		Schedule – I APPLICATION FO	RM		9
NEET Roll No.	AND THE PROPERTY OF THE PROPER		***************************************	ET Assam	State Rank
APPLICATION FOR		ubmitted at the time of NTO MBBS/BDS COURSE			ION, 20
IMPORTANT IN		×		_	
	ules and the Instructions ball pen for filling the f	carefully before filling th	is form		
◆ The model and a described of the Control of t	оскі ві ві ві посків во Міноскія на навишення відно від задачання від від на под від від на под від від на под				te the passport size oh (Not to be stapled)
2. Father's Name:					
3. Mother's Name	:			permanentario de la companie de la c	3
4. Full Postal Addr	ess for communication	n:			ture of the candidate thin the Box)
P.O.:		PINState			
Telephone No. (v	with STD Code)	Mobile	No.		
E-Mail address (if	fany)				
		DI) N	1M	YY
1. Age on 31st Deco	ember of the year of a				
2. Permanent Home	Address: Locality	:			
(write only if sep	arate from Sl No.4) P	ost office:			
	P.O.	-Division:		.PIN	
3. Physical Identific					
4. Nationality	9. S1	tate in which Applicant	is a permaner	nt Resident:	***.*****
10. University /Boa	rd / Council Registrat	ion No			
2 N 10 N 20 N 10 N 10 N 10 N 10 N 10 N 1		ch state quota seat is so			
Gen 🔘	sc ()	ST(P)	ST(H)		овс/мовс ()
Moran O	Motak (рн 🔘	CA O		FF 🔾
TGL/Ex-TGL (C Ext.V	ExS/SDP ()	Martyrs	0	Sports (
12. Course of Choice	ce in order of Preferen	ice (write 1 st / 2 nd in the	appropriate b	oox)	
M.B.B.S.	B.D.S				

13. College of Choice in order of Preference (Write 1st / 2nd / 3rd /...... in the appropriate

box)								
1. A.M.C.		2	2. G.M.C.] 3.	S.M.C		
4. J.M.C.		5	5. F.A.A.N	И.С.		6. T.M.	C	
7. R.D.C.								
14. Details of Ex	kamination	passed (atta	ach true o	f the certifi	cates)			
Examination	Name of	CONTRACTOR	**************************************	Institute fr	om	Year of	Division	% of
	University	/Board/Cou	ıncil	where passed		passing		marks
	etc.			Name	State			
HSLC or		•						
equivalent	4444	***************************************						
H.S.S.L.C or equivalent (Sc.)								
Laurence Marco marco con correct consecutive conflicts concern for executive	COLUMNIC PER COLUMNIC PER ABOUT A STATE A STAT	all demands and beatter, we distribute that all the love of the control of the co			***************************************	et til det sensker er en som skrifte de sensker skilde de ser in.	Sen de ministrativo de la companya d	
15. Percentage o	f marks ob	tained in H	S/10+2c	or equivale	nt Examina	tion (Atta	ich true cop	y of
mark sheets)								
						10/ 6:	1	<u>~1</u>
Subject	Maximu			btained	Total marks of		arks in Phy Biotech in	, Che.
	Theory	Practical	Theory	Practical	each			
		•			subject	aggreg	ale	
Physics				AND THE PROPERTY OF THE PROPER				
, and the second			e e					
Chemistry								
D'-1/						-		
Biology/								
Biotechnology English						-		
English					1			
	* x	DECLARA	TION B	Y THE CA	ANDIDAT	E		
T 3 1	4 4 4 - 4		1 Al C-		£11 a d avec		1	
the entries made		ove entries						
agree that if any								
action against me						ii iiuvo tii	o ngin to n	ine legar
		t there is no	_		nduct again	st me and	I have nev	er been
convicted for any	y offence in	nvolving mo	oral turpit	ude.				
Data .			1.0					
Date :				•				
1 1400								
					Sign	ature of t	he Candida	te in full

DECLARATION BY THE PARENT / GUARDIAN

I, further declare that there is no allegation of misconduct against my son / daughter / ward and he / she has never been convicted for any offence involving moral turpitude.

I, further declare that if any statement is proved to be false then the authority shall have right to take legal action against me and my son / daughter for submitting false information and statements.

