Zydus Medical College and Hospital

(Recognised by National Medical Commission, New Delhi)

Affiliated to Shri Govind Guru University, Godhra (Gujarat)

Important Instructions for Admission Formalities UG Batch: 2026-27

We congratulate you for deciding to join Medical profession and for selecting Zydus Medical College and Hospital, Dahod affiliated to Shri Govind Guru University, Godhra to begin your professional journey. **The process for reporting at medical college is will start from 16/09/2026, from 09:00 am onwards.**

In reporting you have to fill up College admission form with photocopy of attachments mentioned below. The academic session of UG Batch 2026 will start after admission.

(1) Admission order of ACPUGMEC

(2) Allotment Letter of ACPUGMEC

(3) Tuition fee receipt showing the payment of first term (6 months) fees.

(4) Copy of RE-NEET-UG-2026 Marksheet.

(5) Copy of Marksheet of S.S.C. (Std. 10^{th}) Exam.

(6) Copy of Marksheet of H.S.C. (Std. 12^{th}) Exam.

(7) Copy of Migration Certificate (applicable to CBSE/ICSE Board Students)

(8) Documents showing place of birth, date of birth and Indian Citizenship (School leaving Certificate/Transfer Certificate/Passport/Birth Certificate).

(9) Domicile Certificate (with signature and stamp of authority) issued by competent authorities (Mamlatdar/Executive Magistrate/Commissioner of Police) of Gujarat State only.

(10) For SEBC, ST & SC category : Caste certificate issued by competent authorities of Gujarat state only.

(11) For SEBC Category: Non creamy layer certificate (Parishista : "4" in Gujarat/English) issued by competent authorities of Gujarat state only. (One attested copy)

(12) Copy of passport (If citizenship in Dual).

(13) Self attested photocopy of Aadhar card.

(14) 5 recent passport size photographs of Student (name on back side of your photograph) & 2 passport size photograph of parent.

(15) Cheque for payment of hostel and other fees.
(Cash, Credit Card and Debit Card payments not accepted)

(16) Notarised Academic Gap Affidavit on Stamp Paper of ₹ 50/10/300 (Mandatory for those students who have gap between 12^{th} and MBBS). (Original)

(17) Notarised Form-I (Undertaking by Student) on Stamp Paper of ₹ 50/100/300 (Anti Ragging affidavit by student) (Format Attached). (Original)

(18) Notarised Form-II (Undertaking by parent) on Stamp Paper of ₹ 50/100/300 (Anti Ragging affidavit by parent) (Format Attached). (Original)

***For any queries please call Students Section, at Mobile No. +91 7016648133 or landline number 02673-232851 during office hours (09:30am to 04:30pm, Sat 09:30am to 12:30pm, during working days).**

Sanjay Kumar

Prof.(Dr.) Sanjay Kumar
Dean
Zydus Medical College and Hospital
Dahod

Dean
Zydus Medical College and Hospital

STUDY GAP CERTIFICATE

I, _____, S/o or D/o _____ residing at _____ **(Permanent Residential Address)** do solemnly declare and affirm the following:

1. That I am currently a resident of the above-mentioned address.

2. That I have successfully passed 12th in _____ **(Month and Year of Passing)** from _____**(Name of Board)**.

3. That I, stated further, have not attended or joined any other school/university/institution since passing out due to _____**(Reason for Gap).**

4. That the duration of my gap period is from _____ **(Date of Gap Beginning)** to _____**(Date of Gap Ending).**

5. That, during the course of this gap period, I neither assisted nor was involved in any activity barred under the country's laws.

6. That there is no criminal case pending against me in any law court.

The above statements are true. No material information has been concealed. If at any time in the future, the facts stated are not found to be true, I will take full responsibility for the cancellation of my admission.

Date : .....

Dahod DEPONENT

Zydus Medical College and Hospital
Nimnahliya, Muvaliya- Dahod-389151 Gujarat

FORM - I **Date : …../…./2026**

[See sub-clause (a) of clause (i) and sub-clause (a) of clause (ii) of sub-regulation (2) of regulation 7]

UNDERTAKING BY THE STUDENT Batch 2026-27 for Ragging Prevention

I _____ ~~*(Full Name in Block Letters)*~~ Son / Daughter of Mr./ Mrs./ Ms. _____

~~*(Full Name in Block Letters)*~~ admitted to the course of MBBS ~~*(Name of Course)*~~/with Admission No. _____ at **Zydus Medical College and Hospital, Dahod** ~~*(Name of College / Institution)*~~ affiliated to Shri Govind Guru University, Godhra (Gujarat). ~~*(Name of University)*~~ *have* received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) Regulations, 2021(here in after referred to as the said regulations).

2. I have carefully read and fully understood the provisions in the said regulations.

3. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have fully understood what constitutes "ragging".

4. I have also in particular perused the provisions of Chapter IV and read and understood the Administrative and penal actions that may be taken against me in case I am found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

5. I hereby undertake that

(i) I will not indulge in any behavior or act that may come under the definition of ragging as may beconstituted under regulation3of the said regulations;

(ii) I will not participate in or abet or propagate ragging in any form included but not limited to those thatmay be constituted under regulation **3** of the said regulations;

(iii) I will not hurt anyone physically or psychologically or cause any other harm.

6. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of thesaid regulations or as per the applicable laws for the time being in force.

7. I also declare that I have never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false; my admission is liable to be cancelled / withdrawn.

Signed on this the Date ……/…../2026 Day:…….. Month of …….., Year 2026

Signature of Witness 1:

(Name of Witness 1):_____

Address: _____

_____

Signature of Witness 2:

(Name of Witness 2):_____

Address: _____

Signature of Student

_____

Name of student:_____

Address:_____

_____

Tel / Mobile No. ……..

Zydus Medical College and Hospital
Nimnahliya, Muvaliya- Dahod-389151 Gujarat

FORM - II **Date : …./……/2026**

[*See* sub-clause (b) of clause (i) and sub-clause (b) of clause (ii) of sub-regulation (2) of regulation 7]

UNDERTAKING BY PARENT / GUARDIAN OF THE CANDIDATE/STUDENT

I_____ *(Full Name in Block Letters)* Father / Mother/ Guardian of Mr./Mrs./Ms._____ *(Full Name of Student in Block Letters)* admitted to the course of M.B.B.S with Admission No._____ at **Zydus Medical College and Hospital, Dahod** *(Name of College / Institution)* affiliated to Shri Govind Guru University, Godhra (Gujarat) *(Name of University)*

Hereby declare that I have received a copy of the National Medical Commission (Prevention and Prohibitionof Ragging in Medical Colleges and Institutions) Regulations, 2021(here in after referred to as the said regulations).

2. I have carefully read and fully understood the provisions in the said regulations

8. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have fully understood what constitutes –"ragging".

9. I have also in particular perused the provisions of Chapter IV and read and understood the administrative and penal actions that may be taken against my son/ daughter/ward in case he /she is found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

10. I hereby undertake that my son/ daughter/ ward —

(i) will not indulge in any behavior or act that may come under the definition of ragging as may beconstituted under regulations 3 and 4 of the said regulations;

(ii) will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulations 3 and 4 of the said regulations;

(iii) will not hurt anyone physically or psychologically or cause any other harm.

11. I hereby agree that if my son/ daughter/ ward is found guilty of any aspect of ragging, he/ she may be punished as per the provisions of the said regulations or as per the applicable law for the time being in force.

12. I also declare that he/she has never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, his/her admission is liable to be cancelled /withdrawn.

Signed on this Date ……../…/2026 Day: …….. Month of ……., Year 2026

Signature of Witness 1:

(Name of Witness 1):_____

Address: _____

_____

Signature of Witness 2:

(Name of Witness 2):_____

Address: _____

Signature of Parent/Guardian

_____

Name of

Parent/Guardian:_____

Address:_____

_____

Tel / Mobile No. …….