

**Dr M K Shah Medical College & Research Centre,
Ahmedabad-382424**

Letter of Joining of 1st M.B.B.S Students

Name of the student :- _____

Permanent Address :- _____

Contact No. _____

Email ID : _____

Date : ____/____/____

To
The Dean,
Dr M K Shah Medical College
& Research Centre, Ahmedabad.

Sub : Submission of Joining of 1st M.B.B.S for Academic year 2023-24

Ref : Admission Order No _____ Date:- ____/____/____

Respected Sir,

As per the admission order issued by the Chairman, Admission Committee for Professional Under Graduate Medical Courses (ACPUGMEC) , Gandhinagar I am giving joining as a 1st M.B.B.S student from today date :

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(DD/MM/YYYY)

Yours Sincerely.

Signature of the Student : _____

Signature of the parents: _____

Sign & Seal of Student Section

DEAN
Dr M.K.Shah Medical College &
Research Centre, Chandkheda,
Ahmedabad