College Phone: [redacted]
Hospital Phone: [redacted]
Fax: [redacted]
E-mail: principal@ucms.ac.in; academic@ucms.ac.in
UNIVERSITY COLLEGE OF MEDICAL SCIENCES
(UNIVERSITY OF DELHI)
DILSHAD GARDEN
DELHI-110 095

No.MC/ACAD/2025/

Dated: 20.11.2025

NOTICE

Subject: Introduction of One-Year Mandatory Service Bond for All India quota and state quota Undergraduate (UG) and Postgraduate (PG-including super-specialty courses) medical Students completing their course from medical institutes in Delhi-Reg.

With reference to Letter No. F.No.5(1)/133/ME/H&FW/2025-116-119 dated 25.02.2025, issued by the Deputy Secretary (Health & Family Welfare), Government of NCT of Delhi, and addressed to the Registrar, University of Delhi, along with the enclosed Office Order dated 19.09.2024 regarding the implementation of a one-year mandatory Service Bond for Undergraduate and Postgraduate medical students in Delhi.

As per the said Office Order, "all undergraduate and postgraduate medical students (including those enrolled in super-specialty courses) are required to furnish a bond of ₹15 lakhs (for UG) or ₹20 lakhs (for PG) at the time of admission. This bond mandates one year of compulsory service in Delhi Government medical institutions upon completion of the course, including the internship period. Non-compliance with this condition shall result in forfeiture of the bond amount".

In this regard, it is informed that the College has referred the matter to the Ministry of Health & Family Welfare, Government of India, seeking clarification and further directions regarding the applicability of the aforementioned Service Bond to students admitted to UCMS. The implementation of the bond for these students shall be subject to any instructions received from the competent authorities, and an undertaking will be obtained from the students regarding the above matter.

PRINCIPAL

To be submitted on a non-judicial stamp paper of Rs.100/-

UNDERTAKING

I, Mr. /Ms. ..... Son/ Daughter of Mr. .....

Age & Date of birth ..... Resident of .....

.....

do hereby solemnly undertake and declare as follows:-

1. That I have been selected for admission to the _____UG/PG_____ medical course at University College of Medical Sciences, Dilshad Garden, Delhi-110095 through ..... (Delhi University/All India) Quota and a self-attested copy of my allotment letter is attached herewith as proof of the same.
2. That I am aware that, as per Delhi Government Order No. F9/06/SR/2014/H&FW/PI-II/ CD#112653691/2348-59 dated 09 September 2024, a one-year Service bond for All India and State Quota Undergraduate (*after completion of their course including internship period)* and postgraduate medical students would be mandatorily required to serve in the medical institutions under GNCT of Delhi for a period of One-year. The medical student would be required to furnish a bond of Rs. 15,00,000/- for undergraduate and Rs. 20,00,000/- for postgraduate course (including super-specialty course) at the time of admission in the respective medical college/institution in Delhi and will stand forfeited in case the student wants to opt out of the mandatory service period.
3. That I understand that the detailed directions and execution process of the above bond is yet to be issued by the Government and I hereby willingly agree to abide by the bond conditions and execute the required bond as and when the format and directives are issued by the appropriate government authorities.
4. That if I discontinue/withdraw from the course before its completion, the Bond, if applicable under the above-mentioned Government Order, shall be effective and binding on me.
5. That I am a permanent resident of the address mentioned above.
6. That I hereby accept all the rules, terms, and conditions as applicable, including any subsequent instructions or clarifications issued by the competent authorities regarding the above bond.

(Signature of the Candidate)

Name of the Candidate.....

Course Allotted.....

Allotted Category.....

VERIFICATION

I, Mr./Ms. ..... Son/Daughter of Mr. .....
do hereby verify that all the terms and conditions mentioned in Clauses 01 to 06 of the above undertaking are true and acceptable to me I further declare that I understand and accept the possibility of applicability of the service bond, and I shall execute the bond in the prescribed format as and when any direction about its applicability and execution are issued by the Competent Authority.
Hence, I am signing and verifying this undertaking on this day.

(Signature of the Candidate)

Name of the Candidate: .....

NEET Roll No. : .....

Contact Number .....

