

Page 21.8



IMPORTANT POINTS TO NOTE WHILE FILLING UP & SUPPORTING DOCUMENTS REQUIRED:

1. All columns must be filled up and no column should be left blank.
2. Application must be filled up in candidate's own handwriting.
3. Students scoring 80% and above from Madhyamik level can apply.
4. For any query, call us at 8697117946 033-24625544

2011

19.08.19

The following supporting documents should be submitted along with the application:

1. Certificates and marksheet showing marks secured from Madhyamik (10th std.) and onwards.
2. Income of parents certified by the revenue authorities.
3. Two recent color passport size photographs (non-attested) of applicant
4. Proof of admission to the course and the tuition fee paid/payable per annum duly certified by the institution authority
5. Copy of the SBI Pass book of applicant

Last date of form submission is 31st August 2019

1. PERSONAL DETAILS:

Full Name (Block Letters): - SUBHOJIT NASKAR

Male/Female: - MALE

Date of Birth (dd/mm/yyyy): - 03/08/1998

SBI a/c no. of the candidate:



Permanent Address: - VILL - HERIA, P.O - MOUKHALI, P.S - MAGRAHAT
DIST - SOUTH 24 PARGANAS. PIN - 743610, WEST BENGAL.

Present Address: - VILL - HERIA, P.O - MOUKHALI, P.S - MAGRAHAT,
DIST - SOUTH 24 PARGANAS, PIN - 743610, WEST BENGAL.

Contact details:

Sr. No.	Contact No.	Name and Relationship
1.	9062051417	MRITYUNJAY NASKAR, FATHER
2.	9674650879	SRIDAM NASKAR, ELDER BROTHER
3.	8478830048	SUKRITI NASKAR, UNCLE
E-mail ID (if any): - subhojit09jh@gmail.com		Mobile No.: - 6296457967
		Whats App No.: 9874457171



2. EDUCATION DETAILS:

Class	Name of the Institution	Year of passing	% Marks obtained
Madhyamik	MOUKHALI G.G. VIDYALAYA	2013	78.57%
H.S. (10+2)	MOHANPUR. K.K.G.C. INSTITUTION	2015	72%
Under Graduate			
Post-Graduate			

3. CURRENT EDUCATION DETAILS:

Course Name:	BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (MBBS)
Department:	
Institution Name:	MIDNAPORE MEDICAL COLLEGE AND HOSPITAL
Institution Address:	VIDYASAGAR ROAD, PASCHIM MEDINIPUR, MIDNAPORE, WEST BENGAL, INDIA - 721101
Name of the Entrance test with RANK (if applicable)	NATIONAL ELIGIBILITY CUM ENTRANCE TEST (NEET)
Year Appeared: -	2018 (1ST YEAR)
Duration of the course:	5.5 YEARS
Year of Admission:	2018
Year of completion (must specify month & year)	FEBRUARY, 2024
If the candidate received any stipend/scholarship/ or any other Govt. scheme. If yes, please specify with name, nature of scholarship and amount in Rs.	NO
Expense per Year	i) Admission and Institution fee: Rs. 6500 + 4500 + 1500/- ii) Books: Rs. 6000/- iii) Hostel (if applicable): Rs. 144/- iv) Private tuition fee: Rs. 10,000/- Total: Rs. 27,144/- + 1500/-



4. FAMILY DETAILS:

Relation	Full Name	Age	Occupation	Education	Source of funding (if studying)	Annual Income
Father	MIRITYUNJAY NASKAR	49 years	BIRI BINDER			60,000/- ONLY
Mother	DIPALI NASKAR	40 years	HOUSE WIFE	Madhyamik		-
Brother(s)	DEBJIT NASKAR	17 years	-	11th class	FATHER	-
Sister(s)						

What is your future aim?

TO BE A GOOD DOCTOR

DECLARATION BY THE APPLICANT: -

I hereby declare that all the above information furnished by me is true. In case, any discrepancy is noticed, MUKTI has every right to terminate my sponsorship. I declare that my character and behavior will be exemplary and I shall maintain high scholastic standards and values, thereby setting an example for others. I will inform MUKTI of all changes in the course of my sponsorship. I will also attend any kind of seminar/ workshop/ meeting as will be informed to me. Failing to do so will result in cancellation of my sponsorship.

Place: MIDNAPORE

Date: 19/08/19

Subhojit Naskar

Signature of the applicant:

DECLARATION BY PARENT/GUARDIAN: -

I hereby declare that the above information furnished by my ward is true and there is no factual error. I am fully responsible for the accuracy of the information furnished in the application. In case of any discrepancy, I agree to refund the money received as sponsorship to MUKTI. I am also fully aware of the conditions pertaining to continuity of sponsorship.

Place: HERIA

Date: 18/08/19

Signature of Parent/Guardian:

Subhojit Naskar



Questionnaire (Please tick carefully, any wrong answer will cause your application will stand canceled)

	YES	NO	
1. Are you female?		<input checked="" type="checkbox"/>	0
2. Do you stay in a village?		<input checked="" type="checkbox"/>	0
3. Is anybody employed (service/job) in your family?	<input checked="" type="checkbox"/>		5
4. Are you staying at your home for your studies?		<input checked="" type="checkbox"/>	5
5. Are your parents (father and mother) alive?		<input checked="" type="checkbox"/>	0
6. Are you studying in government institution?	<input checked="" type="checkbox"/>		0
7. Do you give tuitions to other students?	<input checked="" type="checkbox"/>		0
8. Are you Physically Handicapped?		<input checked="" type="checkbox"/>	0
9. Are you involved in any co-curricular activities?		<input checked="" type="checkbox"/>	0
10. Are you getting sponsorship from any other sources/ availing govt. funding?		<input checked="" type="checkbox"/>	5
		<input checked="" type="checkbox"/>	5
			1.5



Memorandum A:

To,
The Secretary,
Mukti,
22 Canal Side Road,
Garia, Kolkata - 700084

To whom it may concern that

I hereby declare that, **MIDNAPORE** **SUBHOJIT NASKAR** is a bonafide student of **MEDICAL COLLEGE** (institution) and is pursuing **2nd** **PROFESSIONAL MBBS (3rd semester)** (class year with stream).

Considering his ~~her~~ family economic condition, it would be a great help if MUKTI helps this needy student to shape his ~~her~~ future in a better way.

Thanking You,

[Signature]
26/8/19
Principal
Midnapore Medical College
Paschim Medinipur

Signature of Head of the Institute

With institution seal

Date **26-08-19**

Phone no. of Institution:

