

OFFICE OF THE DEAN & PRINCIPAL
FAKIR MOHAN MEDICAL COLLEGE & HOSPITAL, BALASORE
(Formerly known as Government Medical College & Hospital, Balasore)

At/Po/Dist.- Balasore, Pin- 756019 (Odisha)

E-mail: dean.fmmchb@gmail.com , Tel 06782 – 224901, Fax: 06782 – 224901, Website: www.blsmch.nic.in

No. 1060 /D/FMMCHB

Date: 09.02.24

NOTICE

All the candidates (DMLT/ DMRT/ COTT courses), selected in 1st, 2nd & Spot Round of 2023-24 academic year for FM MCH, Balasore, are hereby instructed to report in the office of the undersigned on the scheduled date with following document. The date wise students list is enclosed with this notice.

SL No.	Date & Time	Courses	Number of students to be reported
1	15.02.2024 from 11 AM to 4 PM with 1 hr Break (1:30PM to 2:30 PM)	DMLT	DMLT- 35 Students
2	16.02.2024 from 11 AM to 4 PM with 1 hr Break (1:30PM to 2:30 PM)	DMLT & COTT	DMLT- 23 , COTT- 09 students
3	17.02.2024 from 11 AM to 4 PM with 1 hr Break (1:30PM to 2:30 PM)	DMRT	DMRT- 28 students

Documents Required:

1. Original Provisional Admission Letter duly signed by the Convenor, Combined Counselling Committee 2023-24
2. Copy of SB Collect Payment/ Challan Slip against admission fees
3. Photocopy of College Leaving Certificate (CLC)/ TC from the institution last attended
4. Original & Photocopy of 10th & 12th Certificates & Marksheets
5. Conduct/ Character Certificate from the institution last attended
6. Category/ Caste Certificate (if any)
7. Resident Certificate
8. Passport size Photo (3 Nos.)
9. Anti-Ragging undertaking (enclosed) by candidates & Parents (Separately)
10. Photocopy of Aadhar Card

[Signature]
- 9.2.24
Dean and Principal,
Fakir Mohan Medical College and Hospital, Balasore

Memo No. 1061 /D/FMMCHB

Date: 09.02.24

Copy forwarded to the Course Coordinators, DMLT & DMRT/ COTT Course, FMMCH, Balasore for information & necessary action.

Copy to Notice Board/ Website for information of the students concerned.

[Signature]
- 9.2.24
Dean and Principal,
Fakir Mohan Medical College and Hospital, Balasore

Dean & principal
Fakir Mohan Medical College
& Hospital, Balasore

REPORTING OF DMLT/ DMRT/COTT STUDENTS OF 2023-24 ADMISSION BATCH AT FMMCH, BALASORE

Date of Reporting - 15.02.2024		
SL No.	Name of Student	Course
1	DEBRAJ MOHANTA	DMLT
2	JAGANNATHA MAJHI	DMLT
3	SOMYA SAGARIKA MOHANTA	DMLT
4	HARAPRIYA BEHERA	DMLT
5	SWETASWARUPA MANDAL	DMLT
6	SUSHREEPRAVA DIXIT	DMLT
7	PUJA RANI BISWAL	DMLT
8	SONALI MOHANTY	DMLT
9	TUHIN MOHANTY	DMLT
10	SUCHISMITA SAHU	DMLT
11	KRISHNA SETHI	DMLT
12	BINAMRATA SAHOO	DMLT
13	SHUBHASHMITA JENA	DMLT
14	KALPANA SAHU	DMLT
15	PUSPITA BEHERA	DMLT
16	DEBASMITA SAHU	DMLT
17	MAHESH RANJAN ROUT	DMLT
18	BASUMATI BEHERA	DMLT
19	JAYALAXMI ROUT	DMLT
20	INDRAJIT ROUL	DMLT
21	ANSHUMAN BARIK	DMLT
22	PRABHASINI SAHOO	DMLT
23	KHUSIPRAVA SETHI	DMLT
24	RAJKISHOR MOHANTA	DMLT
25	UDIT NARYAN HATI	DMLT
26	DEBASMITA BARIK	DMLT
27	SUCHISMITA NAYAK	DMLT
28	USHASHREE MOHANTA	DMLT
29	RASHMIREKHA BISWAL	DMLT
30	KIMIKRISHNA PARIDA	DMLT
31	MONALISA BEHERA	DMLT
32	BANOJ KUMAR BEHERA	DMLT
33	AJIT KUMAR PRADHAN	DMLT
34	SUCHISMITA BEHERA	DMLT
35	PRIYANKA NAYAK	DMLT

Date of Reporting - 16.02.2024		
SL No.	Name of Student	Course
1	PUSPASHREE KAMILA	DMLT
2	OMKAR MANDAL	DMLT
3	SWARUPANANDA PRAMANIK	DMLT
4	ARNAPURNA DAS	DMLT
5	SOUMYA RANJAN PATRA	DMLT
6	ITISHREE SAHOO	DMLT
7	PRITAM PRAMANIK	DMLT
8	SWARIT KUMAR MANDAL	DMLT
9	SUBHASHMITA PANDA	DMLT
10	PRAKASH KUMAR MALLIK	DMLT
11	OMPRAKASH PAIK	DMLT
12	BHARATI DAS	DMLT
13	BIKASH ROUT	DMLT
14	DEEPAK BEHERA	DMLT
15	SWETAPADMA RAY	DMLT
16	DIBYAJYOTI NAYAK	DMLT
17	SIPHAN KUMAR TUDU	DMLT
18	MADHUSMITA MARNDI	DMLT
19	RASHMITA HANSDA	DMLT
20	JOHAN MURMU	DMLT
21	BALAKRAM TUDU	DMLT
22	PANAMANI HANSDAH	DMLT
23	SUNITA SOREN	DMLT
24	SARASWATI PARIDA	COTT
25	ASHUTOSH MOHAPATRA	COTT
26	SANDHYARANI RATH	COTT
27	ABHILIPSA SILA	COTT
28	AMARJYOTI BEHERA	COTT
29	RAJESH KUMAR GANDHI	COTT
30	KANHU CHARAN SAMANTA	COTT
31	SWATI SARITA SWAIN	COTT
32	BIKASH KUMAR SOREN	COTT

Date of Reporting - 17.02.2024		
SL No.	Name of Student	Course
1	RUPASHREE PANDA	DMRT
2	LAXMIPRIYA PANDA	DMRT
3	BHAGYASHREE MOHNATA	DMRT
4	PRIYABRATA SAHOO	DMRT
5	RAJANANDINI SAHU	DMRT
6	RAJANANDINI PATRA	DMRT
7	RASMITA DASH	DMRT
8	AMIT KUMAR PUHAN	DMRT
9	SATYABRATA BEHERA	DMRT
10	MONALISA RATH	DMRT
11	SARASWATI PATRA	DMRT
12	DIPALI ROUT	DMRT
13	ANISHA SAHOO	DMRT
14	ANKITA BISOI	DMRT
15	ITISHREE IPSITA MAJHI	DMRT
16	SUPRIYA ROURAY	DMRT
17	SUBHASHREE BARIK	DMRT
18	DIBYARANJAN KHANDA	DMRT
19	JAYASHREE SAHOO	DMRT
20	RANJAN BISWAL	DMRT
21	BISWAJEET PARIDA	DMRT
22	SUJATA RAUL	DMRT
23	MANASWANI PANIGRAHI	DMRT
24	SUDAM BADI	DMRT
25	SUMITRA BEHERA	DMRT
26	LADLY SWAIN	DMRT
27	SANTILATA MAJHI	DMRT
28	SMRUTI RANJAN SAHOO	DMRT

ANNEXURE I, Part I

UNDERTAKING BY THE CANDIDATE/STUDENT

1. I, _____
S/o. D/o. of Mr./Mrs./Ms. _____,
have carefully read and fully understood the law prohibiting ragging and the directions of the Supreme Court and the Central/State Government in this regard.
2. I have received a copy of the MCI Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.
3. I hereby undertake that-
 - I will not indulge in any behavior or act that may come under the definition of ragging,
 - I will not participate in or abet or propagate ragging in any form,
 - I will not hurt anyone physically or psychologically or cause any other harm.
4. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the MCI Regulations mentioned above and/or as per the law in force.

Signed this _____ day of _____ month of _____ year

Signature

Address: _____

Name:

(1) Witness:

(2) Witness:

ANNEXURE I, Part II

UNDERTAKING BY PARENT/GUARDIAN

1. I, _____
F/o. M/o. G/o _____,
have carefully read and fully understood the law prohibiting ragging and the directions of the Hon'ble Supreme Court and the Central/State Government in this regard as well as the MCI Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.
2. I assure you that my son/ daughter/ ward will not indulge in any act of ragging.
3. I hereby agree that if he/she is found guilty of any aspect of ragging, he/she may be punished as per the provisions of the MCI Regulations mentioned above and/or as per the law in force.

Signed this _____ day of _____ month of _____ Year

Signature

Address: _____

Name:

(1) Witness:

(2) Witness: