 2021

Round No.1

Provisional Allotment Letter

Allotment Date: January 20, 2022

| ersonal Details | | | | 1 | |
|---|------------------------|-------------------|-----------------------------------|-------------|--|
| NEET PG Roll Number | 2166086057 | Candidate's Name | MANEK YOGESH BHAGWAN | | |
| Father's Name | BHAGWAN VISSUMAL MANEK | Mother's Name | LATA BHAGWAN MANEK | | |
| Date of Birth | 08-01-1997 | Category | OTHER BACKWARD CLASS (OBC-NCL) | a Million | |
| Gender | MALE | Sub Category | NO | | |
| Rank Details | | | | | |
| All India Rank [PG Medical] | | 43947 | | | |
| Round No.1 | | | | 10838888660 | |
| Choice No. | 52 | Round No. | 1 | - ST 1 | |
| Seat Allocated Category | OPEN | Allotted Quota | MANAGEMENT/PAID SEATS QUOTA | 200 | |
| Institute Allocated JAWAHARLAL NEHRU MEDICAL COLLEGE, SAWANGI (MEGHE), WARDHA- | | Program Allocated | M.S. (GENERAL SURGERY) | | |

Note The above candidate has been allotted seat during 1st Round.

9765404007

Dear Candidate,

dal officer Mobile number:

Based on your merit and choices of Institutions & Programs exercised by you during online Counselling, you have been provisionally allotted a seat in the above mentioned Institute and Program. Kindly report to allotted Medical College/ Institute within the stipulated period, as mentioned in the counselling schedule, failing which the allotted seat will be cancelled. Please add Medical College/ Institute in place of Medical College.

- Candidates are required to produce all original documents at the time of reporting at the Allotted Institute as mentioned in the Information Bulletin of 1. NEET PG 2021.
- The candidate will be required to undergo a medical examination at their own cost on a notified date(s) by the allotted college. 2.
- The candidate is advised to report and join the allotted Medical College as early as possible. In some of the allotted Colleges /Universities, 3-5 days time is required to complete admission formalities. Please also take into consideration holiday(s)/ local holiday(s). 3 The candidates are further advised to contact the allotted college authorities for details before proceeding.
- The candidate is requested to ensure that he/she is issued an admission letter by the college where he is taking admission (generated through online submission of his/her details by the allotted college to Medical Counseling Committee (MCC)). 4.
- The Candidate may give his/her willingness for participating in the next round at the time of reporting in the allotted college. 5.
- Candidate will be required to produce concerned certificate(Caste/PwD/EWS) at the time of admission.
- The Allotment Letter will be considered as a Pass/ Curfew pass to facilitate candidates along with one parent / attendant during travel for the 7. purpose of reporting to allotted college in places under COVID related Lockdown.

Important Instructions:

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Downloading Date: January 23, 2022 3:20 PM

NEET PG Medical Counselling 2021 (No signature required, since it is a computer generated letter.)



Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India



NEET PG Medical Counselling 2021

DOCUMENT VERIFICATION CENTER-KRISHNA INSTITUTE OF MEDICAL SCIENCES, KARAD Round Number :1

Document Verification Date & Time:24-01-2022 12:40:17

Provisional Admission Letter

| NEET | PG Roll N | umber | 2186084033 | Appli | ation No. | PG082600 | | | |
|---|----------------------------------|---------------------------|--|----------------------------------|-------------------------------------|--|--------------------------------------|-----------------------------------|----------------------------|
| Candidate Name | | 9 | MHATRE SHIMONY DINESH | Father Name | | | MHATRE DINESH ANANT | | - |
| Mother Name | | | MHATRE VANDANA DINESH | Gender | | Female | | | 五代 |
| BOD | | | 21-02-1996 | Nation | | NRI | | 3 | |
| Religio | on | | HINDUISM | Categ | | | ard Class (OBC- | NCL) | S. 4255 |
| Is Elig Quota | ible for Al | II India | Yes | | | | | | |
| Seat Al | lotment D | etallo | | | 17.001 | | | | |
| Round No. | Cholce No. | Institut | | | c Program Allo | cated | Allocated Category | Allocated Quota | Rank |
| 1 | 2 | | NA INSTITUTE OF MEDICAL CES, KARAD | M.D. (GE | NERAL MEDIC | NE) | Open | Non-Residen Indian | 90511 |
| Rank D | etalls . | 制模式藝 | | | / / | 7 7 7 | | | |
| All Indi | a Rank (P | G Medic | al) | | 90511 | / | | 2 11 7 2 2 | |
| Sub Ca | tegory Li | t · | | | X | / | | . 1000 | |
| Parson | with Disat | ility | | | No _ | | | - 154 m 15 % 15 m | and the same |
| Other I | nformatio | ns | | | | | , - X, - X | 23 241 - 1-a | - 100 |
| Marital Status | | | | Unmarried | | | | | |
| Do you want to apply for Armed Forces Medical ? | | | | No | | | *1 de m | | |
| Qualific | ation Det | alls | | | | Aller Sales Sales | | | |
| MBBS I | Marks Det | alls | | | | | | | |
| Passing | Status | | | | Passed | | | | |
| Passing | Year | | | | 2018 | | | | |
| Univers | ity / College | 10 | | | Others | | | | |
| | ent Numb | | | *** | 1131010009 | 3 | 4 (A 4 (4 (4) A 7 | On the Asia Paris | Park No. |
| Docum | ent Verifi | cation D | otalis | | 1 | 14 THE RESERVE | | July 200 | Year of the |
| Remark | | | | | | | | | |
| Changes During Verification | | | NONE | | | | | | |
| Willingness Details | | | NO - CANDIDATE DO NOT WANT TO PARTICIPATE IN NEXT ROUND OF COUNSELLING | | | | | | |
| Declara | tion 1 : | r | | | | | 4.7 | | - IA-> |
| I hereby the time procedu | declare to of admiss ares. | hat all the sion or at | e particulars given by me in this form I any stage in future, will result in the | n are true to to cancellation | he best of my kr of admission. I | nowledge and belic have read the Info | of. Any mistake / mation bulletin | misinformation, and understood | detected at all the |
| | | | 16 | 1000 | | | | | Mally |
| Vullation. | | | Annual Control of the | Tiveliying C | | | | 7.7 | filer Inchar , T. MOHIT |



NEET-PG 2021 SCORE CARD (NEET-PG 2021 RANK)



Important Instructions

- This score card is intended to provide NEET-PG 2021 Rank which is the overall merit position of the candidate amongst all the candidates who have appeared in NEET-PG 2021 after applying tie-breaker criteria as mentioned in Para 10.6 of the NEET-PG 2021 Information Bulletin
- Validity: This result is valid for admission to MD/MS/Post Graduate Diploma Courses and Post MBBS DNB and NBEMS Diploma Courses
 of 2021 admission session only
- 3 Result of All India 50% quota MD/MS/PG Diploma seats shall be published separately.
- 4. Score Card

| 1. | Name of the candidate** | NAIK SHRUTI PRABHAKAR | | | | | |
|-------|------------------------------|-----------------------|--|--|--|--|--|
| 11. | Father's Name** | PRABHAKAR BALU NAIK | | | | | |
| III. | Mother's name** | PRIYA PRABHAKAR NAIK | | | | | |
| IV. | Roll Number | 2166087313 | | | | | |
| V. | Date of Birth(dd/mm/yyyy)*** | 20/05/1994 | | | | | |
| VI. | Category** | GENERAL | | | | | |
| VII. | PwD status** | NO | | | | | |
| VIII. | Score (out of 800)# | 225 | | | | | |
| XL | Total Correct responses | 82 | | | | | |
| Х | Total Incorrect responses | 103 | | | | | |
| XI. | NEET-PG 2021 Rank | 118026 | | | | | |

- ** As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling/admitting authorities are advised to verify the same
- # Appearance in NEET-PG 2021 does not confer any automatic rights upon the candidates for admission to MD/MS/Post Graduate
 Diploma/DNB/NBEMS Diploma Courses Your candidature is purely provisional subject to fulfillment of the eligibility criteria and
 venification of original documents by the Counseling / Admission Authority and verification of Face ID wherever required
- 5. This is a computer-generated Score Card and hence does not require signature. NBEMS disclaims responsibility for any inadvertent error that might occur due to technical reasons.
- NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the application form.
- 7. The final merit list/category wise merit list for admission to MD/MS/PG Diploma (except All India 50% quota seats) shall be generated by various Counseling Authorities as per their qualifying/eligibility criteria, applicable guidelines/Regulations & reservation policy.
- 8. Candidates are advised to remain in touch with the website of various Counseling Authorities for all the information related to admission process

Cut-off scores for NEET-PG 2021:

| General/ EWS (50th percentile) | OBC/SC/ST (40th percentile) | General-PWD (45th percentile) | |
|--------------------------------|-----------------------------|-------------------------------|--|
| 302 | 263 | 285 | |

!! End of score card !!

NEET-PG 2021

NEET-PG 2021 RESULT (ALL INDIA 50% QUOTA RANK)

For All India 50% quota of MD/MS/Post Graduate Diploma courses 2021 admission session (NEET-PG 2021): Counseling to be conducted by DGHS



Important Instructions

- This score card is intended to provide All India 50% Quota Rank and All India 50% Quota Category Rank for admission to All India 50% quota MD/MS/PG Diploma seats.
- Validity: This result is valid for admission to All India 50% quota MD/MS/Post Graduate Diploma Courses of 2021 admission session only.
- 3 Ranking System
 - a) All India 50% quota rank: This is the overall merit position of the candidate amongst all the candidates who have appeared in NEE I-PG 2021 after applying tie-breaker criteria and are eligible for All India 50% quota seats, and is valid for All India 50% quota MD/MS/Post Graduate Diploma Courses of 2021 admission session only.
 - b) All India 50% quota category rank: This is the overall merit position of the candidate in the category (OBC/SC/ST) as opted by the candidate in NEET-PG 2021 for All India 50% quota seats, and is valid for All India 50% quota MD/MS/Post Graduate Diploma Courses of 2021 admission session only.
- 4 Score Card:

| L | Name of the candidate**. | PRADNYA GANGURDE |
|-------|-----------------------------------|---|
| II. | Father's Name**: | MANOHAR PURUSHOTTAM GANGURDE |
| III | Mother's name** | SUSHILA MANOHAR GANGURDE |
| IV. | Roll Number: | 2166095145 |
| V. | Date of Birth(dd/mrn/yyyy): | 07/08/1993 |
| VI. | Category** | sc |
| VII. | PH status**: | NO |
| VIII. | Score (out of 800) | 300 |
| IX. | Ail India 50% quota rank | 82923 |
| Х | All India 50% quota category rank | 8109 |
| XI. | Result: | Qualified to participate in online All India 50% Quota Counseling |

- ** As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling / admitting authorities are advised to verify the same.
- This is a computer-generated result and hence does not require signature. NBEMS disclaims responsibility for any inadvertent error in the result that
 might occur due to technical reasons.
- 6. NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the application form.
- 7. Please visit website of Medical Counseling Committee www mcc.nic.in for details of seats available and schedule of counseling
- 8. Qualification to participate in online counseling for All India 50% quota seats does not confer any automatic rights upon the candidates for admission to All India 50% quota MD/MS/Post Graduate Diploma Courses.

Cut-off scores for NEET-PG 2021:

| UR / EWS (50th percentile) | OBC/SC/ST (Including PWD) (40th percentile) | UR-PWD (45th percentile) | |
|----------------------------|--|--------------------------|--|
| 302 | 265 | 283 | |

II Fnd of score card !!



आयुर्विज्ञान में सष्ट्रीय परीक्षा बोर्ड, नई दिल्ली National Board of Examinations in Medical Sciences, New Delhi

NEET-PG 2021



NEET-PG 2021 SCORE CARD (NEET-PG 2021 RANK)

Important Instructions

- This score card is intended to provide NEET-PG 2021 Rank which is the overall merit position of the candidate amongst all the candidates who have appeared in NEET-PG 2021 after applying tie-breaker criteria as mentioned in Para 10.6 of the NEET-PG 2021 Information Bulletin.
- Validity: This result is valid for admission to MD/MS/Post Graduate Diploma Courses and Post MBBS DNB and NBEMS Diploma
 Courses of 2021 admission session only.
- 3. Result of All India 50% quota MD/MS/PG Diploma seats shall be published separately.
- 4. Score Card:

| I. | Name of the candidate**: | PUNJABI SNEHA VIJAYKUMAR |
|-------|------------------------------|--------------------------|
| n. | Father's Name**: | VIJAYKUMAR PUNJABI |
| III. | Mother's name**: | HARSHA PUNJABI |
| IV. | Roll Number: | 2166085074 |
| V. | Date of Birth(dd/mm/yyyy)**: | 21/12/1994 |
| VI. | Category** | GENERAL |
| VII. | PwD status**: | NO |
| VIII. | Score (out of 800)#: | 427 |
| XI. | Total Correct responses: | 121 |
| X. | Total Incorrect responses: | 57 |
| XI. | NEET-PG 2021 Rank#: | 36603 |

^{**} As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling/admitting authorities are advised to verify the same.

- # Appearance in NEET-PG 2021 does not confer any automatic rights upon the candidates for admission to MD/MS/Post Graduate Diploma/DNB/NBEMS Diploma Courses. Your candidature is purely provisional subject to fulfillment of the eligibility criteria and verification of original documents by the Counseling / Admission Authority and verification of Face ID wherever required.
- 5. This is a computer-generated Score Card and hence does not require signature. NBEMS disclaims responsibility for any inadvertent error that might occur due to technical reasons.
- 6. NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the application form.
- 7. The final merit list/category wise merit list for admission to MD/MS/PG Diploma (except All India 50% quota seats) shall be generated by various Counseling Authorities as per their qualifying/eligibility criteria, applicable guidelines/Regulations & reservation policy.
- Candidates are advised to remain in touch with the website of various Counseling Authorities for all the information related to admission process.

Cut-off scores for NEET-PG 2021:

| General/ EWS (50th percentile) | OBC/SC/ST (40th percentile) | General-PwD (45th percentile) | |
|--------------------------------|-----------------------------|-------------------------------|--|
| 302 | 265 | 283 | |

Il End of score card II

counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India NEET PG Medical Counselling 2021

Round No.1

Provisional Allotment Letter

Allotment Date: January 20, 2022

| al Details | | | | |
|--------------------------|---|-------------------|--------------------------------|----------------|
| r PG Roll Number | 2166086070 | Candidate's Name | REDDY RAJLAXMI BHASKAR | |
| her's Name | BHASKAR RAMCHANDRA REDDY | Mother's Name | PUSHPA BHASKAR REDDY | |
| te of Birth | 03-10-1997 | Category | GENERAL | J. Committee |
| nder | FEMALE | Sub Category | NO | 1. 塞江 |
| nk Detalls | | | | |
| India Rank [PG Medical] | | 67485 | | |
| und No.1 | | | | |
| oice No. | 5 | Round No. | 1 | 间 次条数处理 |
| at Allocated Category | OPEN | Allotted Quota | MANAGEMENT/PAID SEATS QUOTA | |
| stitute Allocated | SREE BALAJI MEDICAL COLLEGE AND HOSPITAL, CHENNAI | Program Allocated | M.S. (ORTHOPAEDICS) | |
| stitute Contacts Details | | | | |
| Ual officer Email Id: | admission.sbmch@bharatl | nuniv.ac.in | | |

Note The above candidate has been allotted seat during 1st Round.