Place:

Date:

University College of Medical Sciences
(University of Delhi)
Delhi-110095

UNDERTAKING

Date: _____

The Principal
University College of Medical Sciences & GTB Hospital
Delhi – 110095

Subject: Request for Resignation / Upgradation of MD/MS/MDS Seat

Respected Sir,

I, Dr. _____ son/daughter of Mr. _____ bearing Roll No. _____ and Rank No. _____in PG NEET 2025 under the category [UWSC/ST/OBC/PWD/EWS], hereby submit my request for resignation/upgradation from the MD/MS/MDS seat allotted to me through [All India Quota / Delhi University Quota]. I had taken admission at University College of Medical Sciences, Delhi for the academic session 2025-26 via [1st / 2nd / Mop-up] round of counseling, as per the Provisional Allotment Letter dated _____.

Due to [resignation/upgradation], I am surrendering the said seat and understand that I shall have no further claim over it. I accept that any financial, academic, or other loss arising from this decision will be solely my responsibility.

I kindly request you to relieve me at the earliest. Enclosed herewith are copies of my ID Proof, Admission Letter, and Provisional Allotment Letter for your reference.

Thanking you,

Yours sincerely,

[Signature of the PG Student]
Name:
Address:
Mobile No.:
Email ID:

{TO BE TYPED ON NON-JUDICIAL STAMP PAPER OF ₹ 100/- (RUPEES ONE HUNDRED ONLY) DULY ATTESTED BY NOTARY PUBLIC

SURETY BOND

In pursuance of my undertaking given on _____, this Surety Bond, hereafter the bond, is executed at Delhi on this _____day of 2025 by Dr./Ms./Mr. _____Son/daughter of _____, hereafter the student, admitted in _____course, hereafter the course, at _____, hereafter the college, in favour of Registrar, University of Delhi and the Principal/Director of _____(Name of College).

Whereas the student has applied and has been admitted in _____ Course being conducted by the University of Delhi.

Whereas on the basis of the merit, the student was offered the course in the Counselling held on _____and he/she has been admitted in the course at the College/Hospital/Institution with the understanding and subject to the undertaking that the student shall undergo the course on full-time and regular basis and shall maintain the required standard of performance and shall not indulge in indiscipline/ misconduct.

The student has, therefore, agreed to be loyal to pay a sum of ₹ **10.0** lakhs (₹ Ten Lakhs only) to the College/Hospital/Institution in the following circumstances;

A. If the student does not join the course at the allotted institution on or before the stipulated date.
B. If the student leaves the course before its completion.
C. If the admission/ registration of the student is cancelled/ terminated by the University on account of unsatisfactory performance/ misconduct/ indiscipline.

Whereas the student undertakes that till the entire surety amount ₹ **10.0** lakhs (₹ Ten Lakhs only) is paid, the College/Hospital/Institution or the University of Delhi shall have the right to retain the original certificates of the student.

Whereas I have requested Ms./Mr._____son of/ daughter of _____resident of _____and Ms./Mr._____ son of/daughter of _____ resident of _____Phone/Mobile No._____ to stand as sureties, severally and jointly, for me for the payment of the said amount.

Signature of the student

Name (in full)_____

That I _____son of daughter of _____ resident of _____, the student aforesaid, acknowledge my indebtness to the Registrar, University of Delhi and the Principal/Dean/Director of, _____to a sum of ₹ 10.0 lakhs (₹ Ten Lakhs only) which I hereby promise to pay on demand to the college.

Signature of the student

Complete Address _____

_____

_____**Pin**_____

Mobile No _____

Email _____

In consideration of the bond executed by the student (Dr./Ms./Mr. _____ son of/ daughter of_____resident of_____ _____) in favour of Registrar, University of Delhi and the Principal/Dean/Director, _____ for a sum of ₹ 10.0 lakhs (₹ Ten Lakhs only), I _____hereby stand as surety, jointly and severally, for the payment of the said amount on the terms mentioned above. In case the student fails to pay on demand a sum of ₹ 10.0 lakhs (₹ Ten Lakhs only), I, the said surety, shall without any objection, pay the said due amount to the College/Hospital/Institution on demand.

Signature of the Surety

Name _____

Complete Address _____

_____

_____**Pin**_____

Mobile No _____

Email _____

In consideration of the bond executed by the student (Dr./Ms./Mr. _____ son of/daughter of _____resident of _____) in favour of Registrar, University of Delhi and the Principal/Dean/Director of _____for a sum of ₹ 10.0 lakhs (₹ Ten Lakhs only), I _____hereby stand as surety, jointly and severally, for the payment of the said amount on the terms mentioned above. In case the student fails to pay on demand a sum of ₹ 10.0 lakhs (₹ Ten Lakhs only), I, the said surety, shall without any objection, pay the said due amount to the college/Hospital/Institution on demand.

Signature of the Surety

Name _____

Complete Address _____

_____

_____**Pin**_____

Mobile No _____

Email _____

UNIVERSITY COLLEGE OF MEDICAL SCIENCES
DILSHAD GARDEN, DELHI-110095

Phone No. 011-22581428 (Only for Admission)

Instructions to the Candidate seeking admission in MD/MS/MDS/DM

1. First student has to register on the www.fmsc.ac.in than report to College (UCMS). The candidate may note the admission is provisional and if any discrepancies/concealment of facts detected at any stage will he held liable for any consequences. The admission process may take 2-3 days. Students has to be given an 'undertaking' that he / she has not taken earlier admission in 2022/2023/2024 in the colleges affiliated to Faculty of Medical Sciences, University of Delhi, Delhi.
2. Address: It will be responsibility of the candidates to ensure that he/she fills in his /her address in the prescribed form. The candidate must ensure that address given by them be such at which candidate may be able to get the communication till completion of MD/MS/MDS course. The college shall not be responsible for any loss in transit for an incorrect address given by the candidate in the form. The candidate should full his/her complete address for further correspondence Pin code should invariably be provided.
3. It is mandatory for the candidate who is admitted in the MD/MS/MDS course is required to deposit a sum of **Rs.57,220/-** *(Rs.47,220/- (Annual Fee) + Rs.10,000/- (Caution money refundable) — Total amount Rs.57,220/-)*

DOCUMENTS/ CERTIFICATES TO BE SUBMITTED

4. The candidate is required to submit all the original DOCUMENTS/ CERTIFICATES and one set of photocopies of the following documents (self-attested) at the time of admission in the College (in order).

a) Relieving letter (Upgraded from previous round, if applicable)
b) Relieving letter/No Objection Certificate (in case of in-service candidate)
c) Provisional allotment letter issued by MCC for AIQ/DUQ
d) Admit Card issued by NEET PG
e) Score Card/Rank letter issued by NEET PG.
f) FMSc Registration form and payment slip of tuition fee MD/MS/MDS Rs.17,965/- (1-year University fee).
g) 'Undertaking' for Migration / DMC Registration (Proforma enclosed)
h) Medical Fitness Certificate (Proforma enclosed) issued by Doctor having minimum qualification of MBBS.
i) DOB certificate (Matriculation/ 10th Class).
j) 12th Class Marksheet
k) Marksheet of MBBS / BDS - 1st, 2nd and 3rd Professional Examinations/ MD marksheets.
l) MBBS/ BDS Degree Certificate /provisional certificate also required.
m) Internship Completion Certificate/Certificate from the Head of the Institution.
n) Permanent/Provisional Registration Certificate issued by MCI/DMC/State Medical/Dental Council/Delhi Dental Council.
o) Surety Bond of Rs.10 Lakh (The specimen of Surety Bond is attached). The candidates are required to bring the one original identity proof of the sureties and two photocopies self-attested by the two sureties.
p) It is mandatory for all PG students to fill anti-ragging undertaking online (by student as well as parent) at www.antiragging.in or www.amanmovements.org and submit the hard copies of the same duly signed at the time of admission.
q) Six photographs (recent).
r) **It is mandatory to fill the Google form (available at www.ucms.ac.in).**
s) The Candidate should also bring the following certificate, if applicable:-
   - SC/ST Certificate issued by the Competent Authority and it should be in English or Hindi in language. Sub-caste should be clearly mentioned in the certificate.
   - Latest OBC/EWS certificate issued by the Competent Authority. The sub-caste should be tally with the Central List of OBC (www.ncbc.nic.in). The OBC /EWS candidate should not belong to Creamy Layer.
   - Person with Disability (PWD)/ Physical Disability Certificate issued from a duly constituted and authorized Medical Boards by the MCC. No other PWD certificate, issued by any other Authorities/ Hospital will be entertained.
t) Copy of Fee receipt (Payment mode is online only at UCMS Website:- https://www.ucms.ac.in/payment-student)

Note: *Provisional certificate of MBBS / BDS degree is permissible for those candidates who had passed the MBBS / BDS course in the year 2024 & 2025. It is mandatory to submit Migration Certificate other than Delhi University student along with prescribed fee and DMC/ Delhi Dental Council Registration Certificate after joining the Department within one month. failing which stipend will not be released.*

University College of Medical Sciences
(University of Delhi)

MC/Acad/3/32/2025/ Dated: _____

SUBJECT: POST-GRADUATE ADMISSION-2025

(ALL INDIA/DELHI PG QUOTA)

No.:_____Dated:_____

Dr. _____, who has been provisional admitted to the Postgraduate MD/MS/MDS/DM _____ Course, 2025 (3 years) at this institution.

