

# જિલ્લા શિક્ષણાધિકારી કચેરી, સુરત

એ3-, જિલ્લાસેવાસદન-૨, અઠવાલાઇન્સ, સુરત

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જા.ક.- મા-૧/NEET/૨૦૨૫/૨૧૦૩

તા. ૦૩/૦૩/૨૦૨૫

પ્રતિ,  
આચાર્યશ્રી,  
યાદી મુજબની શાળાઓ તમામ,  
સુરત, જિ.સુરત.

**વિષય:** NEET પરીક્ષા - ૨૦૨૫ના પ્રાસ્તાવિક પરીક્ષા કેન્દ્રોની યાદી બાબત.

**સંદર્ભ-** ૧. કલેક્ટરશ્રી સુરતની કચેરીના તા.૧૫/૦૨/૨૦૨૫ના પત્ર ક્રમાંક: એ/મકમ-૨/NTA/NEET (UG)-૨૦૨૫/વશી.૩૮૬થી ૩૮૯/૨૦૨૫.

૨. અત્રેની કચેરીના પત્ર ક્રમાંક:મા-૧/NEET/૨૦૨૫/૨૦૯૧, તા.૦૧/૦૩/૨૦૨૫.

ઉપરોક્ત વિષય અને સંદર્ભ અન્વયે જણાવવાનું કે રાષ્ટ્રીય પરીક્ષા એજન્સી દ્વારા અગામી તા. ૦૪/૦૫/૨૦૨૫ના રોજ NEET પરીક્ષા - ૨૦૨૫ અત્રેના જિલ્લામાં આ સાથે સામેલ યાદી મુજબની શાળાઓમાં યોજનાર છે. સદર બાબતે અત્રેની કચેરીના ઉક્ત સંદર્ભપત્ર(૨) પરીક્ષા કેન્દ્રોની યાદી જાહેર કરવામાં આવેલ હતી જે રદ કરવામાં આવે છે. તેમજ નવી યાદી આ સાથે સામેલ રાખી જાહેર કરવામાં આવે છે. સદર બાબતે આ સાથે સામેલ યાદી મુજબની શાળાઓ ખાતે કેન્દ્રિય વિદ્યાલય ઇચ્છનાથ ખાતે ફરજ બજાવતા શિક્ષકશ્રીઓ પરીક્ષા સ્થળોની રૂબરૂ મુલાકાતે આવનાર છે. આથી આ સાથે સામેલ "CONSENT-CUM-AUDIT-FORM" શાળા કક્ષાએ તૈયાર કરી મુલાકાત લેનાર શિક્ષકશ્રીઓને આપવનું રહેશે. તેમજ પરીક્ષા અંગે જરૂરી તૈયારી કરવા જણાવવામાં આવે છે.

**બીડાણ:** ઉપર મુજબ



જિલ્લા શિક્ષણાધિકારી

સુરત, જિ. સુરત

**નકલ સવિનય રવાના:**

આચાર્યશ્રી, કેન્દ્રીય વિદ્યાલય નં-૧, ઇચ્છનાથ, એસ.વી.એન.આઈ.ટી. ની સામે, સુરત

**PROPOSED EXAM CENTRE LIST FOR NEET EXAM-2025**

| SR. NO. | CENTRE NAME AND ADD.                                                                                                            | PRINCIPAL NAME        | MOBILE     | NO. OF<br>STUDENT | NO. OF<br>BLOCKS |
|---------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------|-------------------|------------------|
| 1       | KENDRIYA VIDHYALAY, ICHCHHANATH, OPP. SVNIT COLLEGE, SURAT                                                                      | SHYAM BAHADUR YADAV   | 9013748482 | 480               | 20               |
| 2       | UNNATI ENGLISH ACADEMY, R.S. NO. 38 VARIGRUH OPPRAGHURAMJIPARTY PLOT/RATNAANUSHRI APT NEAR UMRIGAR SCHOOL UMRAS                 | RAJIV SHRIVASTAVA     | 9924182787 | 360               | 15               |
| 3       | AMNS INTERNATIONAL SCHOOL, AMNS TOWNSHIP, HAZIRA, SURAT                                                                         | RAHUL PRADHAN         | 9909954911 | 504               | 21               |
| 4       | AGARWAL VIDYA VIHAR, VESU-ABHWA ROAD, VESU, SURAT VESU, CANNAL ROAD                                                             | CHHAVI RAVI           | 9727761423 | 720               | 30               |
| 5       | G.D.GOENKA INTERNATIONAL SCHOOL SURAT, G D GOENKA INTERNATIONAL SCHOOL WISDOM VALLY CAMPUS RCCCANAL ROAD NEAR ANUVRAT DWAR      | MRS.JAYSHREE CHORARIA | 9512258586 | 504               | 21               |
| 6       | RADIANT ENGLISH ACADEMY PIPOD SURAT GUJ, RADIANT ENGLISH ACADEMY 65 OPP. RAJHANS CINEMA RELIANCE TOWER PIPOD SURAT GUJ.         | L N SINGH             | 9909051003 | 360               | 15               |
| 7       | SHREE SWAMINARAYAN ACADEMY, NR. GNAYANDEEP SOCIETY NEWRANDER ROAD                                                               | MRS SUKL APATRA       | 9898056231 | 600               | 25               |
| 8       | RYAN INTERNATIONAL SCHOOL, PLOT NO-85, KOTYARKNAGAR, OPP. NAVYU G COLLEGE, RANDER ROAD, SURAT, GUJARAT                          | MR DAVID SOLANKI      | 9879072233 | 576               | 24               |
| 9       | THE RADIANT INTERNATIONAL SCHOOL, UGAT CANAL BHESAN ROAD JAHANGIRABAD SURAT GUJARAT                                             | TRUSHAR PARMAR        | 8758866100 | 360               | 15               |
| 10      | SANSKAR BHARTI VIDYALAYA, PALANPUR PATIYA, RANDER ROAD, SURAT-395009                                                            | MANUBHAI PRAJAPATI    | 8283609100 | 480               | 20               |
| 11      | H.M. BACHKANI WALA SARDAR HIGH SCHOOL, PALANPUR PATIYA, RANDER ROAD, SURAT-395009                                               | RITABEN SOLANKI       | 9925414832 | 360               | 15               |
| 12      | PIPERDIWALA ENGLISH MEDIUM HIGH SCHOOL, S.V. PATEL ROAD, RANDER, SURAT-395005                                                   | ADIL M PANWALA        | 9898614020 | 360               | 15               |
| 13      | RMG MAHESHWARI ENGLISH SCHOOL, BLOCK 220, VILLAGE LADVI, SURAT                                                                  | MR. MAHESH WALA       | 9722251181 | 360               | 15               |
| 14      | SANSKAR TIRTH GYANPEETH CHORYASI SURAT GUJ, SANSKAR TIRTH GYANPEETH ABRAMA ROAD MOTA VARACHHA CHORYASI DIST                     | MR MANJEET SUHAG      | 8849939288 | 1008              | 42               |
| 15      | P P SAVANI CHAITANYA VIDYA SANKUL, PP SAVANI VIDYA SANKUL MOA VARACHCHA ABRAMA ROAD                                             | HARISH CHANDER KICHI  | 9828544543 | 1008              | 42               |
| 16      | J B DIAMONDS & KARP IMPEX VIDYA SANKUL, OPP. DIAMOND NAGAR B/H. THAKOR DWARFARM SURAT-KAMREJ ROAD LASKANALASKANATHAKOR DWARFARM | MR. GAURANG PATEL     | 9727018449 | 864               | 36               |
| 17      | SIR V. D.T. GIRLS HIGH SCHOOL, VANITA VISHRAM CAMPUS, ATHWALINES, SURAT-395001                                                  | ANISHABEN MAHIDA      | 9879406931 | 480               | 20               |
| 18      | SHREE R D GHAYEL JIVAN BHARTI MADHYAMIK SCHOOL, KANAKNIDHI COMPLEX, S-3, TIMILIYAWAD ROAD, SURAT-395001                         | PINKIBEN MALI         | 9879264004 | 480               | 20               |
| 19      | ST. XAVIERS HIGH SCHOOL, GHODDOD ROAD, SURAT-395001                                                                             | FR. SUDHIR BHATIYA SJ | 9510310069 | 360               | 15               |
| 20      | LOURDES CONVENT HIGH SCHOOL, OPP. INDOOR STADIUM, ATHWALINES, SURAT-395007                                                      | SISTER BINDHU B       | 9727149303 | 360               | 15               |
| 21      | C.C SHAH SARVAJANIK ENGLISH HIGH SCHOOL, NEAR AMBIKA NIKETAN, PARLE POINT, ATHWALINES, SURAT-395007                             | SUNILBHAI JADAV       | 9723935365 | 360               | 15               |



