

BRD MEDICAL COLLEGE GORAKHPUR

Document Verification Slip-2026-27

CANDIDATE NAME: - _____

FATHER'S NAME: - _____

MOTHER'S NAME: - _____ DATE OF BIRTH: - _____

NEET UG ROLL NO. :- _____ EMAIL ID :- _____

AIQ RANK :- _____ STATE RANK :- _____

CATEGORY: - _____ GENDER: - _____ RELIGION:- _____

ADHAR CARD NUMBER: - _____ DOMICILE: _____

PERMANENT ADDRESS: - _____

MOBILE NUMBER CANDIDATE: - _____ MOBILE NUMBER PARENTS: - _____

CANDIDATE SIGNATURE IN BOX:-

**NEET
UG-2026
PHOTO**

List of Documents to be verified with Original

1. ADHAR CARD (PVC / Digital Signature) / PASSPORT
2. NEET UG-2026 Allotment Letter (Original & Attested copy).
3. NEET UG-2026 Admit Card (Original & Attested copy).
4. NEET UG-2026 Rank Letter (Self. Attested copy).
5. High School Certificate & Mark Sheet (Original & Attested copy).
6. Intermediate Certificate & Mark Sheet (Original & Attested copy).
7. EWS/OBC/SC/ST/PH Certificate, if applicable (Original & Attested copy).(In case of OBC certificate must be issued after 01-04-2026)
8. Domicile Certificate, if applicable (Original & Attested copy).
9. 2 Recent Passport Size Photograph Same As Pasted In NEET Admit Card

MEMBER
(UG Admission Committee)
B.R.D. MEDICAL COLLEGE,
GORAKHPUR

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DENTAL COLLEGE, AZAMGARH (107)

CANDIDATE NAME: - _____

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PERMANENT ADDRESS: - _____

DD NUMBER :- _____ DATE :- _____ AMOUNT :- _____

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10. उक्त के अलावा कोई प्रमाण-पत्र है तो वो आवंटित कालेज में जमा कि जायेगी।
(आवंटित कालेज के प्रतिनिधि)

नाम—

कालेज का नाम—

मोबाइल नम्बर—

हस्ताक्षर—

MEMBER
(UG Admission Committee)
B.R.D. MEDICAL COLLEGE,
GORAKHPUR

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**SHRI GORAKSHNATH MEDICAL COLLEGE HOSPITAL & RESEARCH CENTER,
SONBARSA, GORAKHPUR (071)**

CANDIDATE NAME: - _____

FATHER'S NAME: - _____

MOTHER'S NAME: - _____ **DATE OF BIRTH: -** _____

NEET UG ROLL NO. :- _____ **EMAIL ID :-** _____

AIQ RANK :- _____ **STATE RANK :-** _____

CATEGORY: - _____ **GENDER: -** _____ **RELIGION:-** _____

ADHAR CARD NUMBER: - _____ **DOMICILE:** _____

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GORAKHPUR**

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KMC MEDICAL COLLEGE & HOSPITAL, MAHARAJGANJ [PPP] (040)

CANDIDATE NAME: - _____

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**SHRI GORAKSHNATH MEDICAL COLLEGE HOSPITAL & RESEARCH CENTER,
SONBARSA, GORAKHPUR (071)**

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GORAKHPUR**

FEE STRUCTURE

ADMISSION FEE

OBC/SC/ST-20,600/-

GENERAL/EWS-29,600/-

UPI ID : 10346036393@SBI



CAUTION MONEY

RS : 10,000/-

UPI ID : 10346036825@SBI