9444716937

Dear Candidate,

Nodal officer Mobile number:

Based on your merit and choices of Institutions & Programs exercised by you during online Counselling, you have been provisionally allotted a seat in the above mentioned Institute and Program. Kindly report to allotted Medical College/ Institute within the stipulated period, as mentioned in the counselling schedule, failing which the allotted seat will be cancelled. Please add Medical College/ Institute in place of Medical College.

- Candidates are required to produce all original documents at the time of reporting at the Allotted Institute as mentioned in the Information Bulletin of NEET PG 2021.
- 2. The candidate will be required to undergo a medical examination at their own cost on a notified date(s) by the allotted college.
- 3. The candidate is advised to report and join the allotted Medical College as early as possible. In some of the allotted Colleges //Universities, 3-5 days time is required to complete admission formalities. Please also take into consideration holiday(s)/ local holiday(s). The candidates are further advised to contact the allotted college authorities for details before proceeding.
- 4. The candidate is requested to ensure that he/she is issued an admission letter by the college where he is taking admission (generated through online submission of his/her details by the allotted college to Medical Counseling Committee (MCC)).
 - The Candidate may give his/her willingness for participating in the next round at the time of reporting in the allotted college.
 - Candidate will be required to produce concerned certificate(Caste/PwD/EWS) at the time of admission.
- 7. The Allotment Letter will be considered as a Pass/ Curfew pass to facilitate candidates along with one parent / attendant during travel for the purpose of reporting to allotted college in places under COVID related Lockdown.

Important Instructions:

1. This Provisional Allotment Letter is based on the personal data viz. Category, Sub Category and Gender etc. submitted by the candidate. MCC /DGHS is not responsible for the truth/ factualness of the data. Neither DGHS nor MCC is responsible for any inadvertent error that may have crept in the Provisional Allotment Letter being published on the web. The allotment is purely "Provisional" and the seat of candidate is liable to cancel in case the candidate does not fulfill the eligibility criteria on verification of original documents at the time of Reporting or any time thereafter.

Downloading Date:January 22, 2022 4:04 PM

NEET PG Medical Counselling 2021 (No signature required, since it is a computer generated letter.)



आयुर्विज्ञान में राष्ट्रीय परीक्षा वोर्ड, नई दिल्ली National Board of Examinations in Medical Sciences, New Delhi

NEET-PG 2021



NEET-PG 2021 SCORE CARD (NEET-PG 2021 RANK)

Important Instructions

- This score card is intended to provide NEET-PG 2021 Rank which is the overall merit position of the candidate amongst all the candidates who have appeared in NEET-PG 2021 after applying tie-breaker criteria as mentioned in Para 10.6 of the NEET-PG 2021 Information Bulletin.
- Validity: This result is valid for admission to MD/MS/Post Graduate Diploma Courses and Post MBBS DNB and NBEMS Diploma Courses of 2021 admission session only.
- 3. Result of All India 50% quota MD/MS/PG Diploma seats shall be published separately.
- 4. Score Card:

| 1. | Name of the candidate**: | SHARMISTHA SINGHA |
|-------|------------------------------|-----------------------|
| 11. | Father's Name**: | SOUMENDRA NATH SINGHA |
| 111. | Mother's name**: | KAKALI SINGHA |
| IV. | Roll Number: | 2166085211 |
| V. | Date of Birth(dd/mm/yyyy)**; | 05/01/1996 |
| VI. | Category**; | GENERAL |
| VII. | PwD status**: | NO |
| VIII. | Score (out of 800)#: | 310 |
| XI. | Total Correct responses: | 102 |
| X. | Tctal Incorrect responses: | 98 |
| XI. | NEET-PG 2021 Rank#: | 79629 |

- ** As per information provided by the candidate during online submission of application for NEET-PG 2021. Counseling/admitting authorities are advised to verify the same.
- # Appearance in NEET-PG 2021 does not confer any automatic rights upon the candidates for admission to MD/MS/Post Graduate Diploma/DNB/NBEMS Diploma Courses. Your candidature is purely provisional subject to fulfillment of the eligibility criteria and verification of original documents by the Counseling/Admission Authority and verification of Face ID wherever required.
- 5. This is a computer-generated Score Card and hence does not require signature. NBEMS disclaims responsibility for any inadvertent error that might occur due to technical reasons.
- NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the application form.
- The final merit list/category wise merit list for admission to MD/MS/PG Diploma (except All India 50% quota seats) shall be generated by various Counseling Authorities as per their qualifying/eligibility criteria, applicable guidelines/Regulations & reservation policy.
- Candidates are advised to remain in louch with the website of various Counseling Authorities for all the information related to admission process.

Cut-off scores for NEET-PG 2021:

| General EWS (50th percentile) | OBC/SC/ST (40th percentile) | General-PwD (45th percentile) | |
|-------------------------------|-----------------------------|-------------------------------|--|
| 302 | 265 | 283 | |

!! End of score card !!



State Common Entrance Test Cell, Maharashtra

8th Hoor, New Excelsior Building, A. K. Navak Marg. Lort. Murubar- 400-001

NEET (PG) - 2021

Provisional Selection Letter (CAP 1)

Printed On

Jan 31 2022 6 37PM

Candidate's Details

Name

SHREYAS REVANKAR

Roll Number

2166097058

State CET Form No.

215001627

All India Rank

79103

Date of Birth

26/09/1996

Category

OPEN NRI





Current Selection

Round No -

Institute Name

Course

Allotted

CAP 1 -

Date

Quota

3207N : SMT. KASHIBAI NAVLE MEDICAL COLLEGE & GENERAL

ORTHOPEDICS NRI

HOSPITAL, HAVELI, PUNE 28/01/2022

- 1. Please read instructions carefully published in Notice for Physical Joining
- 2. The selection letter will be considered as e-pass/curfew pass to facilitate candidate along with one parent/Attendant during travel for the purpose of physical reporting/joining to allotted college.
- 3. The candidates are advised to contact the allotted college authorities for details before proceeding for admission by physical joining process
- 4. This selection is Provisional, to be confirmed subject to verification of original documents at the time of physical joining. Candidate should report to the respective allotted college along with all the original certificates and a set of photo copy with requisite fees and scanned copy of all original documens.
- 5 Reserved candidate who have secured seat under reserved quota and whose first round of allotted seat got cancelled during the document verification on reporting for admission will be considered for allotment of seat in the next round of seat allotment with changed category, subject to eligibility & availability of seat in respective category.
- 6. The candidate is requested to ensure that he/she is issued a System Generated Receipt/Acknowledgement by the college where he/she is taking admission.
- 7. A desirous candidate may give his/her Status Retention Form in prescribed format available in information brochure within prescribed period to the allotted college to retain the admission. Candidate who submits Status Retention Form will get Retention Acknowledgement by the college. Candidate who does not fill status retention form is eligible for betterment in the subsequent rounds, as per the preference filled by the candidate. Betterment in the subsequent rounds is mandatory, if the candiate has not filled and submitted the status retention form. Candidate should note that filling up of Status Retention Form is not mandatory for all candidates.
- 8 After joining the allotted college, if candidate desires to resign the allotted seat then the candidate must fill the Cancellation Form in prescribed format available in information brochure and submit to college within prescribed period. Candidate who submits Cancellation Form will get Admission Cancellation Acknowledgement by the college.
- 9. If the candidate fails to join physically within prescribed period, he/she will be considered as NOT JOINEO and will not be considered for further CAP rounds.
- 10. Candidate must preserve the physical acknowledgement of confirmation of admission / confirmation of retention / confirmation of resignation given by the admitting college authority whichever is applicable.
- 11. This is computer generated letter, no signature is required.

Note: This is based on the personal data viz. Category, Name, DOB etc. submitted by the candidate. State CET Cell is not responsible for the truth/factualness of the data. Neither State CET Cell is responsible for any inadvertent error that may have crept in the Provisional Selection Letter being published on the web.





NEET-PG 2021 SCORE CARD (NEET-PG 2021 RANK)

Important Instructions

- 1. This score card is intended to provide NEET-PG 2021 Rank which is the overall merit position of the candidate amongst all the candidates who have appeared in NEET-PG 2021 after applying tie-breaker criteria as mentioned in Para 10.6 of the NEET-PG 2021 Information Bulletin.
- Validity: This result is valid for admission to MD/MS/Post Graduate Diploma Courses and Post MBBS DNB and NBEMS Diploma Courses of 2021 admission session only.
- Result of All India 50% quota MD/MS/PG Diploma seats shall be published separately.
- 4. Score Card:

| Card: | |
|-----------------------------|--|
| Name of the candidate**: | SHUBHANGI MAHESH |
| Father's Name** | MAHESH RAMANATHAN |
| Mother's name**: | SUNDARI MAHESH |
| Roll Number: | 2166086917 |
| Date of Birth(dd/mm/yyyy)** | 06/04/1997 |
| Category** | GENERAL |
| PwD status**: | NO |
| Score (out of 800)#: | 427 |
| Total Correct responses: | 119 |
| Total Incorrect responses: | 49 |
| NEET-PG 2021 Rank#: | 36650 |
| | Name of the candidate**: Father's Name**: Mother's name**: Roll Number: Date of Birth(dd/mm/yyyy)**: Category**: PwD status**: Score (out of 800)#: Total Correct responses: Total Incorrect responses: |

** As per information provided by the candidate during online submission of application form for NEET-PG 2021. Counseling/admitting authorities are advised to verify the same

Appearance in NEET-PG 2021 does not confer any automatic rights upon the candidates for admission to MD/MS/Post Gradua Diploma/DNB/NBEMS Diploma Courses Your candidature is purely provisional subject to fulfillment of the eligibility criteria and verification of original documents by the Counseling / Admission Authority and verification of Face ID wherever required.

- 5. This is a computer-generated Score Card and hence does not require signature. NBEMS disclaims responsibility for any inadvertent error that might occur due to technical reasons.
- 6 NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the application form.
- 7. The final merit list/category wise merit list for admission to MD/MS/PG Diploma (except All India 50% quota seats) shall be generated by various Counseling Authorities as per their qualifying/eligibility criteria, applicable guidelines/Regulations & reservation policy.
- Candidates are advised to remain in touch with the website of various Counseling Authorities for all the information related to admission process.

Cut-off scores for NEET-PG 2021:

| General/ EWS (50th percentile) | OBC/SC/ST (40th percentile) | General-PwD (45th percentile) | |
|--------------------------------|-----------------------------|-------------------------------|--|
| 302 | 265 | 283 | |

Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India NEET PG Medical Counselling 2021

Round No.1 Provisional Allotment Letter

Allotment Date January 20, 2022

| Personal Detalls | | | | |
|-----------------------------|--------------------------------|-------------------|--------------------------------|--|
| NEET PG Roll Number | 2166086638 | Candidate's Name | BHANUSHALI TORAL | |
| Father's Name | JETHALAL BHANUSHALI | Mother's Name | JETHALAL KASTURI BHANUSHALI | |
| Date of Birth | 20-05-1997 | Category | GENERAL-EWS | A |
| Gender | FEMALE | Sub Category | NO NO | |
| Rank Deialls | | | 11.0 | |
| All India Rank [PG Medical] | | 15147 | | |
| Round No.1 | | | | |
| Choice No. | 628 | Round No. | 1 | |
| Seat Allocated Category | GENERAL-EWS | Allotted Quota | DNB QUOTA | The state of the s |
| Institute Allocated | IMAMBARA DISTRICT HOSPITAL, | Program Allocated | (NBEMS) PAEDIATRICS | |
| nstitute Contacts Details | | • | | |
| Nodal officer Email Id: | kamalikaray.1@gmail.com | 1 | | |
| Nodal officer Mobile number | er: 9051304155 | | | |

Note The above candidate has been allotted seat during 1st Round.

Dear Candidate,

Based on your merit and choices of Institutions & Programs exercised by you during online Counselling, you have been provisionally allotted a seat in the above mentioned Institute and Program. Kindly report to allotted Mcdical College/ Institute within the stipulated period, as mentioned in the counselling schedule, failing which the allotted seat will be cancelled. Please add Medical College/ Institute in place of Medical College.

- Candidates are required to produce all original documents at the time of reporting at the Allotted Institute as mentioned in the Information Bulletin of NEET PG 2021.
- 2 The candidate will be required to undergo a medical examination at their own cost on a notified date(s) by the allotted college.
- 3. The candidate is advised to report and join the allotted Medical College as early as possible. In some of the allotted Colleges /Universities, 3-5 days time is required to complete admission formalities. Please also take into consideration holiday(s)/ local holiday(s). The candidates are further advised to contact the allotted college authorities for details before proceeding.
- 4. The candidate is requested to ensure that he/she is issued an admission letter by the college where he is taking admission (generated through online submission of his/her details by the allotted college to Medical Counseling Committee (MCC)).
- The Candidate may give his/her willingness for participating in the next round at the time of reporting in the allotted college.
- Candidate will be required to produce concerned certificate(Caste/PwD/EWS) at the time of admission.
- The Allotment Letter will be considered as e Pass/ Curfew pass to facilitate candidates along with one parent / attendant during travel for the purpose of reporting to allotted college in places under COVID related Lockdown.

Important Instructions:

1. This Provisional Allotment Letter is based on the personal data viz. Category, Sub Category and Gender etc. submitted by the candidate. MCC /DGHS is not responsible for the truth/ factualness of the data. Neither DGHS nor MCC is responsible for any inadvertent error that may have crept in the Provisional Allotment Letter being published on the web. The allotment is purely "Provisional" and the seat of candidate is liable to cancel in case the candidate does not fulfill the eligibility criteria on verification of original documents at the time of Reporting or any time thereafter.

| Instructions:- For Na | tional Board Of Examinations in Medical Sciences DNB/DrNB Fees Submission |
|-----------------------|--|
| Notice: | The PG DNB candidates will pay 1st year fees directly to NBEMS through this link and take the receipt to the allotted PG DNB Institute at the time of reporting. For details please visit NBE website. |
| URL: | https://natboard.edu.in/cns/index |



Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India NEET PG Medical Counselling 2022

Round No.1

Provisional Allotment Letter

Allotment Date:September 30, 2022

| Personal Details | | | A PROCESS OF THE PARTY OF THE P | |
|-----------------------------|--|-------------------|--|---------------------|
| NEET PG Roll Number | 2266099887 | Candidate's Name | ARCHITA NARENDRA RAI | 100 |
| Father's Name | NARENDRA RAI | Mother's Name | RITA RAI | 90 |
| Date of Birth | 09-07-1997 | Category | GENERAL | 1000 |
| Gender | FEMALE | Sub Category | NO | 101 As |
| Rank Details | 10岁的10岁 | | ROTH CHARLES | |
| All India Rank [PG Medical] | | 82261 | | |
| Round No.1 | | (0) etc 100 - 100 | 的 一种 | |
| Choice No. | 31 | Round No. | 1 | |
| Seat Allocated Category | OPEN | Allotted Quota | MANAGEMENT/PAID SEATS QUOTA | 20 may 200 |
| Institute Allocated | AARUPADAI VEEDU MEDICAL COLLEGE AND HOSPITAL ,PONDY - CUDDALORE MAIN ROAD, KIRUMAMPAKKAM, BAHOUR COMMUNE PANCHAYAT, PUDUCHERRY, PUDUCHERRY, 607402 | Program Allocated | M.S. (GENERAL SURGERY) | |
| Institute Contacts Details | SHEET SHEET SHEET SHEET | | Date of the Carlot of Carlot | Constitution of the |
| Nodal officer Email Id: | avmc.admissions@vinayakar | nissions.com | | |
| Nodal officer Mobile number | r: 9384821234 | | | |

Note The above candidate has been allotted seat during 1st Round.