**PROPOSED EXAM CENTRE LIST FOR NEET EXAM-2025**

| SR. NO.      | CENTRE NAME AND ADD.                                                                                                          | PRINCIPAL NAME           | MOBILE     | NO. OF<br>STUDENT | NO. OF<br>BLOCKS |
|--------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|-------------------|------------------|
| 22           | SHREE GURUKRUPA VIDHYA SANKULCBSE, 65/2 NEAR<br>MONARCH WORKSHOP BEHIND GAYATRI SOCIETY<br>UDHNAGAM                           | DHARMESH VYAS            | 9852091111 | 960               | 40               |
| 23           | SAMITHI ENGMED SCHOOLUDHNA GAMUDHAN<br>SURATGUJ, SAMITHIENGLISHMEDIUMSCHOOL<br>B/HPOSTALSOCIETYUDHNA GAMUDHNA<br>SURATGUJARAT | DR ROOPALI YADAV         | 9558825427 | 576               | 24               |
| 24           | GAJERA INTERNATIONAL SCHOOL UTRAN SURAT GUJ,<br>GAJERA INTERNATIONAL SCHOOL UTRAN POWER<br>HOUSEUTRAN SURATGUJARAT            | MSS. HASHIKALA YADAV     | 7623068384 | 600               | 25               |
| 25           | GAJERA INTERNATIONAL SCHOOL KATARGAM SURAT<br>GUJ, GAJERA INTERNATIONAL SCHOOL AMROLI ROAD<br>KATARGAM SURAT GUJARAT          | MS SONIABUDHIRAJA        | 9748041791 | 480               | 20               |
| 26           | K AND M P VIDHYALAY, AMROLI SURAT                                                                                             | PRATAPSIH BARSADIYA      | 9825860192 | 480               | 20               |
| 27           | GAUTAMI KANYA VIDHYALAY, AMROLI, SURAT                                                                                        | JAYSHREEBEN H. DIVRANIYA | 9427824025 | 480               | 20               |
| <b>TOTAL</b> |                                                                                                                               |                          |            | <b>14520</b>      | <b>605</b>       |

  
 District Education Officer  
 Surat Dist-Surat

# **Consent-Cum-Audit Form**

**Name of Exam: NEET (UG) 2025**

**Dates of Exam: 4 May 2025 (Sunday)**

**Time of Exam: 02:00 PM to 05:00 PM**

[The Institution Premises would be required for **Mock Drill on 03 May 2025 (Saturday)** to ascertain necessary preparations for the Exam on 4 May 2025].

[The typed & signed copy of this Form may be uploaded on the QR code sent along-with the Audit Certificate of DLCC as well as the geotagging of the location and Photographs of the Institution for Exam Centre]

| S. No. | Particulars                                                                                                                                                                                                                     | Response         |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| 1.     | <b>Name of the Institution</b><br>(as per official record):                                                                                                                                                                     |                  |
| 2.     | <b>School/College ID No.</b> (if any)<br>(as per record in UDISE/ABC ID/CBSE/Other Govt. Record):                                                                                                                               |                  |
| 3.     | <b>Type of Institution</b><br>(Secondary School/High School/Higher Secondary School/Inter College/Degree College/Government Autonomous College/State University/Central University/Private University/Deemed To Be University): |                  |
| 4.     | <b>Type of Institution in terms of Management</b> (Central Govt./State Govt. Controlled /State Govt. Aided /Private):                                                                                                           |                  |
| 5.     | <b>Name of the Board/Council/University/Regulatory Body to which it is affiliated:</b>                                                                                                                                          |                  |
| 6.     | <b>Address</b> of the Institution<br>(as per official record):                                                                                                                                                                  |                  |
|        | Landmark:                                                                                                                                                                                                                       |                  |
|        | City:                                                                                                                                                                                                                           |                  |
|        | District:                                                                                                                                                                                                                       |                  |
|        | State:                                                                                                                                                                                                                          |                  |
|        | PIN:                                                                                                                                                                                                                            |                  |
|        | Phone No. (Landline) of Institution:                                                                                                                                                                                            |                  |
|        | Email ID of Institution:                                                                                                                                                                                                        |                  |
| 7.     | <b>Name of Principal:</b>                                                                                                                                                                                                       |                  |
|        | Mobile No.:                                                                                                                                                                                                                     |                  |
|        | Email ID:                                                                                                                                                                                                                       |                  |
| 8.     | <b>Name of Vice Principal</b> (if available):                                                                                                                                                                                   |                  |
|        | Mobile No.:                                                                                                                                                                                                                     |                  |
|        | Email ID:                                                                                                                                                                                                                       |                  |
| 9.     | <b>Name of Examination Incharge:</b>                                                                                                                                                                                            |                  |
|        | Mobile No.:                                                                                                                                                                                                                     |                  |
|        | Email ID:                                                                                                                                                                                                                       |                  |
| 10.    | <b>Distance</b> from:                                                                                                                                                                                                           | In K.M (approx.) |
|        | a) City Centre                                                                                                                                                                                                                  |                  |
|        | b) Bus Stand<br>(Please also mention the name)                                                                                                                                                                                  |                  |
|        | c) Railway Station<br>(Please also mention the name)                                                                                                                                                                            |                  |
|        | d) Local Police Station<br>(Please also mention the name)                                                                                                                                                                       |                  |
| 11.    | <b>No. of Rooms</b> available with Desks/Benches in good condition to                                                                                                                                                           |                  |