The session will commence / is likely to commence w.e.f. _____ and he/she is directed to report to the HOD concerned and to submit his/her Joining Report in the Department to be forwarded to the Academic Section of the College.

He / She is required to deposit the admission fee on the College website.

Affix photograph
of the student

Assistant Registrar
(Academic)

Dr. _____

1st year PG.

Copy for information & necessary action:

1. The HOD, _____, UCMS & GTB Hospital, Delhi.

UNIVERSITY COLLEGE OF MEDICAL SCIENCES
(University of Delhi)

DILSHAD GARDEN, DELHI -110095
Website: www.ucms.ac.in , Email : academic@ucms.ac.in
Phone No. 011-22581428

(TO BE SUPPLIED TO THE MCI/UGC/MHRD/DU & OTHER ALLIED GOVT. AGENCIES)

Recent Photo

MD/MS/MDS/DM ADMISSION FORM (SESSION: 2025-26)

i) All the column must be filled-up in English only.

ii) It will be responsibility of the candidate to ensure that all the information given in the form is correct.

{FEE RECEIPT No.(for office use)_____} {DATE OF ADMISSION (for office use)_____/_____/2025}

DETAILS OF NEET EXAMINATION- 2025					
NEET Roll No.	Marks Obtained	Percentage (%)	Percentile	RANK	
				DUQ	AIQ

NAME OF CANDIDATE ..... GENDER (Male/Female).....

CATEGORY (UR/OBC/SC/ST/PWD/EWS/MINORITY)..... RELIGION..... MOTHER TONGUE.....

PLACE OF BIRTH ..... DATE OF BIRTH:- ☐☐☐☐☐☐☐☐ DD/MM/YYYY

WHETHER PWD (YES/NO)..... IF YES (kindly mentioned the disability part).....

STATE TO WHICH CANDIDATE & PARENT BELONG PERMANENTLY .....

MOBILE No. OF CANDIDATE ..... E-mail: .....

LAST EXAM PASSED.....PASSING YEAR..... BOARD/UNIVERSITY.....ROLL NO.....

GAP YEAR (Yes/No)..... (If yes, affidavit to be attached giving reason of Gap Year).

MENTION THE UNIVERSITY ENROLMENT NO. IF ALREADY ADMITTED IN THE UNIVERSITY OF DELHI.....

ADDRESS PERMANENT .....

.....Pin code ☐☐☐☐☐☐ TELEPHONE No.(WITH CODE No.).....

LOCAL ADDRESS .....

..... Pin code ☐☐☐☐☐☐ TELEPHONE No.(WITH CODE No.).....

FATHER'S NAME: - .....MOBILE..... QUALIFICATION.....

OCCUPATION .....Designation (if in service).....

ORGANISATION..... MONTHLY INCOME.....

MOTHER'S NAME:- .....MOBILE..... QUALIFICATION.....

OCCUPATION .....Designation (if in service).....

ORGANISATION..... MONTHLY INCOME.....

P.T.O.

DETAILS OF EXAMINATION PASSED

Exam.		Board/ University	Roll No.	Passing Year	Subject's Name (given all subjects)	Marks Obtained (Subject wise)	%age of marks aggregates out of Total	Attempt in which passed
10th Class					1 2 3 4 5 6	1 2 3 4 5 6		
10+2 (Pre-Medical)					1 2 3 4 5 6	1 2 3 4 5 6		
MBBS	1st Prof.							
	2nd Prof.							
	3rd Prof. Part-I							
	3rd Prof. Part-II							
Any other								

STATE WHETHER EMPLOYED OR NOT..... (YES/NO), If yes,
Where.....

NOTE:

1. *Outside Delhi, Medical Graduates are required to get themselves enrolled in the University of Delhi.*
2. *It is mandatory for the PG student to get registered with Delhi Medical Council as per DMC Act. 1997.*

(Signature of Candidate)

U N D E R T A K I N G

(for pending Documents/Certificate/Others.)

Date: ____/____/2025

I offered the PG (MD/MS/MDS/DM) seat under AIQ/DUQ Rank_____ for the session 2025-26, under NEET Roll No._____.

I hereby undertake that I will submit the _____-

_____

latest by _____. If I fail to submit the same by the last date, necessary action shall be initiated against me as per rule including cancellation of my admission and I shall be held responsible for all the consequences.

(Signature)

Name: _____

NEET Roll No._____

Rank (AIQ/DUQ)_____

Mobile No._____

Address:_____

University College of Medical Sciences
(University of Delhi)
Delhi-110095

(To be filled up by the candidates on allotment of course and Institution for seeking admission)

UNDERTAKING

"I hereby undertake that I had not accepted or joined the MD/MS/MDS/DM course later resigned from the opted course after the stipulated date i.e. last date of admission during the year 2022-2023, 2023-2024 and 2024-2025. In case the undertaking is found to be false, my provisional admission would liable to be cancelled *ispo-facto* and I shall be liable to pay the bond money to the Rs.10.0 lakhs (Rupees Ten Lakh only). I shall also be liable to be disqualified for taking admission in any course of faculty of Medical Sciences, University of Delhi in future".

Signature.....	Quota (AIQ/DUQ).....
Dated.....	NEET Category.....
Name.....	NEET PG Rank.....
Course:	NEET PG Score.....
Roll No.....	
Address.....	
.....	
.....	
Pin Code.....	
Mobile No.....	
Email ID.....	

UNIVERSITY COLLEGE OF MEDICAL SCIENCES

DILSHAD GARDEN

DELHI-110095

ACADEMIC SECTION

Date.....

UNDERTAKING

(For Migration & DMC/Registration Certificate)

I, Dr. _____ S/o // D/o _____ PG (Batch-2025), Department _____ *vide* PG NEET Roll No_____ submit **Undertaking** that I will submit my Migration Certificate along with Delhi Medical Council/Registration certificate along with prescribed fee within first month of commencement of session for Enrolment and official purpose; failing which my stipend may be not released.

Signature _____

Name of the student_____

Address_____

Mobile Number_____

(Applicable only for All India PG students other than Delhi University)

Dated.....

The Principal
University College of Medical Sciences
Dilshad Garden
Delhi-110095

Sir,

I am given to understand that there exist the UCMS Alumni and it is obligatory for all the students passing out from UCMS to be become a member of it.

I, therefore, agree to become a member of the Alumni on my passing out from UCMS, and for the purpose, I agree that the Caution Money which might due to me at the time passing out would utilized towards UCMS Alumni/College life membership fee and student welfare activities.

Yours sincerely

(Signature)

Name.....

Address.....

.....

.....

MOBILE No.....

MEDICAL FITNESS CERTIFICATE

I hereby certify that I have examined:- Mr./Ms./Mrs._____ S/o//D/o Mr. _____, a candidate for admission to the Medical course (i.e. MD/MS/ MDS/DM) and discovered that he/she has any disease, allergies to drugs, medicine or any other constitutional weakness or bodily infirmity except (mention-if-any)_____.

It is also certified that the candidate is free from any communicable disease like COVID-19 and is not suffering from or ever suffered from diseases which need immediate medical attention like congenial Heart disease, Rheumatic Septal Deficiency, Bronchial Asthma, Epileptic Fits, Diabetes Mellitus or Psychiatry related disease etc.

I do not consider this a disqualification for admission to the Medical/Paramedical Course. His/her age is according to his/her own Matriculation Certificate isDOB(DD/MM/YYYY)____/_____/_____ years and by appearance _____ years.

Marks of identification : _____.
Weight of Candidate : _____.
Blood Group of Candidate : _____.
Height of Candidate : _____.

left-hand thumb Impression of Candidate	Signature of Candidate	Photo of Candidate (Duly attested by the Physician)

Signature with stamp of Dr./Physician

Date: / /2025

Full Name of Dr./Physician :

Medical Registration No. of Dr./Physician :

Note: Medical fitness certificate should be from the Doctor having minimum qualification of M.B.B.S.