Dear Candidate,

Based on your merit and choices of Institutions & Programs exercised by you during online Counselling, you have been provisionally allotted a seat in the above mentioned Institute and Program. Kindly report to allotted Medical College/ Institute within the stipulated period, as mentioned in the counselling schedule, failing which the allotted seat will be cancelled.

- Candidates are required to produce all original documents at the time of reporting at the Allotted Institute as mentioned in the Information Bulletin of NEET PG 2022.
- 2. The candidate will be required to undergo a medical examination at their own cost on a notified date(s) by the allotted college.
- 3. The candidate is advised to report and join the allotted Medical College/Institute as early as possible. In some of the allotted Colleges //Universities, 3-4 days time is required to complete admission formalities. Please also take into consideration holiday(s)/ local holiday(s). The candidates are further advised to contact the allotted college authorities for details before proceeding.
- 4. The candidate is requested to ensure that the Admission Letter issued by the allotted college should be generated through online submission of his/ her details by the allotted college through the portal provided by Medical Counselling Committee (MCC). Any offline admission which is not generated through the portal by the allotted institute will be treated as Null & Void.
- 5. The Candidate may give his/her willingness for participating in the next round at the time of reporting in the allotted college,
- 6. Candidate will be required to produce concerned certificate(Caste/PwD/EWS) at the time of admission.
- The Allotment Letter will be considered as e Pass/ Curfew pass to facilitate candidates along with one parent / attendant during travel for the
 purpose of reporting to allotted college in places under COVID related Lockdown.

Important Instructions:

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NEET PG Medical Counselling 2022

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NEET PG Medical Counselling 2022

DOCUMENT VERIFICATION CENTER AARUPADAI VEEDU MEDICAL COLLEGE AND HOSPITAL Round Number (1 Document Verification Date & Time 04-10-2022 12:01:54

Provisional Admission Letter

| Personal Details | | | · constitution in the contract of the contract | |
|---------------------|--|-------------------------------|--|------|
| NEET PG Roll Number | 2266099887 | NEET PG Application Number | PG074866 | (A) |
| Candidate Name | ARCHITA NARENDRA RAI | Father Name | NASENDRA RAI | |
| Motres Name | RITA RAI | Gender | Female | |
| Date of Hirth | 09-07-1997 | Nationality | Indian | |
| Religion | HINDUISM | Category | General | |
| Remarks | Qualified for an line choice filling process-Eligible for UR Seats | - Company | , | |

| Round No. | Choice No | Institute Name | Academic Program Allocated | Allocated Category | Allocated Quota | Rank | | | |
|-----------------------|-------------------------|--|--|--|---|---|--|--|--|
| 1 | 31 | AARUPADAI VEEDU MEDICAL COLLEGE AND HOSPITAL | M S (GENERAL SURGERY) | Osen | Management Paid Seats Quota | 82251 | | | |
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| Do year | w. b. 1 12 m | oply for Armed Forces Medical Institutes? | Yes. | | - The second second | and the second section is | | | |
| AFMS | | | Priority V - Civillan Doctors | willing to serve | **** | - | | | |
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| Declar | stion | | Λ | | | | | | |
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Candidate

(ARCHITA NARENDRA RAD)

Document Vellying Difficer

Center Incharge (DR. PF KOTUR)

T. PRAKASH

Description of Oate October 04, 2022 12:03 PM Basine Administration Officer Cum Notice Officer

NEET PG Medical Countering 2002

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Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India



NEET PG Medical Counselling 2022

DOCUMENT VERIFICATION CENTER:K S HEGDE MEDICAL ACADEMY, MANGALURU Round Number:1

Document Verification Date & Time:03-10-2022 10:56:58

Provisional Admission Letter

| ersona | Details | | BUREAU PROPERTY AND | | | | 16 | | | TIME SALE | |
|--------------|-----------------------|--------------|--|----------|--|--|---|-----------------------|--------------------------|----------------|--|
| NEET P | G Roll N | umber | 2266098704 | | NEET P Number | G Application | PG084742 | | | | 4 |
| Candid: | ate Name | е | PRABHU AKANKSHA SANJEEV | | Father I | Name | SANJEEV | DAMODAR PRAB | HU | | End. |
| Mother | Name | | AMRITA SANJEEV PRABHU | | Gender | | Female | | | | * |
| Date of | Birth | | 18-01-1999 | | Nationa | lity | Indian | | | Mescanin | |
| Religion | n | | HINDUISM | | Categor | у | General | | | | |
| Remark | ks | | Qualified for on-line choice filling process-Eligible for UR Seats | | | and the second s | | | - Control (color) | | -4-10-10-10-10-10-10-10-10-10-10-10-10-10- |
| Seat Allo | otment D | etails | | | | | | | | 1 | |
| Round No. | Choice No. | Institut | e Name | A | cademic | Program Allocal | ted | Allocated Category | Alloca | | Rank |
| 1 | 43 | K S He | de Medical Academy, Mangaluru | | I.S. (OPH | .S. (OPHTHALMOLOGY) | | Open | Manad Paid S Quota | eats | 37651 |
| Rank De | tails | | | | | | f is | 1,000 (1000) | 5000 | | |
| All India | Rank (P | G Medic | al) | | - | 37651 | | | SEC. 2005 | nE)chial-field | na leanna |
| Sub Cate | egory Lis | st | | | | | | | 1.1 | 1000000 | DESCRIPTION OF |
| Person w | erson with Disability | | | morna | - | No | | | Elile Char | | |
| Other In | ther informations | | | | | Market Bally Con | | 1000 | | | |
| Marital S | tatus | | | | | Unmarried | | 4-11 | | | |
| Do you w | vant to ap | ply for A | rmed Forces Medical Institutes? | | | Yes | | 186 | | | |
| AFMS C | ntena | | | 111/00/2 | Control of the | Priority V - Civill | an Doctors w | illing to serve | 33475 | ingan e | |
| Qualifica | ation Det | ails | THE BURK OF THE WAY AND THE | | | A STATE OF THE STATE OF | | | | | <u> </u> |
| | larks Det | ails | | | | T | | | | | |
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| | nt Verific | cation D | etalls | - pH 198 | | | 11.11.11.11.11.11.11.11.11.11.11.11.11. | | | | |
| Remarks | | /neifine ti- | NO. | - | | NONE | | | | 1000000000 | |
| | During Vess Detail | | J1. | | | YES- CANDIDATE WANTS TO PARTICIPATE IN NEXT ROUND OF COUNSELLING | | | | OF. | |

I hereby declare that all the particulars given by me in this form are true to the best of my knowledge and belief. Any mistake / misinformation, detected a the time of admission or at any stage in future, will result in the cancellation of admission. I have read the information bulletin and understood all the procedures.

W. Constitution of the

Candidate (PRABHU AKANKSHA SANJEEV) Document Verifying Officer

(MS MANDIRA RACHANA PRASANNA)

3/10/162

Center Incharge

(DR BS PRAKASH)

03/10/2022

DEAN
K S HEGDE MEDICAL ACADEMY
DERALAKATTE POST, NITHYANANDANAGARA
MANGALORE - 575 018
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Page No. 1



Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India



NEET PG Medical Counselling 2022

DOCUMENT VERIFICATION CENTER: BHARATI VIDYAPEETH DEEMED TO BE UNIVERSITY MEDICAL COLLEGE, PUNE Round Number: 1

Document Verification Date & Time:03-10-2022 11:32:25

Provisional Admission Letter Personal Details PG107046 **NEET PG Application** 2266111080 **NEET PG Roll Number** Number SHAILESH RAMESH BAROT NIDHI SHAILESH BAROT **Father Name** Candidate Name Female Gender VAIBHAVI SHAILESH BAROT Mother Name NRI Nationality Date of Birth 27-09-1998 General Category HINDUISM Religion Qualified for on-line choice filling process-Eligible for UR Seats Remarks

| Seat All | lotment D | | 1 | and the second s | Allerated | Allocated | Rank | | |
|----------------|---------------|--|--|--|-----------------------|------------------------|---|--|--|
| Round No. | Choice No. | Institute Name | Academi | c Program Allocated | Allocated Category | Quota | | | |
| 1 | 7 | Bharati Vidyapeeth Deemed to be University Medical College Pune | M.D. (PAI | EDIATRICS) | Open | Non-Resident Indian | 78969 | | |
| Rank De | etails | | | | | | | | |
| All India | Rank (P | G Medical) | | 78969 | | | | | |
| Sub Cat | egory Lis | st | XII waxaa ka | www. | | | | | |
| Person v | with Disab | olity | u. Managari na badan bada da bada da sa | No | | | *************************************** | | |
| Other In | formatio | ns | | | | | | | |
| Marita) Status | | | | Unnarned | | | | | |
| Do you v | vant to ap | ply for Armed Forces Medical Institutes? | | No | | | | | |
| Qualific | ation Det | ails | | | | | | | |
| MBBS N | tarks Det | ails | | | | | | | |
| Passing | Status | | | Passed | | | | | |
| Passing | Year | | | 2021 | | | | | |
| Juversi: | y / Colleg | e | | Others | | | | | |
| nrollme | nt Numbe | ri . | | 21610100091 | | | | | |
| Docume | nt Verific | ation Details | | | | | | | |
| Romneks | | | | | | | | | |
| hanges | During V | enlication | | NONE | | | | | |
| Vilopio | ss Details | | | NO - CANDIDATE DO NOT COUNSELLING | WANT TO PARTIC | IPATE IN NEXT | ROUND O | | |

Declaration

I hereby declare that all the particulars given by me in this form are true to the best of my knowledge and belief. Any mistake / misinformation, defected the time of admission or at any stage in future, will result in the concellation of admission. I have read the information bulletin and understood all the procedures

Candidate

(NIDHI SHAILESH BAROT)

PS Klednika

Document Verifying Officer (DR PALLAWI KHATAVKAR) Center Incharge

(DR M.D.KARMARKAR)

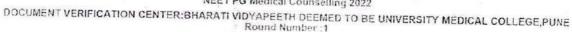
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Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India







Document Verification Date & Time:03-10-2022 16:02:35

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|---|------------------------|--|--|---|-----------------------------|--|------------------------------------|---------------------------------------|---------------|--|--|
| NEET | PG Roll N | umber | 2266106913 | NEET PG Application Number | | PG105889 | | | Min. | | |
| Candi | date Name | ! | MERWANA JATAN UDAY | Father Name | | LIDAY NARA | NDAS MERWA | III | 100 | | |
| Mothe | r Name | | JAYSHREE UDAY MERWANA | Gender | | Male | NDAS WERWA | <u>va</u> | Confliction . | | |
| Date o | f Birth | | 10-04-1999 | N. | ationality | Indian | | | | | |
| Religio | on | | HINDUISM | *************************************** | ategory | General | | | | | |
| Remar | 'ks | | Qualified for on-line choice filling process-Eligible for UR Seats | | | OCHETA | | | | | |
| Seat All | otment De | tails | | awa i | | 1 | | | E ASSILLED | | |
| Round No. | No. | Institute | | Acad | lemic Program Allocat | ed | Allocated Alloca Category Quota | | | | |
| | <u> </u> | Bharati \ Medical | Vidyapeeth Deemed to be University College,Pune | M.D. | (PAEDIATRICS) √ Open Manage | | Management/ Paid Seats | 17895 | | | |
| ank De | | | | 9.4 | | | 1 2 2 1 1 1 1 1 1 | | | | |
| 1.6 | Rank (PG egory List | | II) | | 17895 | | | | | | |
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| FMS Cr | | y lor Arr | ned Forces Medical Institutes? | Yes | | | | | | | |
| | tion Detail | | | | Priority V - Civilla | n Doctors willin | g to serve | | | | |
| | arks Detail | | | | | | | Canada | | | |
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| assing Y | | ······································ | | | Passed | | | | | | |
| - | / College | | | | 2021 | | | | | | |
| | t Number | | | | Others | | | | | | |
| - | t Verificati | ion Deta | ails | 13 M | PRN2161010008 | 4 | | | | | |
| emarks | | | *************************************** | State Heat | | | BOTTO BOTTO | Berga - Taligan | NAME OF | | |
| anges (| During Veri | fication | | | NONE | | | | | | |
| 111111111111111111111111111111111111111 | s Details | | | | NO - CANDIDATE | DO NOT WAN | IT TO PARTICI | PATE IN NEXT R | OUND (| | |
| claratio | n | | | 1000 | Toograceling | | | | | | |

I hereby declare that all the particulars given by me in this form are true to the best of my knowledge and belief. Any mistake / misinformation, detected at the time of admission or at any stage in future, will result in the cancellation of admission. I have read the information builted and understood all the procedures.

Candidate JCV (MERWANA JATAN UDAY)

Document Verifying Officer (DR PRAJAKTA SHINDE)

Center Incharge (DR M.D.KARMARKAR)

PRINCIPAL

Bh (DeuroVidyepeeth (hiversity)



SETH G.S. MEDICAL CULL FIGE MUMBAL

Admission & Rasswice Actores dedgement

: Oct e 2022 1 01PM

* Candidate Details

• Admission Details

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Date

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NEET (PG) - 2022

SETH G.S. MEDICAL COLLEGE, NUMBAL

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03/10/2022

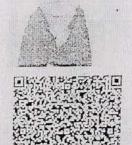
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06/10/2022



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It is hereby made clear that I have joined the allotted college and I am fully aware that after submitting this Status Retention Form I will not be considered for any subsequent rounds of selection process. I also declare that I will not ask for reconsideration of my name for further selection process.

Signature of the Candidate

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Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India NEET PG Medical Counselling 2022

Round No.1

Provisional Allotment Letter

Allotment Date:September 30, 2022

| Personal Details | | | e de la companya de | |
|-----------------------------|---|-------------------|---|---|
| NEET PG Roll Number | 2266025839 | Candidate's Name | ASHWINI KUMARI | |
| Father's Name | RAKESH KUMAR | Mother's Name | ANJALI KUMARI | 1 68 |
| Date of Birth | 30-03-1997 | Category | GENERAL | |
| Gender | FEMALE | Sub Category | NO | |
| Rank Details | 6. A. J. J. S. S. S. S. (1989) | | 不断。不是其一类以"核"。第二 | |
| All India Rank [PG Medical] | | 31474 | | |
| Round No.1 | | | "我们是一个人的,我们们也是一个人的。" | |
| Choice No. | noice No. 10 | | 11 | |
| Seat Allocated Category | ocated Category OPEN | | MANAGEMENT/PAID SEATS QUOTA | |
| Institute Allocated | DR. D. Y. PATIL MEDICAL COLLEGE, PUNE DR. D. Y. PATIL MEDICAL COLLEGE, PUNE, MAHARASHTRA, 411018 | Program Allocated | M.D. (Obst. and Gynae)/MS (Obstetrics and Gynaecology) | |
| Institute Contacts Details | | | | 1-100-00-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- |
| Nodal officer Email Id: | admissionpg.medical@dpu.ed | du.in | | |
| Nodal officer Mobile numbe | r: 8856968809 | | | |

Note The above candidate has been allotted seat during 1st Round.