|     |                                                                                                                                                                                                 |      |        |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------|
|     | accommodate at least 24 Candidates in each Room - 4 Rows/6 Candidates in each Row:                                                                                                              |      |        |
| 12. | Whether <b>adequate No. of suitable Desks/Benches are available in good condition</b> to accommodate the no. of candidates as mentioned below (1 candidate per Bench/Desk)? (Yes/No):           |      |        |
| 13. | <b>Total No. of Candidates that could be accommodated</b> in the Institution as an Exam Centre:<br>360 <input type="checkbox"/><br>480 <input type="checkbox"/><br>960 <input type="checkbox"/> |      |        |
| 14. | <b>Available Manpower</b>                                                                                                                                                                       |      |        |
|     | a. <b>No. of Teachers/ Faculties</b> available for Invigilation(@02 per Room)/Coordination/Supervision:                                                                                         |      |        |
|     | b. No. of Administrative Staff:                                                                                                                                                                 |      |        |
|     | c. No. of Peons/Attendants:                                                                                                                                                                     |      |        |
|     | d. No. of Security Guards:                                                                                                                                                                      |      |        |
|     | e. Whether there are adequate <b>lighting, ventilation</b> & no. of functional <b>Fans</b> in every classrooms? (Yes/No):                                                                       |      |        |
|     | f. Whether there is a functional <b>Wall Clock</b> in every classrooms? (Yes/No):                                                                                                               |      |        |
|     | g. Whether there is <b>power backup</b> (Generator Set) available? (Yes/No):                                                                                                                    |      |        |
| 15. | No. of Functional <b>Washrooms</b> available in each Floor:                                                                                                                                     | Male | Female |
|     | Ground Floor                                                                                                                                                                                    |      |        |
|     | First Floor                                                                                                                                                                                     |      |        |
|     | Second Floor                                                                                                                                                                                    |      |        |
|     | Third Floor                                                                                                                                                                                     |      |        |
|     | Whether washrooms are hygienic & well maintained? (Yes/No):                                                                                                                                     |      |        |
| 16. | Whether adequate <b>Drinking Water</b> Facilities are available? (Yes/No):                                                                                                                      |      |        |
| 17. | Whether <b>Emergency Exit Routes</b> clearly marked and functional? (Yes/No):                                                                                                                   |      |        |
| 18. | Whether the Institution has proper <b>Boundary Wall</b> ? (Select Yes/No):                                                                                                                      |      |        |
| 19. | <b>Facilities for PwD Candidates:</b>                                                                                                                                                           |      |        |
|     | a. Whether Ramp Facility is available? (Yes/No):                                                                                                                                                |      |        |
|     | b. Whether Wheel Chairs are available for PwD Candidates? (Yes/No):                                                                                                                             |      |        |
|     | c. Whether there is a Class Room in the Ground Floor for accommodating Physically Handicapped (PH) Candidate(s)? (Yes/No):                                                                      |      |        |
| 20. | <b>Distance</b> from City Center (From Railway Station (in KM)/From Bus Stand (in KM) Proximity to Nearest Bank):                                                                               |      |        |
| 21. | Is designated <b>Frisking Area(s)</b> for Male & Female Candidates (with closed                                                                                                                 |      |        |

