



# किंग जार्ज चिकित्सा विश्वविद्यालय उ०प्र०

उत्तर प्रदेश, लखनऊ-226003,

## पैरामेडिकल विज्ञान संकाय

(के०जी०एम०यू० इंस्टीट्यूट ऑफ पैरामेडिकल साइन्सेज)

email: [kipms@kgmcindia.edu](mailto:kipms@kgmcindia.edu)

website: [www.kgmu.org](http://www.kgmu.org)

पत्रांक. /KGMUIPMS/20.....

दिनांक :

### Notice

#### **Admission to Bachelor courses, Faculty of Paramedical Sciences, KGMU- 2025**

अटल बिहारी बाजपेई मेडिकल यूनिवर्सिटी, लखनऊ द्वारा CPET 2025 के माध्यम से पैरामेडिकल स्नातक पाठ्यक्रमों में काउन्सलिंग के उपरान्त चयनित अभ्यर्थियों को सूचित किया जाता है कि पैरामेडिकल विज्ञान संकाय, किंग जार्ज चिकित्सा विश्वविद्यालय लखनऊ में दिनांक 17.07.2025 सायं 04.00 बजे तक रिपोर्ट करने के उपरान्त दिनांक 18.07.25 को मेडिकल बोर्ड इवैलुएशन एवं डाक्यूमेन्ट वेरीफिकेशन के लिए प्रातः 09:30 कलाम सेन्टर के कमरा न० 102 में प्रवेश प्रक्रिया के लिए उपस्थित हो।

**प्रवेश प्रक्रिया में निम्न प्रमाण पत्रों का लाना अनिवार्य है-**

Original and two sets of Self-attested photocopies of following documents

1. Provisional Seat allotment letter
2. 5 Passport size latest colour photograph with white background.
3. Fee Deposit Receipt of INR 40,000/-
4. Photo ID proof original (**Aadhar card**/Voter ID card/Driving license etc.)
5. Verification sheet uploaded at the time of filling the application.
6. Passing Certificate and Mark sheet/Statement of marks of 12th class (10+2)/equivalent examination from a recognized Board.
7. Passing Certificate and Mark Sheet from the Board showing the Date of Birth. (Class 10th Passing Certificate)
8. 12th Class (10+2) Migration/Transfer Certificate.
9. Medical fitness certificate
10. Character Certificate in Original with 2 sets attested Photocopy.
11. The candidate should also bring the following certificate(s), if applicable:
  - a. SC/ST caste Certificate issued by the competent authority (Tehsildar) of Uttar Pradesh only.
  - b. Non creamy layer OBC/EWS Certificate issued by the competent authority issued on or after **1st April 2025**. The category should be mentioned in the List of OBC-NCL (Non Creamy Layer) of Uttar Pradesh.
  - c. Persons with Benchmark Disability (PWBD) Certificate issued from a duly constituted and authorized Medical Board as mentioned in the prospectus.
  - d. Dependent of Freedom Fighter certificate issued from District Magistrate.
  - e. Valid Ex-Servicemen (ESM) certificate issued from competent authority.
  - f. Valid NCC certificate 'C' certificate with grade B issued by authorized battalion on prescribed format for NCC.
12. Fees Deposit in Institute as given below:
  - A. BSc. Radiotherapy Technology Students:

Rs.2,000/- deposit in favour of -  
Bank Name: Indian Bank  
IFSC CODE: IDIB000K656  
A/C No. : **20229846433**  
BRANCH: KGMU
  - B. Bachelor of Optometry (B.OPTOM), Bachelor of Medical Laboratory Science (BMLS) and Bachelor of Physiotherapy (BPT)

Deposited Balance amount of Rs.15,250 1<sup>st</sup> Semester by Bank Demand Draft  
In favour of **KGMU Institute of paramedical sciences payable at Lucknow.**



# किंग जार्ज चिकित्सा विश्वविद्यालय उ0प्र0

उत्तर प्रदेश, लखनऊ-226003,

## पैरामेडिकल विज्ञान संकाय

(के0जी0एम0यू0 इंस्टीट्यूट ऑफ पैरामेडिकल साइन्सेज)

email: [kipms@kgmcindia.edu](mailto:kipms@kgmcindia.edu)

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पत्रांक. /KGMUIPMS/20.....

दिनांक :

13. All students who are interested in seeking admission to Paramedical Bachelor Courses are hereby informed that it is mandatory to submit two (02) affidavits, each executed on a ₹10 non-judicial stamp paper.

1. Affidavit-1 (Declaration)
2. Affidavit-2 (छात्रवृत्ति घोषणा पत्र)

The requisite affidavit forms are enclosed herewith for your reference and necessary compliance. You are advised to complete and submit the affidavits within the stipulated time to avoid any inconvenience in the admission process.

**By order**

**Dean**  
**Faculty of Paramedical Sciences, KGMU**



# King George's Medical University

Uttar Pradesh, Lucknow – 226003, India

## Faculty of Paramedical Sciences

email: [kipms@kgmcindia.edu](mailto:kipms@kgmcindia.edu) website: [www.kgmu.org](http://www.kgmu.org)

KGMU Student Enrolment Cum ID Card

Form of application for Admission in Bachelor Course

Photo of  
Student

- ID Card Number (For Office Use) .....
- Previous Enrolment of KGMU (If Any).....
- Enrolment No (For Office Use).....
- Course.....
- Batch.....Selection Category.....
- Blood Group.....Aadhar Card Number.....
1. Full Name (as Given in High School Certificate).....  
In Block letter)
2. Full Name in Hindi.....
3. Father's Name & Occupation.....
4. Mother's Name.....
5. Permanent Address.....  
.....Pin No.....
6. Present Address.....  
.....Pin No.....
- Roll No.(Admission Test).....
- Student (Mobile Number).....Student (WhatsApp Mobile Number).....
- Student (Email ID).....
- Parent (Mobile Number).....Parent (WhatsApp Mobile Number).....
- Parent (Email ID).....
7. Date of Birth (as entered in the .....  
High School Certificate)  
Place of Birth.....Caste.....Sub Caste.....  
Sex.....Religion.....Minority.....
8. Rural/Urban Area.....
9. Length of Residence in Uttar Pradesh.....
10. Married/Unmarried.....
11. Course Duration.....

(Signature of Candidate in full)

### For Official Use

Receipt No.....Book No.....

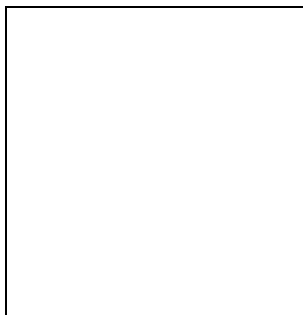
First Fee Receipt Dated.....

Fees for the session.....

# **DECLARATION**

I, Mr./Miss/Mrs. \_\_\_\_\_ D/O / S/O Mr. \_\_\_\_\_ and  
Mrs. \_\_\_\_\_ resident of \_\_\_\_\_ admitted in  
\_\_\_\_\_ course for the academic year \_\_\_\_\_ solemnly declare that:

1. I have not taken admission or continuing in any other course at the time of admission in King George's Medical University UP, Lucknow. At present also, I am not enrolled in any other regular course besides the paramedical bachelor course at KGMU Institute of Paramedical Sciences, King George's Medical University UP, Lucknow. If I apply or opt for any other course in future during my tenure, I will get the no objection certificate from the Dean, Paramedical Sciences or equivalent competent authority for the same. I understand that both my caution money as well as fees will be forfeited in event of leaving the course without passing the exit exam. If I am found to pursue any other regular course apart from present degree course, my degree shall be cancelled and my admission will become null and void. In such situation I am not entitled to claim refund of fees including caution money.
2. I promise to abide by the University rules and regulations in practise as well as imposed from time to time. I promise to wear the specified apron along with nameplate throughout my presence in the University premises.
3. I agree to pay fees as imposed by King George's Medical University UP, Lucknow from time to time.
4. I understand that my roster of posting may involve routine as well as emergency hours.
5. I understand that at least 75% attendance is mandatory to appear in the final examination.
6. I will not take part or involve myself in any anti-social activity or act of misbehaviour in the University premises. If found guilty for so, may be rusticated / expelled / heavily fined as per the discretion of the disciplinary committee.
7. I state that all the documents furnished for eligibility for admission in the \_\_\_\_\_ course are real and have been duly released by the competent issuing authorities. If any of them is found to be fake at any time during or after the admission, I am liable to expulsion from the University.



\_\_\_\_\_  
Signature of the Student

\_\_\_\_\_  
Name of the Student

\_\_\_\_\_  
Course and Year

\_\_\_\_\_  
Signature of the Parent / Guardian

Photograph

Date:

Place:

\_\_\_\_\_  
Name of the Parent / Guardian

## छात्रवृत्ति घोषणा पत्र

मैं.....S/o, D/o, W/o..... एतद् द्वारा यह घोषणा

करता/करती हूँ कि-

- मेरा प्रवेश बैचलर इन..... में होना है।
- छात्रवृत्ति के माध्यम से शुल्क की प्रतिपूर्ति शासन स्तर से नहीं होने पर किंग जॉर्ज चिकित्सा विश्वविद्यालय/के0जी0एम0यू0 फैकल्टी ऑफ पैरामेडिकल साइन्सेज का कोई उत्तरदायित्व नहीं होगा।
- समय-समय पर प्रदेश सरकार द्वारा छात्रवृत्ति प्रतिपूर्ति हेतु जारी निर्देश/शासनादेश मुझ पर लागू होंगे।
- मैं सहमति देता/देती हूँ कि छात्रवृत्ति के माध्यम से शुल्क की प्रतिपूर्ति न होने की दशा में भी अपना प्रवेश बैचलर इन.....में कराने को इच्छुक हूँ।

स्थान..... दिनांक.....

हस्ताक्षर

छात्र/छात्रा

हस्ताक्षर

पिता/माता/अभिभावक