Dear Candidate,

Based on your merit and choices of Institutions & Programs exercised by you during online Counselling, you have been provisionally allotted a seat in the above mentioned Institute and Program. Kindly report to allotted Medical College/ Institute within the stipulated period, as mentioned in the counselling schedule, failing which the allotted seat will be cancelled.

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- 3. The candidate is advised to report and join the allotted Medical College/Institute as early as possible. In some of the allotted Colleges /Universities, 3-4 days time is required to complete admission formalities. Please also take into consideration holiday(s)/ local holiday(s). The candidates are further advised to contact the allotted college authorities for details before proceeding.
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- Candidate will be required to produce concerned certificate(Caste/PwD/EWS) at the time of admission.
- 7. The Allotment Letter will be considered as e Pass/ Curfew pass to facilitate candidates along with one parent / attendant during travel for the purpose of reporting to allotted college in places under COVID related Lockdown.

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Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India



NEET PG Medical Counselling 2022

DOCUMENT VERIFICATION CENTER:DR. D. Y. PATIL MEDICAL COLLEGE, PUNE Round Number :1

Document Verification Date & Time:06-10-2022 14:01:02

Provisional Admission Letter

| NEET PG Roll Number | 2266099255 | NEET PG Application Number | PG078085 | |
|---------------------|--|-------------------------------|-------------------|--|
| Candidate Name | SAHIL PRADEEP CHOWDHARY | Father Name | PRADEEP CHOWDHARY | |
| Mother Name | KIRAN CHOWDHARY | Gender | Male | |
| Date of Birth | 16-12-1996 | Nationality | Indian | |
| Religion | HINDUISM | Category | General | |
| Remarks | Qualified for on-line choice filling process-Eligible for UR Seats | | | |



| Round No. | Choice | Institute Name | Academic | Program Allocated | Allocated Category | Allocated Quota | Rank |
|------------------------------|-------------|--|-----------|-------------------------------------|-----------------------|---|-------|
| 1 | 6 | DR. D. Y. PATIL MEDICAL COLLEGE, PUNE | M.S. (ORT | HOPAEDICS) | Open | Management/ Paid Seats Quota | 54063 |
| Rank D | etails | | | | | | |
| All India | Rank (P | 'G Medical) | | 54063 | | | |
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| | with Disal | | | No | | AND THE RESERVE OF THE PERSON | |
| Other In | formatio | ins in the second of the secon | | | | | |
| Marital Status | | | | Unmarried | | | |
| Do you | want to a | oply for Armed Forces Medical Institutes? | | Yes | | | |
| AFMS C | | | | Priority V - Civillan Doctor | s willing to serve | | 909 |
| Qualific | ation De | talls | | | | | |
| MBBS | Marks De | tails | | | | | |
| Passing | Status | | | Passed | | | |
| Passing | Year | | | 2020 | | | |
| Univers | ity / Colle | ge | | Others | | | 200 |
| Enrollm | ent Numb | er | | 21510100022 | | court service pressured service | - |
| Docum | ent Verifi | cation Details | | | 注意的基本的 | | |
| Remark | s | | | | | | |
| Change | s During ' | Verification | | NONE | | | |
| | ess Detai | | | NO - CANDIDATE DO NO COUNSELLING | T WANT TO PARTIC | CIPATE IN NEXT | ROUND |

Declaration

I hereby declare that all the particulars given by me in this form are true to the best of my knowledge and belief. Any mistake / misinformation, detected at the time of admission or at any stage in future, will result in the cancellation of admission. I have read the information bulletin and understood all the procedures

Candidate

(SAHIL PRADEEP CHOWDHARY)

Document Verifying Officer (DR. ASHWINIKUMAR SAPATE)

Center Incharg SHAWALKAF

Downloading Date:October 06, 2022 2:03 PM

NEET PG Medical Counselling 202 (No signature required, since it is a computer generated letter

Sali 2022





BOMBAY ROSPITAL INSTITUTE OF MEDICAL SCH NCTS. MUMBAI

China Marie Cizza Maples Marchin #1500

Admission Acknowledgement

Physical Chil

ENS & 2022 - 25PM

JAIN AAYUSHI KIRANRAJ

· Candidate Details

All Studies Roads

of Literation

Name

Date of Buth

Laugers

· Admission Details

Exan Name

Institute Name

Course Name

Allowood Date

Round No Allowed Oxons

| NEET (PG) - 2022

BOMBAY HOSPITAL INSTITUTE OF MEDICAL SCIENCES

MUMBAI

OBGY

41.63 4114

221000186

16/09/1998 OPEN

03/10/2022 CAPI

OPEN

| | Joined | Retained | Cancelled |
|--------|------------|----------|-----------|
| Status | Yes | No | No No |
| Date | 06/10/2022 | | |





It is hereby made clear that I have joined the allotted college, I am fully aware that I have not submitted Status Retention Form I will be consider for next subsequent rounds of selection process.

\$25 MALL 40 Fe25

Signature of the Candidate Date: 06/10/22



Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India



NEET PG Medical Counselling 2022

DOCUMENT VERIFICATION CENTER: GRANT MEDICAL COLLEGE, MAHARASHTRA Round Number :1

Document Verification Date & Time:06-10-2022 12:41:56

Provisional Admission Letter

| NEET | PG Roll No | unber | 2266022689 | | NEET PG Application | PG024308 | | | <u></u> |
|--|---|-----------------------|--|-------------------|--|-------------------------------|--|-----------------------|------------------|
| Candi | date Name | | BARSHA BHARATI | - | Father Name | DHIRAJ N | A T LI | | 14.5 |
| | r Name | **** | RUPREKHA HAZARIKA | | Gender | Female | K117 | ,- | 4 |
| Date o | of Birth | | 01-02-1993 | | | | | | \v/ |
| Religi | on | | HINDUISM | | Category | Indian Other Back | ward Class (OBC- | NCI | |
| Remai | rks | | Qualified for on-line choice filling process-Eligible for UR and OBC S | | | Other Dack | ward Class (OBC- | NOC) | |
| Seat Al | lotment De | tails . | | | | | | | 119114 |
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NEET PG Medical Counselling 2022

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Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India



NEET PG Medical Counselling 2022

DOCUMENT VERIFICATION CENTER: JAWAHARLAL NEHRU MEDICAL COLLEGE, SAWANGI (MEGHE), WARDHA- Round Number :2 /

Document Verification Date & Time:21-10-2022 14:20:50 Provisional Admission Letter

| NEET PG Roll Number | 2266093868 | NEET PG Application Number | PG010928 | |
|---------------------|--|-------------------------------|----------------------|-------|
| Candidate Name | MAPARI SMRUTI ARUN | Father Name | MAPARI ARUN GULABRAO | 一层。於意 |
| Mother Name | MAPARI VIMAL ARUN | Gender | Female | |
| Date of Birth | 26-01-1998 | Nationality | Indian | |
| Religion | HINDUISM | Category | General | |
| Remarks | Qualified for on-line choice filling process-Eligible for UR and OBC Seats | | | |

| Choice | | Academic Program Allocated | | Allocated Category | Allocated Quota | Rank | |
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Declaration

I hereby declare that all the particulars given by me in this form are true to the best of my knowledge and belief. Any mistake / misinformation, detected at the time of admission or at any stage in future, will result in the cancellation of admission. I have read the information bulletin and understood all the procedures

Candidate Wayner

(MAPARI SMRUTI ARUN)

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Document Verifying Officer

(DR LALITBHUSHAN WAGHMARE)

Centerthcharge

(DR. ABHAY M. GAIDHANE)

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NEET PG Medical Counselling 2022

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Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India NEET PG Medical Counselling 2022

Round No.2

Provisional Allotment Letter

Allotment Date:October 17, 2022

| Personal Details | | | · 生型 40 100000種 | <u> </u> | | | |
|------------------------------|--|---|---------------------|-------------------|--|---------------------|--|
| NEET PG Roll Number | 2266016814 Candida | | nte's Name EMANI SA | | SHREEK ADITYA | - Jones William | |
| Father's Name | EMANI BHASKARA RAMAMURTHY | Mother's | s Name | ARYASON PAPAYI | IMXAJ AJULAYAN | 636 | |
| Date of Birth | 21-09-1998 | Categor | у | GENERAL | • | | |
| Gender | MALE | Sub Category | | NO | | | |
| Rank Details | | | 。 | | | | |
| All India Rank [PG Medical] | | | 59023 | | | | |
| Round No.1 | | | THE TE | | REPORT OF THE PARTY OF THE PART | | |
| Choice No. | 22 | | Round No. | | 1 | | |
| Seat Allocated Category OPEN | | | Allotted Quota | | MANAGEMENT/PAID SEATS QUOTA | | |
| Institute Allocated | COLLEGE HOSPITAL RESEARCH CENTRE PATIL MEDICAL COL HOSPITAL AND RESI CENTRE, SOLAPUR | SHRI, B. M. PATIL MEDICAL COLLEGE HOSPITAL AND RESEARCH CENTRE, SHRI, B. M. PATIL MEDICAL COLLEGE HOSPITAL AND RESEARCH CENTRE, SOLAPUR ROAD, VIJAYAPURA, KARNATAKA, 586103 | | Program Allocated | | M.S. (ORTHOPAEDICS) | |

| Choice No. | 36 | Round No. | 2 | 137.51 |
|-------------------------|---|-------------------|--------------------------------|--------|
| Seat Allocated Category | OPEN | Allotted Quota | MANAGEMENT/PAID SEATS QUOTA | |
| Institute Allocated | PP:AVARA RURAL MEDICAL CO:LEGE, LONI, DR. BALASAHEB VIKHE PATIL RURAL MEDICAL COLLEGE (FORMERLY CALLED AS RURAL MEDICAL COLLEGE, LONI), MAHARASHTRA, 413736 | Program Allocated | M.S. (ORTHOPAEDICS) | |

| Institute Contacts Details | |
|------------------------------|-----------------------|
| Nodal officer Email Id: | admission@pmtpims.org |
| Nodal officer Mobile number: | 9607678959 |

Note The seat allotted in 1st round, mentioned above, stand cancelled with immediate effect, the candidate has no claim on the cancelled seat.

Dear Candidate,

Based on your merit and choices of Institutions & Program's exercised by you during online Counselling, you have been provisionally allotted a seat in the above mentioned Institute and Program. Kindly report to allotted Medical College/ Institute within the stipulated period, as mentioned in the counselling schedule, failing which the allotted seat will be cancelled and Security Deposit will be forfeited.

- Candidates are required to produce all original documents at the time of reporting at the Allotted Institute as mentioned in the Information Bulletin of NEET PG 2022.
- 2. The candidate will be required to undergo a medical examination at their own cost on a notified date(s) by the allotted college.
- 3. The candidate is advised to report and join the allotted Medical College/Institute as early as possible. In some of the allotted Colleges /Universities, 3-4 days time is required to complete admission formalities. Please also take into consideration holiday(s)/ local holiday(s). The candidates are further advised to contact the allotted college authorities for details before proceeding.
- 4. The candidate is requested to ensure that the Admission Letter issued by the allotted college should be generated through online submission of his/her details by the allotted college through the portal provided by Medical Counselling Committee (MCC). Any offline admission which is not generated through the portal by the allotted institute will be treated as Null & Void.
- Report to Allotted College within stipulated period, as mentioned in counseling schedule, after obtaining relieving letter (Generated through MCC Software Only) from previously allotted institute, failing which the allotted seat will be cancelled and Security Deposit will be Forfeited.
- 6. Candidate will be required to produce concerned certificate(Caste/PwD/EWS) at the time of admission.
- Once Round-2 Seat is joined the candidate will not be able to resign the seat.
- 8. The Allotment Letter will be considered as e Pass/ Curfew pass to facilitate candidates along with one parent / attendant during travel for the purpose of reporting to allotted college in places under COVID related Lockdown.

Important Instructions:

1. This Provisional Allotment Letter is based on the personal data viz. Category, Sub Category and Gender etc. submitted by the candidate. MCC /DGHS is not responsible for the truth/ factualness of the data. Neither DGHS nor MCC is responsible for any inadvertent error that may have crept in the Provisional Allotment Letter being published on the web. The allotment is purely "Provisional" and the seat of candidate is liable to cancel in case the candidate does not fulfill the eligibility criteria on verification of original documents at the time of Reporting or any time thereafter.

Page No. 1



Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India

NEET PG Medical Counselling 2022

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Provisional Admission Latter



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|--|------------------------------------|--------------------------|--------------------------------|------------|--------------------|--|--|--|-------------------|------------------------|-------------------|--|--|
| Candi | date Name | , | SEHGAL TARUN ASHWANI | | Father Name | | ASHWANI SEHGAL | | - d | | | | |
| Mothe | r Name | | MADHU SEHGAL | | Gender | | Male | | | | 4 | | |
| Date o | of Birth | | 11-11-1996 | | Nationa | Nationality NRI | | | | 4 | 7 | | |
| Religion HIMOUISM | | | Categor | У | General | *************************************** | | | | | | | |
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(SEHGAL TARUN ASHWANI)

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NEET PG Medical Counseling 2022

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Office of the Director General Medical Education and Training Uttar Pradesh, Lucknow

UP NEET PG COUNSELING-2022

Allotment Letter <

To,

The

Principal / Director / Registrar



PRASAD MEDICAL COLLEGE, LUCKNOW, [PRIVATE] CO-EDUCATION

Dear Sir / Madam

I am pleased to inform you that the candidate with the following details has been allotted provisionally a seat in MD TB&CHEST.(PERMITTED) First year of your institute on the basis of allotment on 06/10/2022. Candidate is advised to report on or before 12/10/2022 at allotted college for admission, failing which the allotted seat of the candidate will be cancelled.

Roll No

2266110804

State Rank

3052, Neet Rank:-78811

Name

PATIL SURBHI SANTOSH

Father Name

SANTOSH

Candidate Category

LIROP

Allotted Category

UROP

Allotted Institute

PRASAD MEDICAL COLLEGE, LUCKNOW, [PRIVATE] CO-EDUCATION

Allotted Branch

MD TB&CHEST.(PERMITTED)

NODAL CENTER

KING GEORGES MEDICAL UNIVERSITY, LUCKNOW

In case candidate does not take admission after allotment his/her security money will be forfeited.

Transaction No

220927132034842

Transaction Branch

ICICI BANK PAYMENT

GATWAY

Security Amount

200000 (Rs. Two Lakh Only)

- 1- Candidate advised to report at Nodal Centre within due dates on or before 12/10/2022
- 2- Candidate allotted in private collge is advised to submit requisite tution fee through CTS Bank Demand Draft in favour of Director General Medical Education and Training, UP Lucknow payable at Lucknow.
- 3- Candidate is advised to submit relevant documents along with original documents at the Nodal Centre.
- 4- If Candidate fails to report then his / her allotment will be cancelled and security money will be forfeited.

Chairman Counseling Board (UPNEET PG-2022)



Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India

NEET PG Medical Counselling 2022



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Provisional Admission Letter



| MEET | PG Roll Nu | imber | 2266045083 | | NEET PG Application Number | PG020460 | | | | |
|---------------------------------------|---------------|------------|--|----------|---|-----------------------------------|--|----------------------------|-------------|-------------------------------|
| Candid | late Name | | PANDIT PARTH PARESHBHAI | | Father Namo | PARESHBHAI UPENDRAKUMAR PANDIT | | MAR | | 6 |
| Mother | Name | | BHAVANABEN PARESHBHAI PANDIT | | Gender | Male | | | 68 | |
| Date of | f Birth | | 19-05-1997 | | Nationality | Indian | | | | |
| Religio | n | | HINDUISM | | Category | General | | | | |
| Remar | ks | | Qualified for on-line choice filling process-Eligible for UR Seats | | - Indiana | | | | | |
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| Person v | with Disabil | ity | | | No | | | | | |
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| Marital S | Status | | | 1 1/1/10 | Unmarried | | | | | |
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Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India



NEET PG Medical Counselling 2022

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| Date o | of Birth | 17-10-1997 | | A | Gender | Fentale | | 1.00 | V |
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Medical Counselling Committee (MCC). DGHS, Ministry of Health & Family Welfare, Government of India

NEET PG Medical Counselling 2022



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Provisional Admission Letter

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| NEET PG Roll Number | 2266093797 | NEET PG Application | PG011810 | PG041810 | | |
| Candidate Name | KUNDE MOHAMMED IRSHAD | Father Name | KUNDE ARE | KUNDE ABDUL AZCENI | | |
| Mother Name | KUNDE FEROZA BEGUM | Gender | Male | | I | A DO |
| Date of Birth | | | Indian | | | |
| Religion | ISLAM | Category | General | ······································ | | |
| Remarks | Qualified for on-line choice filling process-Eligible for UR Seats | | 1 | The state of the second section | | |
| Seat Allotment Details | | | Karamara sana | | Single State | TEMPORE |
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| All India Rank (PG Medic | al} | 16565 | THE PERSON AND THE PROPERTY. | | | *.01121270-01120 |
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| dantal Status | | Unmarried | | | | |
| To you want to apply for Ar | med Forces Medical Institutes? | Yes | | | | |
| \FMS Criteria | | Pronty V - Civill | on Doctors willing | g to serve | | |
| Qualification Details | | | | | | |
| MBBS Merks Details | | | | | | |
| assing Status | | Passed | | | | |
| assing Year | | 2021 | | | | |
| Iniversity / College | | Others | | | | |
| nrollment Number | | PRN216101000 | 71 | | | |
| ocument Verification De | talls - A Manual Devices - Trans | | | サントンデー製造して扱う | | |
| Remarks | | | | | | |
| hanges During Verification | | NONE | | | | |
| eclaration | CONTRACTOR OF THE SECOND | NAME OF THE OWNER OWNER OF THE OWNER | F. F. A. B. TAND | | | Carly 1 |
| nereby declare that all the le time of admission or at a ocedures. | particulars given by me in this form ar any stage in future, will result in the ca | e true to the best of my knowl ncellation of admission. I have | age and belief, read the inform | Any mistake / m ation bullotin and | isinformation, d d understood all | tha |
| andidate 9212 | | illying Officer ASHFAK AHMED) | | | | er Incharg SHA ROTE |

Downloading Date:October 22, 2022 12:44 PM

NEET PG Medical Counselling 2022 (No signature required, since it is a computer generated letter.)

> Govt. Medical College, Aurangabad.



Office of the Director General Medical Education and Training Uttar Pradesh. Lucknow

UP NEET PG COUNSELING-2022

Allotment Letter

The

Principal / Director / Registrar



ERA'S LUCKNOW MEDICAL COLLEGE, LUCKNOW , [PRIVATE] CO-**EDUCATION**

Dear Sir / Madam

I am pleased to inform you that the candidate with the following details has been allotted provisionally a seat in MS ORTHO. First year of your institute on the basis of allotment on 06/10/2022. Candidate is advised to report on or before 12/10/2022 at allotted college for admission, failing which the allotted seat of the candidate will be cancelled.

Roll No

2266032682

State Rank

3173, Neet Rank:-82906

Name

KALLURI SANTHOSH

Father Name

KALLURI RAMESH

Candidate Category

UROP

Allotted Category

UROP

Allotted Institute

ERA'S LUCKNOW MEDICAL COLLEGE, LUCKNOW , [PRIVATE] CO-EDUCATION

Allotted Branch

MS ORTHO.

NODAL CENTER

KING GEORGES MEDICAL UNIVERSITY, LUCKNOW

In case candidate does not take admission after allotment his/her security money will be forfeited.

Transaction No

IGAOJQCWA5

Transaction Branch

STATE BANK OF INDIA PAYMENT GATWAY

Security Amount

200000 (Rs. Two Lakh Only)

- Candidate advised to report at Nodal Centre within due dates on or before 12/10/2022
- Candidate allotted in private collge is advised to submit requisite tution fee through CTS Bank Demand Draft in favour of Director General Medical Education and Training, UP Lucknow payable at Lucknow.
- Candidate is advised to submit relevant documents along with original documents at the Nodal Centre.
- If Candidate fails to report then his / her allotment will be cancelled and security money will be forfeited.

Chairman Counseling Board (UPNEET PG-2022)



Medical Counselling

muia

NEET PG Medical Counselling 2022



DOCUMENT VERIFICATION CENTER:MGM MEDICAL COLLEGE, AURANGABAD Round Number :1

Document Verification Date & Time:07-10-2022 15:35:13

Provisional Admission Letter

| 0 | etalis = | 1 | The contract of the contract o | M.O. (GENERAL MEDICINE) | Оре | n | Managemen Paid Seats Quota | V 13778 |
|-------------------------|--|---------|--|-------------------------------|-------------------|-------------|----------------------------------|---------------------|
| 1 | 3 | MGM | Medical College, Aurangabad | M.D. (GENERAL MEDICINE) | | egory | Quota | |
| Round No. | Choice No. | Institu | rie Name | Academic Program Allocate | | cated | Allocated | Rank |
| Colored Colored Colored | GIII Common de C | | | | No Carteria (n. 1 | | | PER SERVICE SERVICE |
| Remark | K S | 1 | Oualified for on-line choice fixing process-Eligible for UR and EWS Seats | | | The part of | | |
| Religio | | | HINDUISM | Category | General-EWS | | | |
| Date of | | | 28-11-1993 | Nationality | Indian | | | |
| Mother | - | | MORE VIMAL PARMESHWAR | Gender | Female | | | V V |
| | tate Name | | MORE PRIYANKA PARMESHWA | R Father Name | MORE PARMES | HWAR | | |
| NEET | PG ROLL N | ımbet | 2266094517 | NEET PG Application Number | PG061306 | | | J. Par |

| 11377.8 |
|--|
| |
| No |
| |
| Unmarried |
| Yes |
| Priority V - Civilian Doctors willing to serve |
| |
| THE PERSON NAMED IN COLUMN |

| nasting Status | Passed |
|---|-------------|
| Passing Year | 2017 |
| University / College | Othora |
| Enrollment Number Doctiment Verification Details | 21210100060 |

Remarks

Changes During Verification

Willingness Details

Page 1 August 1 Description

Counselling

Counselling

I hereby declare that all the particulars given by me in this form are true to the best of my knowledge and belief. Any mistake / misinformation, detected at procedures.

Candidate

(MORE PRIYANKA PARMESHWAR)

Downloading Date:October 07, 2022 3:37 PM

Document Verifying Officer (DR BHAKTI DABIR)

Pukh

Grand C.

Center Incharge (DR. R. B. BOHRA)

NEET PG Medical Counselling 2022

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SHOT ON MI A1 MI DUAL CAMERA



Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India



NEET PG Medical Counselling 2022

DOCUMENT VERIFICATION CENTER: SRM MEDICAL COLLEGE HOSPITAL AND RESEARCH CENTRE, SRM INSTITUTE OF SCIENCE AND TECHNOLOGY Round Number: 2

Document Verification Date & Time:20-10-2022 16:54:17

| Personal Details NEET PG Roll Number 2266104979 NEET PG Application Number Candidate Name ANOOJ PRAVIN CHHEDA Father Name Mother Name ASHA Gender | PG007235 PRAVIN Male Indian | | | GD. | | |
|--|-----------------------------|---------------------------|----------------------------------|---------------|--|--|
| Candidate Name ANOOJ PRAVIN CHHEDA Father Name Mother Name ASHA Gender | PRAVIN Male | | | G. | | |
| Mother Name ASHA Gender | Male | | | | | |
| | | | 1989 | | | |
| | Indian | 1000 | | or below a | | |
| Date of Birth 26-04-1998 Nationality | | | HER | SETES E | | |
| Religion JAINISM Category | General | | | | | |
| Remarks Qualified for on-line choice filling process-Eligible for UR Seats | | | | | | |
| Seat Allotment Details | | | | F 184 194 | | |
| Round Choice Institute Name Academic Program Allocate | ed | Affocated Category | Allocated Quota | Rank | | |
| 2 24 SRM MEDICAL COLLEGE HOSPITAL AND RESEARCH CENTRE, SRM INSTITUTE OF SCIENCE AND TECHNOLOGY | | Open | Managemen Paid Seats Quota | V 81226 | | |
| Rank Details | | application and according | Mark Section 1 | | | |
| All India Rank (PG Medical) 81226 | | | | | | |
| Sub Category List | | | 649, 31 Sept. | | | |
| Person with Disability No. | | | | | | |
| Other Informations | | | Police | Shirt | | |
| Mantal Status Unmarried | | | | | | |
| Do you want to apply for Armed Forces Medical Institutes? Yes | | | | | | |
| AFMS Criteria Provity V - Civilla | an Doctors willing | g to serve | 100-12 S S 100 T T 1 | Maria da Aria | | |
| Onalification Details | a defendance | | delas átras com | | | |
| MBBS Marks Details | | | | | | |
| Eddshig Shards | Passed | | | | | |
| Passing rest | 2021 | | | | | |
| Chiverenty Control | Others | | | | | |
| Enrollment Number 21610100023 | and the second | Secretary will be | | | | |
| Document Verification Details (1997) (1997) | | | encucio ye dipilihis | | | |
| Remarks None | | | | | | |
| Charges Eging Verification | TENEDO TORON | | | | | |
| Decipration Liveraby decipre that all the particulars given by me in this form are true to the best of my knowledge. | ales and bever | A seletal d | mininformation | dologic d | | |

I hereby declare that all the particulars given by me in this form are true to the best of my knowledge and belief. Any mistake / misinformation, detected at the time of admission or at any stage in future, will result in the cancellation of admission. I have read the information buildin and understood all the procedures.

Candidate

(ANOOJ PRAVIN CHHEDA) ,

Downleading Date October 20, 2022 4:56 PM

Document Verifying Officer

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4.6%

Center Incharge (DR. A. SUNDARAM)

NEET-PG Medical Counselling 2022

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R)ean

SRM Nagar, Kattankulahur - 603 203, Chengalpatiu Dist, Tamilhadu India



Medical Counselling Committee (MCC), DGHS, Ministry of Health & Family Welfare, Government of India



NEET PG Medical Counselling 2022

DOCUMENT VERIFICATION CENTER: MEENAKSHI MEDICAL COLLEGE HOSPITAL AND RESEARCH INSTITUTE, KANCHIPURAM Round Number :2

Document Verification Date & Time:21-10-2022 13:16:49

| Personal Details | | Provisional Admission Letter | | |
|---------------------|--|-------------------------------|----------|--|
| NEET PG Roll Number | 2266094794 | NEET PG Application Number | PG096127 | |
| Candidate Name | BHOSALE NUPUR ARUN | Father Name | ARUN | |
| Mother Name | SHILPA | Gender | Female | |
| Date of Birth | 27-10-1998 | Nationality | Indian | |
| Religion | HINDUISM | Category | General | |
| Remarks | Qualified for on-line choice filling process-Eligible for UR Seats | | | |

| Round No. | Choice No. | Institute Name | Academic | Program Allocated | Allocated Category | Allocated Quota | Rank |
|--------------|---------------|--|----------------------|-------------------|---------------------------|------------------------------------|---------|
| 2 Rank De | 45 | Meenakshi Medical College Hospital and Research Institute, Kanchipuram | M.D. (GEN | ERAL MEDICINE) | Open | Management/ Paid Seats Quota | 55322 |
| | | G Medical) | E RELITERATION CHILD | 55322 | termeli syritelae hare ya | | US SAME |
| Sub Cat | egory Li | st in the state of | | | | | 17.50 |
| Person v | vith Disab | oility | | No | | | |

| Marital Status | Unmarried |
|---|--|
| Do you want to apply for Armed Forces Medical Institutes? | Yes |
| AFMS Criteria | Priority V - Civillan Doctors willing to serve |
| Qualification Details | |
| MBBS Marks Details | |
| | |

| Passing Status | Passed |
|----------------------|-------------|
| Passing Year | 2021 |
| University / College | Others |
| Enrollment Number | 21610100018 |

| NONE |
|------|
| - |

I hereby declare that all the particulars given by me in this form are true to the best of my knowledge and belief. Any mistake / misinformation, detected at the time of admission or at any stage in future, will result in the cappellation of admission. I have read the information bulletin and understood all the procedures.

Candidate Nupwi ..

(BHOSALE NUPUR ARUN)

Document Verifying Officer VICE PRINCIPAL (ADMIN) MEENAKSHI MEDICAL COLLEGE

Downloading Date:October 21, 2022 1:18 PMOSPITAL AND RESEARCH INSTITUTE

R. K.V. RAJASEKHAR) DEAN

enter Incharge

MEENAKGHI MEDIGAL GOLLERE 2022 ENATHUR, KANCHIPURAM - 631552. (No signature HOSPITAD AND RESEARCH INSTITUTE) ENATHUR, KANCHIPURAM - 631552.







Sunandan Divatia School of Science, Mumbai Campus Call Letter for Entrance Test Master of Physiotherapy Batch (Batch 2022)

Registration No:

SOSMPT-202200155

Name:

Khadija Lokhandwala

Program

Master of Physiotherapy

Entrance Test Date:

08th July, 2022

Entrance Test Start Time:

10.30 am 11.30 am (candidate should reach venue at least15

min before given time

Test Duration:

1 hr (60 min)

Entrance Test Venue:

Computer Lab 01, 01st Floor

Personal Interview Date:

09.07.2022

Personal Interview Time:

9.30am - 5.30pm

Personal Interview Venue:

NMIMS Deemed to be University Room No 308, 03rd Floor V.L.

Mehta Road, Vile Parle (West), Mumbai: 400056

ID Proof:

Aadhar Card

Instructions for Proctor Online test and Personal Interview of Master of Physiotherapy Program

The instructions given below must be strictly followed without exception. Ensure you read and understand very clearly what needs to be done for successful completion of the Online Test.

- 1. This communication will provide you adequate notice to prepare and organise yourself for the test.
- 2. The candidate should have an original ID proof to show at the time of studio test and Personal Interview a) Driving License b) Aadhaar Card c) Passport d) Voters Id e) College Id proof.
- 3. Please note that the documents sent by you are in the process of scrutiny which will be completed in due course. Meanwhile all the candidates who have been called for personal interview are requested to Reconfirm the eligibility criteria for the programme as per the admission information handout uploaded on the website.
- 4. Please see the important dates and preserve it as a guide. All announcements from the Institute will be through its website www.nmims.edu and no individual communication will be sent to the candidates.
- 5. Please note that NMIMS has full right to disqualify a candidate at any stage of admission procedure if found ineligible as per the eligibility criteria of the program.





Sunandan Divatia School of Science, Mumbai Campus Call Letter for Entrance Test Master of Physiotherapy Batch (Batch 2022)

Registration No:

SOSMPT-202200175

Name:

Khilti Furia

Program

Master of Physiotherapy

Entrance Test Date:

08th July, 2022

Entrance Test Start Time:

10.30 am 11.30 am (candidate should reach venue at least15

min before given time

Test Duration:

1 hr (60 min)

Entrance Test Venue:

Computer Lab 01, 01st Floor

Personal Interview Date:

09.07.2022

Personal Interview Time:

9.30am - 5.30pm

Personal Interview Venue:

NMIMS Deemed to be University Room No 308, 03rd Floor V.L.

Mehta Road, Vile Parle (West), Mumbai: 400056

ID Proof:

Aadhar Card

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- 4. Please see the important dates and preserve it as a guide. All announcements from the Institute will be through its website www.nmims.edu and no individual communication will be sent to the candidates.





Call Letter for Entrance Test Master of Physiotherapy Batch (Batch 2022)

Registration No:

SOSMPT-202200042

Name:

Smerra Cardoza

Program

Master of Physiotherapy

Entrance Test Date:

08th July, 2022

Entrance Test Start Time:

10.30 am 11.30 am (candidate should reach venue at least15

min before given time

Test Duration:

1 hr (60 min)

Entrance Test Venue:

Computer Lab 03, 02nd Floor

Personal Interview Date:

09.07.2022

Personal Interview Time:

8.30 am - 01.00pm

Personal Interview Venue:

NMIMS Deemed to be University Room No 308, 03rd Floor V.L.

Mehta Road, Vile Parle (West), Mumbai: 400056

ID Proof:

Aadhar Card

Instructions for Proctor Online test and Personal Interview of Master of Physiotherapy Program

The instructions given below must be strictly followed without exception. Ensure you read and understand very clearly what needs to be done for successful completion of the Online Test.

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- 2. The candidate should have an original ID proof to show at the time of studio test and Personal Interview a) Driving License b) Aadhaar Card c) Passport d) Voters Id e) College Id proof.
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- 4. Please see the important dates and preserve it as a guide. All announcements from the Institute will be through its website www.nmims.edu and no individual communication will be sent to the candidates.



MPT - (General)

Form Name



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|---------------|---|---|--|--|---|---|---|
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| | | I may | | | | | |
| FERZEEN M | ODY | | | | | | |
| FEMALE | Date | of Birth | | 11/03/19 | 99 Nat | ionality | INDIA |
| +91-92212 | -91-9221232121 Email ID FERZEENMODY@GMAIL.COM | | | | | MAIL.COM | |
| - | | | | | | 4 | |
| GENERAL | | | Sub Cate | gory | | GENERAL | |
| | | | | TO STORE | The state of | | NA THE P |
| | | POST GRA | ADUATION - | PG | Stream | ALLIED HEALT | TH SCIENCES |
| | | MPT | | | | • | |
| Location | | MUMBAI | | | | | |
| tails For Con | nmunica | tion | 1000 | | | | |
| TINAA | Z M. MO | DY | Ema | ail ID | | TINAAZMO | DY@GMAIL.COM |
| +91-9 | 2247000 | 93 | | | ber of your | FATHER ON | ILY |
| | | | | Marie . | W. 1919 | | |
| ROAD, COLAE | ВА | | | | | | |
| | FERZEEN M FEMALE +91-92212 GENERAL Location TINAA +91-9 | +91-9221232121 GENERAL Location tails For Communica TINAAZ M. MOI | FERZEEN MODY FEMALE Date of Birth +91-9221232121 GENERAL POST GRA MPT Location MUMBAI tails For Communication TINAAZ M. MODY +91-9224700093 | FERZEEN MODY FEMALE Date of Birth +91-9221232121 GENERAL Sub Cate POST GRADUATION MPT Location MUMBAI Italis For Communication TINAAZ M. MODY Email +91-9224700093 Earn fam | FERZEEN MODY FEMALE Date of Birth 11/03/19 +91-9221232121 Email ID GENERAL Sub Category POST GRADUATION - PG MPT Location MUMBAI tails For Communication TINAAZ M. MODY Email ID +91-9224700093 Earning mem family | FERZEEN MODY FEMALE Date of Birth 11/03/1999 Nat +91-9221232121 Email ID FERMALE GENERAL Sub Category POST GRADUATION - PG Stream MPT Location MUMBAI TINAAZ M. MODY Email ID Earning member of your family | FERZEEN MODY FEMALE Date of Birth 11/03/1999 Nationality +91-9221232121 Email ID FERZEENMODY@GN GENERAL Sub Category GENERAL POST GRADUATION - PG Stream ALLIED HEALT MPT Location MUMBAI tails For Communication TINAAZ M. MODY Email ID TINAAZMO +91-9224700093 Earning member of your family FATHER ON |

Declaration

Transaction No

City

Date

MUMBAI CITY

State

MAHARASHTRA

4133772

27/03/2022

* I hereby confirm that the above-mentioned details are correct. I hereby declare that all the particulars stated in this application form are true to the best of my knowledge and belief. I have read and understood all provisions of admissions and agree to abide by them. I also affirm that I fulfil the eligibility requirements for the program(s) applied. I understand that I can only apply once for each group. In case I apply more than once, only one of my application will be accepted and the application and entrance test fees remitted will not be refunded.

Country

Payment Mode

Amount in Rs.

INDIA

Pincode

400001

Online

2000

- If it is found at a later stage, during active verification, that I have given false or incorrect or untrue information w.r.t educational qualification, marks, nationality etc., or submitted an eligibility document from the unrecognized board or university, my admission or degree will be cancelled without any notice, with forfeiture of all the fee paid.
- · Jurisdiction for dispute if any shall be at Udupi Court, Karnataka, India only.

Ferzeen M. Mody





| Form Name | MPT - (General) |
|--------------------|-----------------|
| Application Number | 122618527 |

| Applicant Details | | | | | |
|-------------------|-----------|---------------|------------|----------------|------------|
| Name | KAVYA AGR | AWAL | | | |
| Gender | FEMALE | Date of Birth | 11/11/1998 | Nationality | INDIA |
| Mobile Number | +91-97028 | 77869 | Email ID | KAVYAAGRAWAL50 | @GMAIL.COM |

| Category Details | | | | |
|------------------|---------|--------------|---------|--|
| Category | GENERAL | Sub Category | GENERAL | |

| Program Details | | | |
|--------------------------------|----------------------|--------|------------------------|
| Program Level | POST GRADUATION - PG | Stream | ALLIED HEALTH SCIENCES |
| Course | MPT | | |
| Tentative Test Center Location | MUMBAI | | |

| Parent Or Guardian De | etails For Communication | | |
|-----------------------|--------------------------|-------------------------------|----------------------------------|
| Full Name | ANJU AGRAWAL | Email ID | ANJUHARISHAGRAWAL@REDIFFMAIL.COM |
| Mobile Number | +91-9920466878 | Earning member of your family | FATHER AND MOTHER |

| Address | Details | | | | | | |
|------------|----------------|--------------|----------------------|---------|-------|---------|--------|
| 1102, PRII | ME TOWER, PLOT | NO. 79-83 SE | CTOR-21, NERUL, NAVI | MUMBAI | | | |
| City | NAVI MUMBAI | State | MAHARASHTRA | Country | INDIA | Pincode | 400706 |

| Payment Details | | | |
|------------------------|------------|---------------|--------|
| Transaction No | 4140417 | Payment Mode | Online |
| Date | 31/03/2022 | Amount in Rs. | 2000 |

Declaration





| Form Name | MPT - (General) | |
|--------------------|-----------------|--|
| Application Number | 122618532 | |

| Applicant Details | | Maria Carlo Variable | | the two settless | |
|-------------------|------------|----------------------|------------|------------------|----------|
| Name | VIDHI DESA | ı | | | |
| Gender | FEMALE | Date of Birth | 18/04/1999 | Nationality | INDIA |
| Mobile Number | +91-88794 | 38537 | Email ID | VIDHIDESAI1804@G | MAIL.COM |

| Category | GENERAL | | Sub Category | | GENERAL |
|-------------------|--|-----------|--------------|--------|------------------------|
| Program Details | A STATE OF THE STA | | Real Party | | |
| Program Level | | POST GRAD | DUATION - PG | Stream | ALLIED HEALTH SCIENCES |
| Course | | MPT | | | , |
| Tentative Test Co | enter Location | MUMBAI | | | |

| Parent Or Guardian De | tails For Communication | | |
|------------------------------|-------------------------|-------------------------------|--------------------------|
| Full Name | KALPESH BABUBHAI DESAI | Email ID | KALPESH29DESAI@GMAIL.COM |
| Mobile Number | +91-9821374466 | Earning member of your family | FATHER ONLY |

| Addres | s Details | | | | | | |
|----------|------------------|--------------|---------------------|----------------|-------------|---------|--------|
| 3/603, V | VISHRANTI CHS, I | NG ACHARYA I | MARG, SUBHASHNAGAR, | CHEMBUR, MUMBA | AI - 400071 | | |
| City | MUMBAI | State | MAHARASHTRA | Country | INDIA | Pincode | 400071 |

| Payment Details | | 以外外的 | |
|-----------------|------------|---------------|--------|
| Transaction No | 4140626 | Payment Mode | Online |
| Date | 31/03/2022 | Amount In Rs. | 2000 |

Declaration

Category Details

- I hereby confirm that the above-mentioned details are correct. I hereby declare that all the particulars stated in this application form are true to the best of my knowledge and belief. I have read and understood all provisions of admissions and agree to abide by them. I also affirm that I fulfil the eligibility requirements for the program(s) applied. I understand that I can only apply once for each group. In case I apply more than once, only one of my application will be accepted and the application and entrance test fees remitted will not be refunded.
- If it is found at a later stage, during active verification, that I have given false or incorrect or untrue information w.r.t educational qualification, marks, nationality etc., or submitted an eligibility document from the unrecognized board or university, my admission or degree will be cancelled without any notice, with forfeiture of all the fee paid.
- · Jurisdiction for dispute if any shall be at Udupi Court, Karnataka, India only.

that



fsbpt

State Boards of Physical Therapy II60151 As of 8/11/2022 12:17 AM

PAWASKAR, SIDDHI



FSBPT ID: 0773715 Date of Birth: 10/24/1996



Jurisdiction Sitting
NEW ID

YORK *****7119

Graduation Date

July 2019

800

PASS

School (6984)

MGM Institute of Health Sciences

1 ATTEMPT

CAPTE Accredited at Graduation
No

Email

SIDDHIP36@GMAIL.CC

LICENSES/PRIVILEGES (NONE REPORTED)

ADVERSE ACTIONS (NONE REPORTED)





ACADEMIC

NOTE

Admission to undergraduate and post graduate courses should be based on the ACADEMIC Reading and Writing Modules.

GENERAL TRAINING Reading and Writing Modules are not designed to test the full range of language skills required for academic purposes.

It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed after two years from the date of the test.

| Centre Number | IN855 | | Date | 09/APR/2022 | | Candidate N | lumber | 017085 | |
|--------------------------------|------------|----------|------|-----------------------|----------|--------------------------|-----------|---------------|--|
| Candidate De | tails | | | | | | | | |
| Family Name | VAIDYA | | | | | | 1 | | |
| First Name | ASHLESHA | | | | | | | | |
| Candidate ID | V4748828 | | | | | | 7 | T | |
| Date of Birth | 03/11/1997 | | | Sex (M/F) | F | Scheme C | ode Priva | ate Candida | ate |
| Country or Regior of Origin | | | | | | | | | |
| Country of Nationality | INDIA | | | | | | | | |
| First Language | MARATHI | | | | | | | | |
| Test Results | | | | | | | | | |
| Listening 6.5 | Reading 7. | 0 Writin | g | 6.5 Speaki | ing | 6.5 Band Score | 6.5 | CEFR Level | B2 |
| Administrator Co | mments | | | | | Centre stamp | Va | lidation st | amp |
| | | | | | | LELTS TEST CENTRES | | IELTS | A STATE OF THE STA |
| | | | | inistrator's ature | | | 1:3m/- | - | |
| | | Date | : | 22/04/2022 | Te No | est Report Form umber | 22IN017 | 085VAIA85 | 5A |



Centre Number

IN855

ACADEMIC

Candidate Number

038658

NOTE Admission to undergraduate and post graduate courses should be based on the ACADEMIC Reading and Writing Modules.

GENERAL TRAINING Reading and Writing Modules are not designed to test the full range of language skills required for academic purposes.

It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed after two years from the date of the test.

Date

16/APR/2022

| | | ι | | | | |
|-----------------------------|-------------|---------|-----------------------|--------------|----------------------------|----------------------|
| Candidate De | tails | | | | | |
| Family Name | DESHPANDE | | | | | |
| First Name | VAISHNAVI | | | | | Valle / |
| Candidate ID | V5492567 | | | | | |
| Date of Birth | 26/12/1999 | | Sex (M/F) | F | Scheme Code | Private Candidate |
| Country or Region of Origin | n | | | - | | |
| Country of Nationality | INDIA | | | | | |
| First Language | MARATHI | | | | | |
| Test Results | | | | | | |
| Listening 7.0 | Reading 6.5 | Writing | 6.0 Speak | ing 6. | 5 Overall Band Score | 6.5 CEFR Level B2 |
| Administrator C | omments | | | - (| Centre stamp | Validation stamp |
| | | | | | Relate test centres | IELTS E |
| | | | inistrator's ature | | Q. | graf- |
| | | Date | 30/04/2022 | Test Numi | Report Form ber | 22IN038658DESV855A |
| | | | | | | |



ACADEMIC

NOTE

Admission to undergraduate and post graduate courses should be based on the ACADEMIC Reading and Writing Modules.

GENERAL TRAINING Reading and Writing Modules are not designed to test the full range of language skills required for academic purposes.

It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed after two years from the date of the test.

| oona'o radinbei | 111000 | Date | 14/001/2021 | | Candidate Nu | mber | 311599 | |
|--------------------------------|------------|------------|--------------------------|-----------|------------------------------|----------|---------------|------|
| Candidate De | tails | | | | | | | |
| Family Name | KULKARNI | | | | | | | |
| First Name | YASH PARAG | | | | | | | |
| Candidate ID | V2794336 | | | | | | | |
| Date of Birth | 28/12/1998 | | Sex (M/F) | М | Scheme Co | de Priva | ate Candid | ate |
| Country or Regior of Origin | 1 | | | | | | | |
| Country of Nationality | INDIA | | | | | | | |
| First Language | MARATHI | | | | | | | |
| Test Results | | | | | | | | |
| Listening 8.5 | Reading 6 | .5 Writing | 6.0 Speaki | ing | 6.5 Overall Band Score | 7.0 | CEFR Level | C1 |
| Administrator Co | omments | | | | Centre stamp | Va | lidation s | tamp |
| | | | | | LELTS TEST CENTRES | | IELTS | |
| | | | ministrator's gnature | _ | 0 | 19m/- | - | |
| | | Date | 27/10/2021 | Tes Nu | st Report Form | 21IN3115 | 99KULY8 | 55A |



ACADEMIC

Admission to undergraduate and post graduate courses should be based on the ACADEMIC Reading and Writing Modules.

GENERAL TRAINING Reading and Writing Modules are **not** designed to test the full range of language skills required for academic purposes.

It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed **after two years** from the date of the test.

| Centre Number | IA090 | Date | 29/OCT/2021 | Candidate Numb | er | 015281 | |
|----------------------------|------------|------------|-------------------------|--|---------|---------------|--|
| Candidate De | tails | | | | | | |
| Family Name | SHAH | | | | 1 | | |
| First Name | PREET | | | | | 6 | |
| Candidate ID | N6321755 | | | | TA | | M |
| Date of Birth | 25/01/2000 | | Sex (M/F) | Scheme Code | Priva | te Candida | ate |
| Country or Regio of Origin | n | | | | | | |
| Country of Nationality | INDIA | | | | | | |
| First Language | ENGLISH | | | | | | |
| Test Results | | | | | | | |
| Listening 7.0 | Reading 6 | .0 Writing | 6.0 Speaking | Overall 6.5 Band Score | 6.5 | CEFR Level | B2 |
| Administrator C | omments | | | Centre stamp | Va | lidation st | amp |
| | | | | Sidp IELTS TEST CENTRES /A 0 9 0 | (| IELTS | A NATIONAL PROPERTY OF THE PARTY OF THE PART |
| | | | ninistrator's nature | OF: | my- | - | |
| | | Date | 01/11/2021 | Test Report Form 2 | 1IA0152 | 81SHAP09 | 90A |



ACADEMIC

NOTE

Admission to undergraduate and post graduate courses should be based on the ACADEMIC Reading and Writing Modules.

GENERAL TRAINING Reading and Writing Modules are **not** designed to test the full range of language skills required for academic purposes.

It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed **after two years** from the date of the test.

Centre Number IA007 Date 27/AUG/2022 Candidate Number 016925 **Candidate Details** Family Name **ABHYANKAR** STUTI First Name Candidate ID V8020451 Date of Birth 13/03/1999 Sex (M/F) Scheme Code Private Candidate Country or Region of Origin Country of **INDIA** Nationality First Language **ENGLISH Test Results Overall CEFR** Listening 7.5 Reading 6.5 Writing 5.5 **Speaking** 7.5 **Band** 7.0 C1 Level **Score Administrator Comments** Validation stamp **Centre stamp** Administrator's Signature Test Report Form Date 31/08/2022 22IA016925ABHS007A Number







✓ ieltsidpindia.com/Access/Ca

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om Toll Free No. 1800-102-4544

Dinah Hussain Syed Abbas Hussain .

IELTS Exam Results

me

nah Issa ed

ed

| ID No | U5032822 |
|------------------|---------------------------------------|
| Test Date | 12 Mar 2022 |
| Full Name | DINAH HUSSAIN SYED ABBAS HUSSAIN SYED |
| Listening | 6 |
| Reading | 5.5 |
| Speaking | 6.5 |
| Writing | 6.5 OWNER OF IELES |
| OverAllBandScore | 6.5 |
| Result Feedback | Download as PDF |
| | |

*This is indicative IELTS test result, scores in TRF will be final

Close





State Common Entrance Test Cell, Maharashtra State, Mumbai 8th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai-400001.(M.S.)

Receipt-cum-Acknowledgement of Institute Reporting for Admission to First Year Post Graduate Technical Courses in Management Admissions (MBA/MMS) for the year 2021 - 2022



Application ID: MB21141637

Personal Details

| Full Name | CHAKOTE MAYUR RAJESH | | | |
|---|--------------------------|-----------------------------|----------------------|---------------------|
| Nationality | Indian | Gender | Male | 620 |
| Date of Birth(DD-MM- YYYY) | 12-04-1998 | Annual Family Income (₹) | 50,001 - 1,00,000 | (2.6) |
| Category-Caste | OBC -Sonar | PwD Type | N.A. | |
| EWS Status | N.A. | Orphan Status | N.A. | |
| Religious Minority/Linguistic Minority | N.A | Type of Candidature | Maharashtra State Ca | ndidate - Type A |
| Seat Acceptance Fee is | filled by online payment | t of Rs. 1000/- | | |
| Daild Senature (20) 1000 | V. Boumont Status | Constabil | Transportion Td o | edge 120kml hTT97a0 |

Paid Amount (₹) 1000/- Payment Status

| Allotment Details | | |
|-------------------|----------------------|-----------|
| | Allotted Choice Code | 617410110 |
| | Allotted Seat Type | GOBCH |

Preference No.

Reporting Details

| Institute | K. J.'s Educational Institue, Trin | ity Institute of Management and Rese | arch, Haveli, Pune |
|----------------------|------------------------------------|--------------------------------------|--------------------|
| Tution Fees (₹) | 0/- | Course | 617-10110-M. B. A. |
| Development Fees (₹) | 0/- | Admission Date | 21-12-2021 |
| Other Fees (₹) | 0/- | Admission Type | CAP Round |
| Total Fees (₹) | 0/- | | |
| Ramark | | | |

Declaration by Candidate: I hereby agree to conform to rules, acts and laws enforced by Government. I hereby undertake that so long as I am student of College/ Institute, I will not behave in a manner which may result in compelling the authorities to take disciplinary action against me. I fully understand that the Principal/Director of the institute/college will have rights to expel, rusticate me from the institute, for any infringement of the rules prescribed by the college institute/university/Government and the undertaking given above.

Date:21-12-2021

Place: Buldhund

Signature of The Candidate (CHAKOTE MAYUR RAJESH)

INSTITUTE USE ONLY

Declaration by the College/Institute: We hereby declare that, we are admitting this Candidate to our College / Institute for First Year Post Graduate Technical Courses in Management Admissions (MBA/MMS) for the year 2021 - 2022 on verification of Candidate's Identity. The candidate has paid the Fees mentioned in this receipt. We also declare that the admission of Candidate is confirmed in presence of the Candidate.

Seal of K. J.'s Educational Institute, Trinity
Institute of Management and Research, Haveli,
Pune

Reported On:21-12-2021 02:58:55 PM

Printed On: 21-12-2021 02:58:57 PM

Last Modified On :21-12-2021 02:58:55 PM

PUNE Signature of

Signature of Institute Officer (6174)

TRINITY INSTITUTED By: 6174
MANAGEMENT & Printed By: 6174
MANAGEMENT & Modified By: 6174

URL: https://mbausers21cap.mahacet.org.in/cetmba21/mba21/index.php/InstituteReportingController/admitReceipt21d=HjQ0NDA=Brito-Mg==







Government of Maharashtra State Common Entrance Test Cell, Mumbai. 8th Floor, New Excelsior Building, A. K. Nayak Marg, Fort, Mumbai- 400 001

| | N | ABA/MMS (| CET 2021 Score Car | rd | |
|--|-----------------------------------|--------------------|--------------------|----------|-----|
| Roll No | Z11110Z546 | plication umber | 215659271 | Category | OBC |
| *Candidate | 's Name: INGLE SHITAL SUB | HASH | | CUL | |
| *Candidate | 's Father's / Husband's Name | : SUBHASH | , | 100 | A A |
| *Candidate | 's Mother's Name: ARUNA | | (| S | 1 |
| MBA/MMS | CET Percentile | | 21.8560561 | | |
| Date of the Result | | | 29-Oct-2021 | | Y |
| IP address Card downl | of the Computer from which oaded: | Score | 117.222.44.157 | ./ | 1 |
| Date and Time of downloading the Score Card: | | | 02-11-2021 09:53 | 3 | |

- * As filled in by the candidate in online application form
 - · MBA/MMS CET Scores are Normalized Scores across Multi Day and Multi-Session Papers are based on the relative performance of all those candidates who have appeared for the examination in one session. The Marks obtained are transformed into a scale ranging from 100 to 0 for each Session of Examinees.
- MBA/MMS CET Score is NOT the same as PERCENTAGE of Marks obtained.

The detailed Process of Scoring Logic has been made available for the candidates on https://cetcell.mahacet.org/ for reference.



ACADEMIC

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It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed **after two years** from the date of the test.

| Centre Number | IN855 | Date | 12/MAR/2022 | Candidate | Number | 781473 |
|-----------------------------|---------------|------------|-------------------------|---------------------------------|------------|------------------|
| Candidate Det | ails | | | | | 4 |
| Family Name | FUKE | | | | | |
| First Name | SHUBHANGI SUE | BHASH | | | | |
| Candidate ID | U7212865 | | | | | |
| Date of Birth | 14/02/2000 | | Sex (M/F) | Scheme | Code Priva | ate Candidate |
| Country or Regior of Origin | | | | | | |
| Country of Nationality | INDIA | | | | | |
| First Language | MARATHI | | | | | |
| Test Results | | | | | | |
| Listening 7.0 | Reading 6 | .0 Writing | 6.5 Speaking | 6.0 Overa Band Score | 6.5 | CEFR Level B2 |
| Administrator Co | omments | | | Centre stam | o Va | lidation stamp |
| | | | | Sidp IELTS TEST CENTRES /N855 |) (| IELTS E |
| | | | ministrator's nature | | J. 3my - | - |
| | | Date | 26/03/2022 | Test Report Form Number | 21IN7814 | 73FUKS855A |







Government of Maharashtra

State Common Entrance Test Cell, Mumbai. 8th Floor, New Excelsior Building, A. K. Nayak Marg, Fort, Mumbai- 400 001

MBA/MMS CET 2022 Score Card

| | | 27 (| 1 2022 55515 5411 | - | |
|-------------------------------|----------------------------|-----------------------|-------------------|-----------|----|
| Roll No | 22261013985 | Application Number | 225013295 | Category | SC |
| *Candidate's | Name: SHIRSATH SNE | EHA RAJU | | 10 | |
| *Candidate's | Father's / Husband's N | lame: RAJU | | | |
| *Candidate's | Mother's Name: MAN | GAL | | 101 | |
| CET Course | ш | | MBA/MMS | | |
| MBA/MMS C | ET Percentile | | 10.0375939 | 0 | |
| Date of the R | esult | | 11-Sep-2022 | | |
| IP address of Card downloa | f the Computer from waded: | hich Score | 106.220.144.61 | / | |
| Date and Tim | e of downloading the | Score Card: | 11-SEP-2022 11 | :43:42 PM | |

- * As filled in by the candidate in online application form
 - MBA/MMS CET Scores are Normalized Scores across Multi Day and Multi-Session Papers are based on the relative performance of all those candidates who have appeared for the examination in one session. The Marks obtained are transformed into a scale ranging from 100 to 0 for each Session of Examinees.
- · MBA/MMS CET Score is NOT the same as PERCENTAGE of Marks obtained.

The detailed Process of Normalization has been shared with the Candidates in the document entitled "Document on Normalization" on **Site URL**



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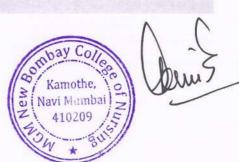
| STATEMENT OF RESU | JLTS |
|--------------------|-------------------|
| CANDIDATE DETAILS: | |
| First Name | VIDYA MOHAN |
| Middle Names | |
| Last Name | NAIR |
| Candidate Number | 200245617 |
| Date of Birth | 09 Feb 1996 |
| Nationality | Indian |
| Gender | Female |
| TEST DETAILS: | |
| Venue Name | Planet EDU Mumbai |
| Venue Number | IN010 |
| Venue Country | India |
| Test date | 20 Nov 2021 |
| Profession | Nursing |





Recognising organisations are required to validate this Statement of Results through our verification portal at https://www.occupationalenglishtest.org/organisations/results-verification/

| OET results to August 2018 | OET score from September 2018 | OET band descriptors |
|-------------------------------|--|---|
| Α | 500 490 480 470 460 450 | Can communicate very fluently and effectively with patients and health professionals using appropriate register, tone and lexis. Shows complete understanding of any kind of written or spoken language. |
| В | 440 430 420 410 400 390 380 370 360 350 | Can communicate effectively with patients and health professionals using appropriate register, tone and lexis, with only occasional inaccuracies and hesitations. Shows good understanding in a range of clinical contexts. |
| C+ | 340 330 320 310 300 | |
| С | 290 280 270 260 250 240 230 220 210 | Can maintain the interaction in a relevant healthcare environment despite occasional errors and lapses, and follow standard spoken language normally encountered in his/her field of specialisation. |
| D | 190 180 170 160 150 140 130 120 110 | Can maintain some interaction and understand straightforward factual information in his/her field of specialisation, but may ask for clarification. Frequent errors, inaccuracies and mis-or overuse of technical language can cause strain in communication. |
| E | 90 80 70 60 50 40 30 20 10 | Can manage simple interaction on familiar topics and understand the main point in short, simple messages, provided he/she can ask for clarification. High density of errors and mis- or overuse of technical language can cause significant strain and breakdowns in communication. |







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| STATEMENT OF RESU | |
|--------------------|-------------|
| CANDIDATE DETAILS: | |
| First Name | ARATHI |
| Middle Names | |
| Last Name | CHANDRAN |
| Candidate Number | 200270643 |
| Date of Birth | 17 Nov 1994 |
| Nationality | Indian |
| Gender | Female |

Ebek Kottayam

19 Feb 2022

IN016

India

Nursing



TEST RESULTS

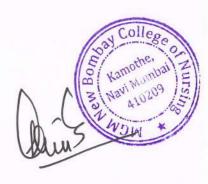
Venue Name

Venue Number

Venue Country

Test date Profession

| | | Listening | Reading | Speaking | Writing |
|-------|----|-----------|---------|----------|---------|
| 500 F | Α | | | | |
| 450 | | | | | |
| 400 | В | 410 | 410 | 270 | |
| 350 | C+ | | | 370 | 360 |
| 300 | C | | | | |
| 250 | | | | | |
| 200 | | | | | |
| 150 | D | | | | |
| 100 | | | | | |
| 50 | E | | | | |
| o E | | | | | |

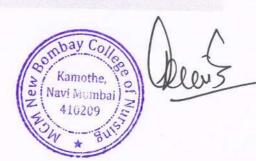




Sujata Stead CEO, CBLA

Recognising organisations are required to validate this Statement of Results through our verification portal at https://www.occupationalenglishtest.org/organisations/results-verification/

| OET results to August 2018 | OET score from September 2018 | OET band descriptors |
|-------------------------------|--|---|
| А | 500 490 480 470 460 450 | Can communicate very fluently and effectively with patients and health professionals using appropriate register, tone and lexis. Shows complete understanding of any kind of written or spoken language. |
| В | 440 430 420 410 400 390 380 370 360 350 | Can communicate effectively with patients and health professionals using appropriate register, tone and lexis, with only occasional inaccuracies and hesitations. Shows good understanding in a range of clinical contexts. |
| C+ | 340 330 320 310 300 | |
| С | 290 280 270 260 250 240 230 220 210 200 | Can maintain the interaction in a relevant healthcare environment despite occasional errors and lapses, and follow standard spoken language normally encountered in his/her field of specialisation. |
| D | 190 180 170 160 150 140 130 120 110 | Can maintain some interaction and understand straightforward factual information in his/her field of specialisation, but may ask for clarification. Frequent errors, inaccuracies and mis-or overuse of technical language can cause strain in communication. |
| | 90 80 70 60 50 40 30 20 10 | Can manage simple interaction on familiar topics and understand the main point in short, simple messages, provided he/she can ask for clarification. High density of errors and mis- or overuse of technical language can cause significant strain and breakdowns in communication. |





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STATEMENT OF RESULTS CANDIDATE DETAILS:

First Name SONIA MATHAI Middle Names

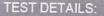
Last Name THANNIKKOTTU

Candidate Number 200303298

Date of Birth 12 Jun 1996

Nationality Indian

Gender Female



Venue Name Mumbai Teleperformance

Venue Number IN034
Venue Country India

Test date 28 May 2022
Profession Nursing

TEST RESULTS

| | | Listening | Reading | Speaking | Writing |
|-------|----|-----------|---------|----------|---------|
| 500 E | A | | | | |
| 450 | | | | | |
| 400 | В | 380 | | | |
| 350 | C+ | | 330 | 350 | 350 |
| 300 | С | | | | |
| 250 | | | | | |
| 200 | | | | | |
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Sujata Stead CEO, CBLA

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| OET results to August 2018 | OET score from September 2018 | OET band descriptors |
|-------------------------------|--|---|
| Α | 500 490 480 470 460 450 | Can communicate very fluently and effectively with patients and health professionals using appropriate register, tone and lexis. Shows complete understanding of any kind of written or spoken language. |
| В | 440 430 420 410 400 390 380 370 360 350 | Can communicate effectively with patients and health professionals using appropriate register, tone and lexis, with only occasional inaccuracies and hesitations. Shows good understanding in a range of clinical contexts. |
| C+ | 340 330 320 310 300 | |
| С | 290 280 270 260 250 240 230 220 210 200 | Can maintain the interaction in a relevant healthcare environment despite occasional errors and lapses, and follow standard spoken language normally encountered in his/her field of specialisation. |
| D | 190 180 170 160 150 140 130 120 110 | Can maintain some interaction and understand straightforward factual information in his/her field of specialisation, but may ask for clarification. Frequent errors, inaccuracies and mis-or overuse of technical language can cause strain in communication. |
| E | 90 80 70 60 50 40 30 20 10 | Can manage simple interaction on familiar topics and understand the main point in short, simple messages, provided he/she can ask for clarification. High density of errors and mis- or overuse of technical language can cause significant strain and breakdowns in communication. |
| | | Kamothe, Navi Mumbai |



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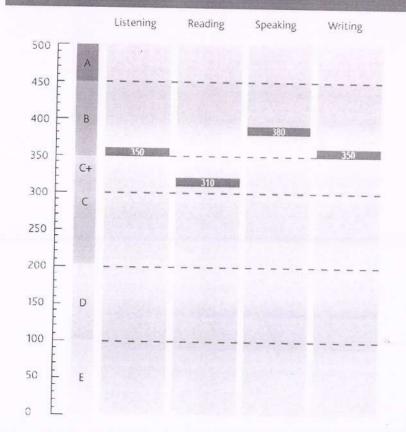
| STATEMENT OF RESU | JL18 |
|--------------------|---------------------------------|
| CANDIDATE DETAILS: | |
| First Name | SHILPA |
| Middle Names | |
| Last Name | JAIDEEP |
| Candidate Number | 200193652 |
| Date of Birth | 10 Jul 1986 |
| Nationality | Indian |
| Gender | Female |
| TEST DETAILS: | |
| Venue Name | Educate Learn Develop - Sharjah |
| Venue Number | AE006 |
| Venue Country | United Arab Emirates |
| Test date | 18 Dec 2021 |
| | |

Nursing



TEST RESULTS

Profession

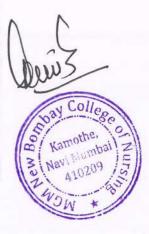




Sujata Stead CEO, CBLA

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| OET results to August 2018 | OET score from September 2018 | OET band descriptors |
|-------------------------------|--|---|
| А | 500 490 480 470 460 450 | Can communicate very fluently and effectively with patients and health professionals using appropriate register, tone and lexis. Shows complete understanding of any kind of written or spoken language. |
| В | 440 430 420 410 400 390 380 370 360 350 | Can communicate effectively with patients and health professionals using appropriate register, tone and lexis, with only occasional inaccuracies and hesitations. Shows good understanding in a range of clinical contexts. |
| C+ | 340 330 320 310 300 | |
| С | 290 280 270 260 250 240 230 220 210 200 | Can maintain the interaction in a relevant healthcare environment despite occasional errors and lapses, and follow standard spoken language normally encountered in his/her field of specialisation. |
| D | 190 180 170 160 150 140 130 120 110 | Can maintain some interaction and understand straightforward factual information in his/her field of specialisation, but may ask for clarification. Frequent errors, inaccuracies and mis-or overuse of technical language can cause strain in communication. |
| E | 90 80 70 60 50 40 30 20 10 | Can manage simple interaction on familiar topics and understand the main point in short, simple messages, provided he/she can ask for clarification. High density of errors and mis- or overuse of technical language can cause significant strain and breakdowns in communication. |



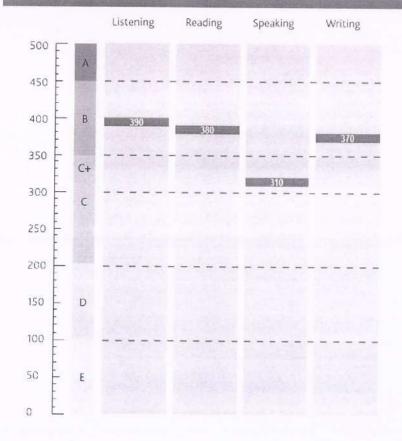


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| CANDIDATE DETAILS: | |
|--------------------|------------------------|
| First Name | JESSINA |
| Middle Names | |
| Last Name | CHERIAN |
| Candidate Number | 200306085 |
| Date of Birth | 10 Aug 1998 |
| Nationality | Indian |
| Gender | Female |
| TEST DETAILS: | |
| /enue Name | Mumbai Teleperformance |
| Venue Number | IN034 |
| Venue Country | India |
| est date | 28 May 2022 |
| Profession | Nursing |



TEST RESULTS





Sujata Stead CEO, CBLA

Recognising organisations are required to validate this Statement of Results through our verification portal at https://www.occupationalenglishtest.org/organisations/results-verification/

| OET results to August 2018 | OET score from September 2018 | OET band descriptors | |
|-------------------------------|--|---|----------------------|
| Α | 500 490 480 470 460 450 | Can communicate very fluently and effectively with patients and health professionals using appropriate register, tone and lexis. Shows complete understanding of any kind of written or spoken language. | |
| В | 440 430 420 410 400 390 380 370 360 350 | Can communicate effectively with patients and health professionals using appropriate register, tone and lexis, with only occasional inaccuracies and hesitations. Shows good understanding in a range of clinical contexts. | |
| C+ | 340 330 320 310 300 | | |
| С | 290 280 270 260 250 240 230 220 210 | Can maintain the interaction in a relevant healthcare environment despite occasional errors and lapses, and follow standard spoken language normally encountered in his/her field of specialisation. | |
| D | 190 180 170 160 150 140 130 120 110 | Can maintain some interaction and understand straightforward factual information in his/her field of specialisation, but may ask for clarification. Frequent errors, inaccuracies and mis-or overuse of technical language can cause strain in communication. | De eus |
| E | 90 80 70 60 50 40 30 20 10 | Can manage simple interaction on familiar topics and understand the main point in short, simple messages, provided he/she can ask for clarification. High density of errors and mis- or overuse of technical language can cause significant strain and breakdowns in communication. | Ramothe, Navi Mumbai |

Nursi



Venue Country Test date

TEST RESULTS

Profession

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www.occupationalenglishtest.org

STATEMENT OF RESULTS CANDIDATE DETAILS: First Name ATHIRA Middle Names Last Name PANICKER Candidate Number 200331215 Date of Birth 14 Sep 1998 Nationality Indian Gender Female TEST DETAILS: Cambridge University Press India -Venue Name Kottayam Venue Number IN026

India

Nursing

27 Aug 2022



| | Listening | Reading | Speaking | Writing |
|----------|-----------|---------|----------|---------|
| 500 F A | | | | |
| 450 | | | | |
| 400 B | 380 | 360 | 370 | |
| 350 - C+ | | | | 320 |
| 300 C | | | | |
| 250 | | | | |
| 200 | | | | |
| 150 D | | | | |
| 100 | | | | |
| 50 - E | | | | |

Sujata Stead CEO, CBLA

Recognising organisations are required to validate this Statement of Results through our verification portal at https://www.occupationalenglishtest.org/organisations/results-verification/

| OET results to August 2018 | OET score from September 2018 | OET band descriptors |
|-------------------------------|--|---|
| Α | 500 490 480 470 460 450 | Can communicate very fluently and effectively with patients and health professionals using appropriate register, tone and lexis. Shows complete understanding of any kind of written or spoken language. |
| В | 440 430 420 410 400 390 380 370 360 350 | Can communicate effectively with patients and health professionals using appropriate register, tone and lexis, with only occasional inaccuracies and hesitations. Shows good understanding in a range of clinical contexts. |
| C+ | 340 330 320 310 300 | |
| С | 290 280 270 260 250 240 230 220 210 200 | Can maintain the interaction in a relevant healthcare environment despite occasional errors and lapses, and follow standard spoken language normally encountered in his/her field of specialisation. |
| D | 190 180 170 160 150 140 130 120 110 | Can maintain some interaction and understand straightforward factual information in his/her field of specialisation, but may ask for clarification. Frequent errors, inaccuracies and mis-or overuse of technical language can cause strain in communication. |
| Ε | 90 80 70 60 50 40 30 20 10 | Can manage simple interaction on familiar topics and understand the main point in short, simple messages, provided he/she can ask for clarification. High density of errors and mis- or overuse of technical language can cause significant strain and breakdowns in communication. |





IELTS Exam Results

Result Feedback

| ID No | Z4778525 |
|------------------|---|
| Test Date | 27 Aug 2022 |
| Full Name | AMUTHA AROCKIA MARY SAVARIMUTHU XAVIER |
| Listening | 7.5 |
| Reading | 7 |
| Speaking | 7 |
| Writing | 6.5 |
| OverAllBandScore | 7 |

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Kamothe,
Navi Mumbai

410209

Kamothe,
Augustantia

IELTS

Test Report Form

GENERAL TRAINING

NOTE Admission to undergraduate and post graduate courses should be based on the ACADEMIC Reading and Writing Modules.

GENERAL TRAINING Reading and Writing Modules are not designed to test the full range of language skills required for academic purposes.

It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed after two years from the date of the test.

| Centre Number | IN855 | | Date | 20/NOV/2021 | | Candidate Numb | er 476976 | | |
|-------------------------------|--------------|---|-------|-------------|--------|--------------------------|----------------------|--|--|
| Candidate De | etails | | | | | | | | |
| Family Name | CHOUGHULE | CHOUGHULE | | | | | | | |
| First Name | REEHANA IRFA | REEHANA IRFAN AHMED | | | | | | | |
| Candidate ID | L2466659 | | | | | • | TOA | | |
| Date of Birth | 18/02/1998 | | | Sex (M/F) | F | Scheme Code | Private Candidate | | |
| Country or Regio of Origin | n | | | | | | | | |
| Country of Nationality | INDIA | | | | 1 | | | | |
| First Language | HINDI | HINDI | | | | | | | |
| Test Results | | | | | | | 4 mail 1 | | |
| Listening 7.0 | Reading | 5.5 Writin | g | 6.0 Speaki | ng 6.0 | Overall Band Score | 6.0 CEFR Level B2 | | |
| Administrator Co | omments | | | | C | Centre stamp | Validation stamp | | |
| | | | | | / | 2 idp | COLUMN TRANS | | |
| | | | | | (IE | N855 | (IELTS) | | |
| | | Anne and the self-self-self-self-self-self-self-self- | | nistrator's | L | (Fg | m/- | | |
| | | | Signa | | | OV. | | | |

The validity of this IELTS Test Report Form can be verified online by recognising organisations at http://ielts.ucles.org.uk







ACADEMIC

NOTE

Admission to undergraduate and post graduate courses should be based on the ACADEMIC Reading and Writing Modules.

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It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed after two years from the date of the test.

| Centre Number | IN855 | Date | 28/MAY/2022 | Candidate Number | er 149404 |
|-----------------------------|------------|----------------|-----------------------------|---------------------|-------------------|
| Candidate De | tails | | | | |
| Family Name | MATHEW | | | | A |
| First Name | SHERIN ANU | | | | (3) (5) |
| Candidate ID | V6370471 | | | | |
| ate of Birth | 13/03/1998 | | Sex (M/F) | Scheme Code | Private Candidate |
| Country or Regior of Origin | | | | u — | |
| Country of Nationality | INDIA | | | | |
| First Language | ENGLISH | | | | |
| Test Results | | | | | |
| Listening 8.5 | Reading 8. | 0 Writing | 7.0 Speaking | 7.0 Score Overall 7 | CEFR Level C1 |
| Administrator Co | mments | | | Centre stamp | Validation stamp |
| | | | | LELTS TEST CENTRES | IELTS E |
| | | Admii Signa | nistrator's ture | OF3n | W- |
| | | Date 1 | Mi | est Report Form 221 | N149404MATS855A |
| | | | Kamothe, Navi Mumbai 410209 | Dew3 | |



ACADEMIC

| GENERAL 1 | TRAINING Reading and Wri | tina Modules are not des | signed to test the full range of | Reading and Writing Modules. f language skills required for academ be re-assessed after two years from | nic purposes. In the date of the test. |
|-----------------------------|--------------------------|--------------------------|----------------------------------|--|---|
| Centre Number | IN855 | Date | 16/APR/2022 | Candidate Numb | oer 038357 |
| Candidate De | tails | | | | |
| Family Name | CHERIAN | | | | |
| First Name | REENI | | | | (23) |
| Candidate ID | N8179847 | | | • | 195 |
| Date of Birth | 07/06/1993 | | Sex (M/F) | F Scheme Code | Private Candidate |
| Country or Region of Origin | n | | | | |
| Country of Nationality | INDIA | | | | |
| First Language | MALAYALAM | | | | |
| Test Results | | | | | |
| Listening 8.5 | Reading 7 | .5 Writing | 7.0 Speaking | 7.5 Overall Band Score | 7.5 CEFR Level C1 |
| Administrator Co | omments | | | Centre stamp | Validation stamp |
| 3 | | | | LELTS TEST CENTRES | IELTS E |
| | | | ninistrator's nature | OB | my- |
| | | Date | 30/04/2022 | Test Report Form Number 20 | 2IN038357CHER855A |



ACADEMIC

NOTE Admission to undergraduate and post graduate courses should be based on the ACADEMIC Reading and Writing Modules.

GENERAL TRAINING Reading and Writing Modules are not designed to test the full range of language skills required for academic purposes.

It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed after two years from the date of the test.

| Centre Number | IN855 | Date | 18/DEC/2021 | Candidat | e Number | 546159 |
|--------------------------------|---------------|-----------------|-------------------|--|--|------------------|
| Candidate De | etails | | | | | |
| Family Name | RAJESH | | | | 1 | 7 |
| First Name | ANSHU MARY RA | AJESH | | | | |
| Candidate ID | U5004211 | | | | 1 | |
| ate of Birth | 28/02/1997 | | Sex (M/F) | F Scheme | Code Priva | te Candidate |
| Country or Regior of Origin | 1 | | | | | |
| Country of Nationality | INDIA | 4 | | | | |
| First Language | ENGLISH | | | | | |
| Test Results | | | | | | |
| _istening 7.0 | Reading 7.0 | Writing | 6.5 Speaking | 7.0 Overa Band Score | 7.0 | CEFR Level C1 |
| Administrator Co | mments | | N. | Centre stamp | Val | idation stamp |
| | | | | LELTS TEST CENTRES | STATE OF THE PARTY | |
| | | Admin Signat | istrator's ure | | J. Gruy - | |
| | | Date 03 | 3/01/2022 | Test Report Form Number | 21IN54615 | 9RAJA855A |
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