|     |                                                                                                                                                                                                                                                                                                             |    |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
|     | enclosure) available? (Yes/No):                                                                                                                                                                                                                                                                             |    |
| 22. | <b>Status of CCTV Coverage:</b>                                                                                                                                                                                                                                                                             |    |
|     | a. No. of <b>Class Rooms</b> for the Exam covered by CCTV with proper angle (without blind spot):                                                                                                                                                                                                           |    |
|     | b. Whether <b>Control Room</b> for the Exam is covered by CCTV with proper angle (without blind spot):                                                                                                                                                                                                      |    |
|     | c. Whether the <b>Entry Gate</b> is covered by CCTV (from inside and outside) with proper angle:                                                                                                                                                                                                            |    |
| 23. | <b>Previous Experience</b> of conducting the <b>OMR Based Competitive Exam</b> (NEET UG/All India Sainik School Entrance <b>Examination/Any Other</b> ) conducted at this Institution):                                                                                                                     |    |
|     | Name of Exam:                                                                                                                                                                                                                                                                                               |    |
|     | Conducting Organization:                                                                                                                                                                                                                                                                                    |    |
|     | Date of Exam:                                                                                                                                                                                                                                                                                               |    |
|     | No. of Candidates scheduled:                                                                                                                                                                                                                                                                                |    |
|     | No. of Rooms utilized:                                                                                                                                                                                                                                                                                      |    |
| 24. | Is the Center associated with any <b>Coaching Institute?</b> (Yes/No) If so, details thereof:                                                                                                                                                                                                               |    |
| 25. | <b>Undertaking to the effect that it will be possible for this Institution to spare the services of:</b>                                                                                                                                                                                                    |    |
|     | a) Principal/Vice Principal/HOD/Dean of School (as the case may be) as <b>Centre Superintendent</b>                                                                                                                                                                                                         | 01 |
|     | b) Vice-Principal/Associate Professor/Senior Lecturer / PGT as <b>Deputy Superintendent(s)</b>                                                                                                                                                                                                              | 01 |
|     | c) No. of <b>Teachers/Faculties</b> for Invigilation (@02 Invigilators per room of 24 Candidates for the No. of Rooms to be made available for the Exam)                                                                                                                                                    |    |
|     | d) No. of <b>Administrative / Office Staff</b>                                                                                                                                                                                                                                                              |    |
|     | e) No. of <b>Support Staff</b> (Security Guard/ Peon/ Safai Karamchari)                                                                                                                                                                                                                                     |    |
| 26. | Necessary arrangements & <b>Mock Drill</b> at this Institution will be carried out on <b>3 May 2025</b> by the designated Centre Superintendent with the support of Dy. Superintendent, etc. and in the presence of the NTA Observer and Representative(s) of District Level Coordination Committee (DLCC). |    |
| 27. | Details of the nearest <b>SBI/CANARA Bank/Any other Nationalised</b> (Branch Name & Complete Address with Landmark; Pin Code; IFSC Code; Name, Mobile No. & Official Email of the Branch Head)                                                                                                              |    |
| 28. | <b>Bank Details of the Institution</b> for remittance of Payment of Institution Fee & Remuneration to Exam Functionaries (A copy of <b>cancelled cheque</b> may also be attached):                                                                                                                          |    |
|     | Name of Account Holder:                                                                                                                                                                                                                                                                                     |    |
|     | Account No:                                                                                                                                                                                                                                                                                                 |    |
|     | Bank Name:                                                                                                                                                                                                                                                                                                  |    |
|     | Branch Name:                                                                                                                                                                                                                                                                                                |    |
|     | IFSC Code of Branch:                                                                                                                                                                                                                                                                                        |    |
| 29. | Whether <b>Physical Centre Audit Certificate</b> of DLCC has been uploaded along with the <b>Photographs/ Visuals</b> of the Institution (Entry Gate, Building                                                                                                                                              |    |



|     |                                                                                                                                                                                                                |  |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|     | Entries, Classrooms, Control Room, Washrooms) through the Link provided to the DLCC earlier? (Yes/No). If so, the <b>Date of Audit</b> and <b>Date of Uploading</b> of the Audit Certificate may be mentioned. |  |
| 30. | Any other important observation/feedback /suggestion?                                                                                                                                                          |  |

1. It is certified that no other examination/activity at this Institution Building(s)/Premises has been/will be fixed on the Day of the above-mentioned Examination (**4 May 2025**).
2. It is also certified that none of my children or children of my near relatives is taking the **NEET UG 2025** Examination.
3. It is further certified that No- Relation Certificate shall be obtained from the Teaching & Non-Teaching Staff to be engaged for Exam Duties at this Institution as the Exam Centre for **NEET UG 2025**.

I ..... (Name of the Principal/Registrar/Director of the above-mentioned Institution) do hereby undertake to make necessary arrangements as per the guidelines/instructions to be received from NTA directly or through DLCC for the smooth & fair conduct of the above-mentioned Examination on 04 May 2025 at my Institution.

(Signature)

Name:

Designation: Principal /

Registrar/Director

Institution Seal

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(TO BE USED BY THE CENTRE AUDITING OFFICIALS)

Observations:

Recommendations:

(Signature)

Name:

Designation:

City Coordinator

**Counter signed by the Members of the DLCC**