I certify that the particulars stated in this application by my son / daughter / ward are true to the best of my knowledge and if it is proved that the information is fraudulent, I am liable to criminal prosecution

Signature of the gazetted office	er in
Presence of whom the parent	guardian
put his / her signature	•

Signature	of the	parent/Guardian	
Full name	•••••		• •

Designation of the	Officer	Seal of the O	ffice

INSTRUCTION TO ALL CANDIDATES

- Candidate must produce the filled up Application Form along with all the relevant certificates in the Annexures within the Application Form.
 Signature and counter signature as noted thereon.
- 2) All applications shall have to produce the original copies of the following documents along with their completed Application From at the time of counselling, if called for.
 - a) Admit card and pass certificate of HSLC or equivalent examinations.
 - b) Marks sheet and pass certificate of HSSLC (Sc.) or equivalent examination.
 - c) Caste Certificate.
 - d) Permanent Residential Certificate.
 - e) Admit Card of the NEET.
 - f) Other Reservation quota certificate.
- 3) The candidate must be physically present at the time of counselling.
- 4) A set of self-attested/ signed photocopies of the above mentioned (at Instruction Point -2) original documents must be submitted at the time of Counselling.

SCHEDULE - I ANNEXURE - I

(As per the admission rule for MBBS/BDS courses	this certificate is to be issued only to one i.e. in the
name of the candidate or his /her father/mother	whoever is residing in Assam continuously for a
minimum peri	od of 20 years).

PERMANENT RESIDENCY CERTIFICATE OF CANDIDATE OR HIS/HER FATHER/MOTHER

(Certificate of 20 years of continuous Residency in Assam)

	This is to certify that the following person:
1	Name:
I	Relation of the above person with the candidate - the candidate himself or herself
father of the car	ndidate / mother of the candidate (give tick mark at the proper relation)
I	Is residing in village/Town
PS	, Mouza, District of
Assam continuo	ously for years as per available documents and records.
This cer	tificate is issued only for admission into Educational Institutions.
	Signature of Deputy Commissioner or his/her authorized Officer of the concerned District
Date:	
*	Full Name of the Certifying Officer

SCHEDULE - I ANNEXURE – II

CERTIFICATE OF STUDY IN ASSAM BY THE CANDIDATE

(Separate Certificate in this format shall have to be submitted if studied at more than one school. Please do photocopies of this format accordingly before filling it up)

Name of Candidate

Name of Father

Name of Mother

Residential Address :
Certified that the above named candidate/person has studied in my school and his/her
particulars during his/her study in my school as obtained from school records is given below -
Date of Admission :
Class in which admitted:
Class in which candidate left school:
Date of leaving School:
Reason for leaving School:
2. Transferred to other School
3. Any other reason
The information provided above are true to my knowledge and belief and records.
Full Signature of the Head Master/Principal
Seal with date
ocal with tale
Full Name of the Head Master/Principal
INSTRUCTION:
Certificate without the signatures as specified above shall not be accepted.

(iv)

concerned.

the respective jurisdiction

SCHEDULE - I ANNEXURE - III

CERTIFICATE OF CASTE FOR THE CANDIDATES BELOING TO **OBC/MOBC CATEGORY (NON CREAMY LAYER)**

Name of Candid	late :		
Name of Father	;		
Name of Mother	: :		
Residential Add	ress :	Village:	
		PO	
		PS	
		Sub-Division	
		District	
		PIN	
		r IIV	
	Certified that th	e above named candidate/person belongs to Other Backward Classes/ M	lore
		/her Sub-Caste is and communi	
			<i>ij</i> 13
***************************************		······································	
1.0	This is also ce	rtified that the above named person falls under the category of Non	Creamy
Layer of OBC/M			
W)	This certificate	is issued to the candidate after making proper enquiry to his/her caste sta	atus as
per prevailing ru	les of Assam ar	d guidelines issued by Govt. of India from time to time.	
Signature of the	Identifizing Aus	hority	
		thority	
Date:		and the same of th	
	S.		
		Countersigned by the DC / SDO of the concerne	d
		District/ Sub-Division	
		Full Name of the Certifying Officer	
		D	
		Date:	
\$10° MAC \$100° MAC \$40° MAC \$10° MAC \$1	***		
INSTRUCTION			
a) Sub c	aste and/ or Co	nmunity in the certificate must be mentioned.	
		gnature of both the Authorities / Officers shall not be accepted.	
	ture of any one	of the following Identifying Authority is a must- b-Divisional Dev. Board for the Welfare of the Other Backward Class w	zithin
. ,	respective Sub-		1011111
		Assam State Advisory Council for the Welfare of the Other Backward C	lasses
,	within the respe	ctive District to which the Member belongs.	
(iii)	President / Secr	etary of All Assam Other Backward Class Association within the jurisdic	ction

President / Secretary of District/Sub-divisional Other Backward Classes Association within

SCHEDULE - I ANNEXURE - IV CERTIFICATE OF CASTE FOR THE CANDIDATES BELOING TO SC CATEGORY

Name of Candidate		
Name of Father		
Name of Mother		
Residential Address	Village:	
	PO	
	PS	
	Sub-Division	
	District	
	PIN	
	1 114	
	Contifficial that the above named condide	ota/waysan halawaa ta Sahadulad Casta and
1: 0 0 1 0		ate/person belongs to Scheduled Caste and
his/her Sub-Caste is	and commu	unity is
	sam and guidelines issued by Govt. of	r making proper enquiry to his/her caste status as f India from time to time.
	ng Authority	
Date with seal		
,	*	Signature of the Sub-Divisional Officer of the concerned Sub-Division
	,	Date with seal
	Signature of the DC of the District	e concerned
	Date with seal	
b) Certificate without s c) Signature of any one (i) Chairn	nunity in the certificate must be ment ature of both the Authorities / Office the following Identifying Authority i of Sub-Divisional Scheduled Caste I	rs shall not be accepted. is a must- Dev. Board.
(ii) Preside	/ Vice-President of the Assam Anusu	ichit Jati Parishad.

President of District level Assam Anusuchit Jati Parishad.

President / Vice-President of All Assam Mali Samaj. President of District Committee of All Assam Mali Samaj.

President of Sub-Divisional level Assam Anusuchit Jati Parishad.

President of Sub-Divisional Committee of All Assam Mali Samaj.

President/Secretary All Assam Schedule Caste Dhobi People Welfare Council.

(iii)

(iv) (v)

(vi)

(vii)

(viii)

SCHEDULE - I ANNEXURE - V CERTIFICATE OF CASTE FOR THE CANDIDATES BELOING TO ST(P)/ ST(H) CATEGORY

Name of Candidate	•	
Name of Father	:	
Name of Mother	:	
Residential Address	;	Village:
		PO
		PS
		Sub-Division
		District
¥.		PIN
Certified that	the abov	e named candidate/person belongs to (Name of the tribe)
		which is approximated as
***************************************	Tribe	which is recognized as
		the Constitution (Schedule Tribes) order 1950 as amended from time to time.
This certificate	under	
This certificate prevailing rules of Ass	under e is issued am and g	the Constitution (Schedule Tribes) order 1950 as amended from time to time. If to the candidate after making proper enquiry to his/her caste status as per
This certificate prevailing rules of Ass Signature of the All Assam Tribal Sang	e is issued am and g ne Preside gha/ Distr	the Constitution (Schedule Tribes) order 1950 as amended from time to time. If to the candidate after making proper enquiry to his/her caste status as per suidelines issued by Govt. of India from time to time.
This certificate prevailing rules of Ass Signature of the All Assam Tribal Sang	e is issued am and g ne Preside gha/ Distr	the Constitution (Schedule Tribes) order 1950 as amended from time to time. If to the candidate after making proper enquiry to his/her caste status as per juidelines issued by Govt. of India from time to time. Interview of the Constitution (Schedule Tribes) order 1950 as amended from time to time.
This certificate prevailing rules of Ass Signature of the All Assam Tribal Sang	e is issued am and g ne Preside gha/ Distr	the Constitution (Schedule Tribes) order 1950 as amended from time to time. If to the candidate after making proper enquiry to his/her caste status as per juidelines issued by Govt. of India from time to time. Interview of the Constitution (Schedule Tribes) order 1950 as amended from time to time.
This certificate prevailing rules of Ass Signature of the All Assam Tribal Sang	e is issued am and g ne Preside gha/ Distr	the Constitution (Schedule Tribes) order 1950 as amended from time to time. If to the candidate after making proper enquiry to his/her caste status as per juidelines issued by Govt. of India from time to time. Pent/Vice-President of ict Unit of Assam Tribal Sangha
This certificate prevailing rules of Ass Signature of the All Assam Tribal Sang	e is issued am and g ne Preside gha/ Distr	the Constitution (Schedule Tribes) order 1950 as amended from time to time. If to the candidate after making proper enquiry to his/her caste status as per juidelines issued by Govt. of India from time to time. Int/Vice-President of ict Unit of Assam Tribal Sangha Counter Signature of the DC of the concerned District
This certificate prevailing rules of Ass Signature of the All Assam Tribal Sang	e is issued am and g ne Preside gha/ Distr	the Constitution (Schedule Tribes) order 1950 as amended from time to time. If to the candidate after making proper enquiry to his/her caste status as per juidelines issued by Govt. of India from time to time. Pent/Vice-President of ict Unit of Assam Tribal Sangha Counter Signature of the DC of the concerned

SCHEDULE - I ANNEXURE - VI CERTIFICATE FOR TGL/Ex- TGL COMMUNITY

Sub- Divn
ngs to the TGL / Ex-TGL Communities of Assam.
Signature of Deputy Commissioner/
his authorised signatory of the Concerned
District Seal with Date:
Seal with Date:

INSTRUCTION:- Certificate without signature of both the Authorities / Officers shall not be accepted.

SCHEDULE - I ANNEXURE - VII CERTIFICATE IN CASE OF CANDIDATE APPLIED AGAINST CHAR AREA QUOTA

This is to certify that Shri / Smti	son/daughter
of c	of Village
P.O under P.S	of District
belongs to a Socially, Economically and Education	nally Backward family ordinarily residing at
which is covered by the	Assam State Char Area Devlopment Authority.
The name of the father / mother of Shri / Smti	is in the
voter list prepared by the appropriate authority	L.A.C. and in the
village at Serial No	of the voter list published
in the year	,
Signature	Signature of DC / SDO (C) of
	Concerned District / Sub-Division
Designation (Assam State Char Area Development Authority)	
(Office Seal)	(Office Seal)

<u>INSTRUCTION</u>:- Certificate without signature of both the Authorities / Officers shall not be accepted.

SCHEDULE - I ANNEXURE - VIII

(Certificate for reservation of son / daughter of Ex-servicemen / Serving Defence Personnel hailing from Assam)

This is to certify that Sri	father
of Shri/ Smti	under
P.O	P.Ssub-division in
the district of	has served / is serving under the Indian Army / Navy / Airforce in
the rank of	
Counter Signature of	Signature of Competent
Director of Sainik welfare, Assar	Authority
Seal with Date	Seal with Date

<u>INSTRUCTION:</u>- Certificate without signature of both the Authorities / Officers shall not be accepted. Competent Authority in case of Ex-Servicemen is the Director, Sainik Welfare, Assam and Competent Authority in case of Serving Defence personnel is the commanding officer of the concerned unit of Army / Navy / Airforce.

SCHEDULE - I ANNEXURE - IX

CERTIFICATE OF SON / DAUGHTER / BROTHER / SISTER OF PERSON KLLLED IN EXTREMIST VIOLENCE OF ASSAM

(strike off which is not applicable)

Name of Candidate	:		
Name of Father	:		
Name of Mother	:		
Residential Address	:	Village:	
		PO	
		PS	
		Sub-Division	
		District	
		PIN	
killed in extremist vi	olence)	who was killed in extremist violence in the year	sor
at		who was killed in extremist violence in the year	
atDivision		under PS S	ub-
at Division Signature of Police C	Officer	signature of DC / SDO (C) of Concerned	ub-
at Division Signature of Police C	Officer	under PS	ub-
at Division Signature of Police C	Officer	under PS	ub-
at Division Signature of Police C Case No under P.S	Officer	under PS	ub-
at Division Signature of Police C	Officer	under PS	ub-

<u>INSTRUCTION</u>:- Certificate without signature of both the Authorities /Officers shall not be accepted.

SCHEDULE - I ANNEXURE - X ERTIFICATE OF SON / DAUGHTER / BROTHE

CERTIFICATE OF SON / DAUGHTER / BROTHER / SISTER OF MARTYRS OF ASSAM MOVEMENT

Name of Candidate	:				
Name of Father	;				
Name of Mother	:				
Residential Address	: Village:				
	РО	***************************************		v.	
	PS				
	Sub-Division	••••••			
	District				
	PIN				
Cortified that th	a abaya namad aandidata/nara	on is the Son/ Daughter	/ Drothar/ Sister	(etrike off whi	ch
	e above named candidate/perso ate				
	e in the year				
	Sub-Division		in the	district	of
	on (Date)				
Signature of Police Offi Case No.		Signature of DC/ SD Division	O © of Concerne	d District / Sub	j —
P.S					
Date	•••••	Date			
			8		
		N			
Seal		Seal			
			*		
		1		- 1	
			•		

INSTRUCTION:- Certificate without signature of both the Authorities / Officers shall not be accepted.