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



NEET PG Medical Counselling 2023

Provisional Admission Letter



							LIT.			
Personal Details	1.1.1									
NEET PG Roll Number	23661177147		NEET PO Number	G Application	PG23153355					
Candidate Name	SEHRISH	ISH CHAUDHARY Father Na		ame RIYASAT ALI C		UDHARY	3			
Mother Name	RAISA PRAVEEN 25-07-1996		Gender		Female					
DOB			National	ity	Non-Resident Indian (NRI)					
Religion	ISLAM		Category	/	General		_			
Remark										
Sub Category Details										
Person with Disability				No						
Rank Details										
All India Rank (PG Medie	cal)			132197						
Allotement Details										
Round Number		Online Stray Round		Option		8				
Institute Name		· · · · · · · · · · · · · · · · · · ·		Program Name		M.D. IN TRANSFUSION MEDICINE IMMUNO-HAEMATOLOGY and BLOOD TRANSFUSION				
Allotment Category		Open		Allotment Quota		Management/Paid Seats Quota				
Rank		132197								
Stream wise Eligibility D	etails									
PG Medical				Eligible for Cou	nselling					
Candidate Profile Other	Info									
Marital Status				Married						
Do you want to apply for Armed Forces Medical Institutes?				No						
Academic Qualification	Details					and the second				
MBBS Marks Details										
Passing Status				Passed						
Passing Year				2020						
University / College				Others						
Enrollment Number				1402300078						
Document Verificatuion	Details						The second			
				SANTOSH MEDICAL COLLEGE AND HOSPITAL, GHAZIABAD, NCR DELHI						
Document Verification Date & Time				19-10-2023 15:49:00						
Changes During Verification				NONE						
Remarks										
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.

Unun. 1

Candidate Signature (SEHRISH CHAUDHARY) PI Admin (DR. ALKA AGRAWAL)

No signature required, since it is a computer generated letter

PI User

(DR V P GUPTA)



F.No. SU/R/2023/2697[23]

Dated:17.10.2023 (Stray)

SUBJECT: Selection for the M.D. IN TRANSFUSION MEDICINE/ IMMUNO-HAEMATOLOGY and BLOOD TRANSFUSION Course at **Santosh Medical College & Hospital**, **Ghaziabad for the Academic Year** 2023-24.

With reference to his/her PG NEET Examination / Criteria for the Academic Year 2023-24 for admission to M.D. IN TRANSFUSION MEDICINE/ IMMUNO-HAEMATOLOGY and BLOOD TRANSFUSION, **Dr. SEHRISH CHAUDHARY** is informed that he/she has been selected for the admission to MD/MS course at Santosh Medical College & Hospital as per the merit in the PG NEET and Counselling.

The joining report for the MD/MS course can be collected from the Academic Section, Santosh Deemed to be University, Ghaziabad, NCR Delhi at any time between 10.00 AM to 4.00 PM by **25.10.2023** after completion of all formalities.

In case he/she does not join the MD/MS course on or before **25.10.2023** then selection letter will stand cancelled / withdrawn as the last date of joining is **25.10.2023** as per **NMC/MCC Regulations/Guidelines** for the 1st Round of Counselling and no request for grant of extension under any circumstances for joining the course will be entertained.

Dr. SEHRISH CHAUDHARY

ARESH SHARMA] [DR. REGISTRAR ARID S

JOINING REPORT

To, The Registrar, Santosh Deemed to be University, No. 1, Santosh Nagar, <u>Ghaziabad, NCR-Delhi.</u>

Sir,				0.10	1	Inin	10227		14/MAL	12022
Wit	h reference to	your Selecti	ion letter M	10: <u>SV/K</u>	2025	12641	123	dated: _	11001	2029
I submit			joining	report	for	the /	Acade	mic .	Course	of
MD/MS/MD	S/DIPLOMA	1481		iı					2023, ir	
Department		IBT			_ of Sa	ntosh N	/ledical	College	e & Hospi	tal /
Santosh Der	ital College & H	ospital, Gha	aziabad, N	CR Delhi.						

Forwarded: Signature of Head of concerned Department and Dean

Yours faithfull (Signatúre)

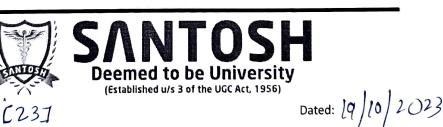
HOD

Dean

Name: SEITRISH Permanent Address: 3 nag Nanas Local address

019104

Mobile No: _ Email ID: ____



F. No: SU/R/2023/ 26976231

Copy forwarded for information and further necessary action to the following:

- 1. The HOD of the Department ______ H
- 2. The Dean, Santosh Medical/ Dental College.
- 3. The Medical Superintendent.
- 4. The Financial Officer.
- 5. The Personnel Department.
- 6. The library In-charge.
- 7. The Hostel Warden (Boys/ Girls).