(The below Anti-Ragging Declaration Forms available at: www.antiragging.in & www.amanmovement.org). Particulars required for online submission are as here: (Name of Principal: Prof. (Dr.) Dheeraj Shah), (Contact No. 011-22582972-74), (Nearest Police Station: G.T.B. Enclave, Delhi-95) (No. of Students in the Class – 214)

ANNEXURE - I

SELF DECLARATION BY THE STUDENT

1) I,_____ (full name of student with admission/registration/ enrolment number) S/o / D/o Mr./Mrs./Ms. _____, having been admitted to _____ (name of the institution), have received or downloaded a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that:
   a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
   b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this ___day of _____ month of _____ year.

_____
Signature of the Student

Name:_____

Course:_____

Quota:_____

SELF DECLERATION

Verified that the contents of this self declaration are true to the best of my knowledge and no part of the self declaration is false and nothing has been concealed or misstated therein.

Verified at _____(place) on this the _____(day) of _____(month) , _____(year) .

_____
Signature of the Student

SELF DECLARATION BY PARENT/GUARDIAN

1) I, Mr./Mrs./Ms. _____(full name of parent / guardian) of , Mr./Ms._____(full name of student with admission / registration / enrolment number) , having been admitted to _____(name of the institution) , have received or downloaded a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that :
   a) My ward will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
   b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.

6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this _____day of _____ month of _____year.

_____
Signature of Parent/Guardian

Address:_____

_____

_____

Telephone/ Mobile No.: _____

SELF DECLERATION

Verified that the contents of this self declaration are true to the best of my knowledge and no part of the self declaration is false and nothing has been concealed or misstated therein.

Verified at _____on this the _____(day) of_____ (month) , _____(year) .

_____
Signature of Parent/Guardian

(Note: Please attach a copy of the self attested Identity Proof along with this self declaration form)

UNIVERSITY COLLEGE OF MEDICAL SCIENCES

(University of Delhi)

Dilshad Garden, DELHI-110095.

Following information may be supplied in DUPLICATE for issuance of Identity Cards

For Student, Undergraduate / Postgraduate courses

Year of Admission 2025

Roll No. (for office use only)_____

Name in Full

Father's Name

Course MD/MS/MDS/DM Valid up to : 31-12-20___

Resi. Address

Tel. (Resi/Mobile)

Blood Group

PASSPORT SIZE PHOTOGRAPH

To be affix in the box only

(Please do not staple)

Note:

1. All information to be given in CAPITAL LETTERS only

Student Signature (within the box)

FOR OFFICE USE ONLY

Date of Issue	Valid upto 31-12-20___	Verified by - Sign./Date

UNIVERSITY COLLEGE OF MEDICAL SCIENCES

(University of Delhi)

Dilshad Garden, DELHI-110095.

Following information may be supplied in DUPLICATE for issuance of Identity Cards

For Student, Undergraduate / Postgraduate courses

Year of Admission 2025

Roll No. (for office use only)_____

Name in Full

Father's Name

Course MD/MS/MDS/DM Valid up to : 31-12-20___

Resi. Address

Tel. (Resi/Mobile)

Blood Group

PASSPORT SIZE PHOTOGRAPH

To be affix in the box only

(Please do not staple)

Note:

1. All information to be given in CAPITAL LETTERS only

Student Signature (within the box)

FOR OFFICE USE ONLY

Date of Issue	Valid upto 31-12-20___	Verified by - Sign./Date

JOINING REPORT

The Assistant Registrar
Faculty of Medical Sciences,
6th Floor, VPCI Building,
University of Delhi,
Delhi – 110 007

Sub.: Admission to Post-graduate (Degree/Diploma/MDS) Course _____ at _____for the Session-2025.

Sir,

Please refer to the Provisional Admission cum Fees Slip vide transaction ID _____ dated _____ regarding my provisional admission to _____ Course in _____ college.

I have read the Rules, Regulations and Ordinances relating to the above course. I agree to pursue the above course as a regular whole-time student for the duration of the course and have already paid the University fees for 1st year amounting to Rs. 16,200/-, as per details given above.

I have joined the above course on (date) _____ in the Department of _____ at _____ College/ Hospital/ Institute.

Yours faithfully,

(Signature of the Candidate)

Dr. (Ms/Mr.) _____

Address: _____

_____

Phone no.: _____

Mobile no.: _____

Email Id: _____

Certified that the above candidate has joined the Department of _____ in _____ College/Institute/Hospital as a WHOLE TIME REGULAR student of _____course on _____ (date).

Head of the Department
(Seal)

Principal/Dean/Med. Supdt./Director
(Seal)