

12. Marks obtained in:

(a) 10 +2 Science or equivalent examination:

Subject	Marks obtained	Pass Mark	Marks allotted	Percentage of marks obtained	Verification (for office use only)
English					
Physics					
Chemistry					
Biology					
TOTAL				without English	

Name of Institution
(With address):

University / Board:

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(b) B. Sc. With any two of the subjects (Physics, Chemistry, Botany & Zoology):

Subject	Marks obtained	Marks allotted	Percentage of marks obtained	Verification (for office use only)
Physics				
Chemistry				
Botany				
Zoology				
TOTAL				

Name of Institution
(With address):

University / Board:

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(c) Rank of National Eligibility cum Entrance Test (NEET/UG), 2021.....

Medical Fitness Certificate

This is to certify that Mr/Ms
son/ daughter ofis found
medically fit except(indicate if the person has any other weaknesses & cases
though he/she is found medically fit) for undergoing the applied course anywhere in the country.

Signature:
(Registered Medical practitioner)
Name
Seal

13. List of enclosures (Please Tick):

- 1) 3 recent passport size photographs (including one 3.5 cm x 4.5 cm size) []
- 2) Mark sheet & Certificate of HSLC Examination as age proof certificate (duly self-attested). []
- 3) Character Certificate from the school last attended. []
- 4) Marks sheet & Certificate of qualifying exam. passed (duly self-attested) []
- 5) SC / ST Certificate (as per enclosed formats) []
- 6) Ex-Serviceman / Armed Forces Personnel Certificate []
- 7) Meritorious Sports person Certificate []
- 8) Banker's Cheque / Demand Draft / Cash []
- 9) Domicile / Residential / Employment Certificate (as per enclosed formats) []
- 10) Mark sheets & Certificate of 10 + 2 / B.Sc. & earlier qualifying exam. For B.Sc. Candidates (duly self-attested) []
- 11) Admit Card of qualifying exam. (pending declaration of result) []
- 12) Disability Certificate (To obtain from Medical Board, Medical Directorate, Lamphel). []
- 13) OBC Certificate. The certificate should be within the validity period and clearly indicate the applicants status in terms of sub-divisions of OBC e.g. Meitei, Meitei Pangal, Others etc. []
- 14) Copy of Score Card of NEET of Current Year (duly self-attested) []

“DECLARATION BY THE APPLICANT”

I..... Son/Daughter of Shri/Smt
..... Aged.....(D.O.B.....)
resident of..... District

..... Manipur hereby declare that the information given above and in
the enclosed documents are true to the best of my knowledge and belief and nothing has been concealed
therein. I am aware of the fact that if the information given by me is proved false/not true, I will have to
face the criminal proceeding as per provision of section 177,193,197,198,199 and 200 of the Indian Penal
Code and any suitable provision of the Law. Also all the benefits availed by me shall be summarily
withdrawn.

Note: Inserted vide Gazette Notification No.1202 dt. March, 9, 2016.

Signature of the candidate:

Place:

Date:

Full Name of the Candidate
(in his/her own hand writing)

(I) DOMICILE CERTIFICATE

Certified that Shri/Km/Smt.
S/o, D/o, Shri/Smt.....
of (Address) is a domicile of Manipur by birth.

Seal of office:

Date:

Signature of Deputy Commissioner.

OR, (II) RESIDENTIAL CERTIFICATE

Certified that Shri/Smt.
F/o, M/o, Shri/Km/Smt.....
of (Address)
has been residing continuously for the last 20 years in Manipur.

Seal of office :

Date :

Signature of Deputy Commissioner.

OR, (III) EMPLOYMENT CERTIFICATE

Certified that Shri/Smt.
F/o, M/o, Shri/Km/Smt.
is an employee of the Government of Manipur/an Institution/Organization which is a body substantially
owned or controlled by the Government of Manipur and he/she is employed as
in the (name of Institution/Organisation)

Seal of office :

Date :

Signature of the Head of Department

ACKNOWLEDGEMENT SLIP

ENROLMENT NO. :.....

This is to acknowledge, receipt of completely filled in prescribed form to register in the list of candidates who are to undergo counseling for admission to MBBS/BDS/BASLP Courses - 2021 in Medical /Dental colleges inside /outside Manipur for the academic session, 2021.

Name of the Candidate : _____
(full name in Block letters)
Signature of the Candidate: _____

Date of submission of form
Date Month Year DD MM YY

Permanent address of Candidate: _____

Contact No. of Candidate: (1) _____ (2) _____

Acknowledged by:

Officer-in-charge,
Medical Directorate, Lamphel.

ACKNOWLEDGEMENT SLIP

ENROLMENT NO. :.....

Affix photograph
duly attested by
Gazetted officer/ self

Size: 3.5 cm x 4.5 cm

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Acknowledged by:

Officer-in-charge,
Medical Directorate, Lamphel.