

Schedule – I
APPLICATION FORM

NEET Roll No. NEET Assam State Rank

(To be submitted at the time of Counseling)

APPLICATION FORM FOR ADMISSION INTO MBBS/BDS COURSES (STATE QUOTA), SESSION, 20.....

IMPORTANT INSTRUCTIONS:

1. Please read the Rules and the Instructions carefully before filling this form
2. Use blue or black ball pen for filling the form.

To paste the passport size
photograph (Not to be stapled)

1. Name (in Black Letters) :

2. Father's Name :

3. Mother's Name :

4. Full Postal Address for communication :

Full Signature of the candidate
(within the Box)

C/O:

Vill :

P.O. : PIN

Dist: State

Telephone No. (with STD Code)

Mobile No.

E-Mail address (if any)

1. Age on 31st December of the year of admission

DD

MM

YY

2. Permanent Home Address : Locality :

(write only if separate from Sl No.4) Post office:

Sub-Division: P.S.

P.O. PIN

Dist State

3. Physical Identification Marks (a).....(b).....

4. Nationality 9. State in which Applicant is a permanent Resident:

10. University /Board / Council Registration No.

11. Category / categories code under which state quota seat is sought. (darken the appropriate circle/cirles)

Gen ☐ SC ☐ ST(P) ☐ ST(H) ☐ OBC/MOBC ☐Moran ☐ Motak ☐ PH ☐ CA ☐ FF ☐TGL/Ex-TGL ☐ Ext.V ☐ ExS/SDP ☐ Martyrs ☐ Sports ☐12. Course of Choice in order of Preference (write 1st / 2nd in the appropriate box)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. G.M.C.

3. S.M.C.

4. J.M.C.

5. F.A.A.M.C.

6. T.M.C.

7. R.D.C.

14. Details of Examination passed (attach true of the certificates)

Examination	Name of University/Board/Council etc.	Institute from where passed		Year of passing	Division	% of marks
		Name	State			
HSLC or equivalent						
H.S.S.L.C or equivalent (Sc.)						

15. Percentage of marks obtained in HS /10 +2 or equivalent Examination (Attach true copy of mark sheets)

Subject	Maximum marks		Marks obtained		Total marks of each subject	% of marks in Phy, Che. & Bio/Biotech in aggregate
	Theory	Practical	Theory	Practical		
Physics						
Chemistry						
Biology/ Biotechnology						
English						

DECLARATION BY THE CANDIDATE

I declare that the above entries in the form has been filled up in my own handwriting and the entries made are correct as per my documents and to the best of my knowledge and belief. I agree that if any statement is proved to be false then the Authority shall have the right to take legal action against me for submitting false information or statements.

I further declare that there is no allegation of misconduct against me and I have never been convicted for any offence involving moral turpitude.

Date :

Place :

.....
Signature of the Candidate in full

DECLARATION BY THE PARENT / GUARDIAN

In the event of my Son / Daughter/ Ward Shri/ Smti being admitted in any institution, I shall be responsible for his/ her conduct and undertaken to pay his / her college dues, hostel dues and other expenses during his / her studentship in the college, I also undertake to withdraw him/ her from the college, should the authorities concerned decided that such withdrawal is necessary in the interest of the college or in the event of inability to pay his / her college or hostel dues in time or due to his / her unsatisfactory result and attendance and conduct after clearance of all his / her dues if any and without claiming any compensation from the Government or the college authorities.

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 officer in
Presence of whom the parent / guardian
put his / her signature

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

Designation of the OfficerSeal of the Office

INSTRUCTION TO ALL CANDIDATES

- 1) 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 Form 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 period 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 :

Name:.....

Relation of the above person with the candidate – the candidate himself or herself /
father of the candidate / mother of the candidate (give tick mark at the proper relation)

Is residing in village/Town..... PO.....
PS....., Mouza....., District..... of
Assam continuously for years as per available documents and records.

This certificate 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 :

1. Completed course
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.....

Full Name of the Head Master/Principal.....

INSTRUCTION :

Certificate without the signatures as specified above shall not be accepted.

SCHEDULE - I
ANNEXURE - III

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

Name of Candidate :
Name of Father :
Name of Mother :
Residential Address : Village:
PO.....
PS.....
Sub-Division.....
District.....
PIN.....

Certified that the above named candidate/person belongs to Other Backward Classes/ More
Other Backward Classes and his/her Sub-Caste is..... and community is
.....

This is also certified that the above named person falls under the category of Non Creamy
Layer of OBC/MOBC.

This certificate is issued to the candidate after making proper enquiry to his/her caste status as
per prevailing rules of Assam and guidelines issued by Govt. of India from time to time.

Signature of the Identifying Authority
Full Name of the Identifying Authority.....
Date:.....

Countersigned by the DC / SDO of the concerned
District/ Sub-Division

Full Name of the Certifying Officer.....

Date:.....

INSTRUCTIONS:-

- a) Sub caste and/ or Community in the certificate must be mentioned.
- b) Certificate without signature of both the Authorities / Officers shall not be accepted.
- c) Signature of any one of the following Identifying Authority is a must-
 - (i) Chairman of Sub-Divisional Dev. Board for the Welfare of the Other Backward Class within respective Sub-Division.
 - (ii) Member of All Assam State Advisory Council for the Welfare of the Other Backward Classes within the respective District to which the Member belongs.
 - (iii) President / Secretary of All Assam Other Backward Class Association within the jurisdiction concerned.
 - (iv) President / Secretary of District/Sub-divisional Other Backward Classes Association within the respective jurisdiction

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.....

Certified that the above named candidate/person belongs to Scheduled Caste and his/her Sub-Caste is and community is

This certificate is issued to the candidate after making proper enquiry to his/her caste status as per prevailing rules of Assam and guidelines issued by Govt. of India from time to time.

Signature of the Identifying Authority
Full Name of the Identifying Authority.....
Date with seal.....

Signature of the Sub-Divisional Officer of the
concerned Sub-Division
Date with seal.....

Signature of the DC of the concerned District

Date with seal

INSTRUCTIONS:-

- a) Sub caste and/ or Community in the certificate must be mentioned.
- b) Certificate without signature of both the Authorities / Officers shall not be accepted.
- c) Signature of any one of the following Identifying Authority is a must-
 - (i) Chairman of Sub-Divisional Scheduled Caste Dev. Board.
 - (ii) President / Vice-President of the Assam Anusuchit Jati Parishad.
 - (iii) President of District level Assam Anusuchit Jati Parishad.
 - (iv) President of Sub-Divisional level Assam Anusuchit Jati Parishad.
 - (v) President / Vice-President of All Assam Mali Samaj.
 - (vi) President of District Committee of All Assam Mali Samaj.
 - (vii) President of Sub-Divisional Committee of All Assam Mali Samaj.
 - (viii) President/Secretary All Assam Schedule Caste Dhobi People Welfare Council.

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

This is to certify that Shri / Smti
son / daughter of Shri / Smti
Village P.S. Sub- Divn.
Dist of Assam belongs to the TGL / Ex-TGL Communities of Assam.

Counter Signature of Director of Tea
Welfare Government of Assam
Seal with Date:.....

Signature of Deputy Commissioner/
his authorised signatory of the Concerned
District
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 of Village
P.O. under P.S. of District
belongs to a Socially, Economically and Educationally Backward family ordinarily residing at
..... which is covered by the Assam State Char Area Development 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
Designation
(Assam State Char Area Development Authority)
(Office Seal)

.....
Signature of DC / SDO (C) of
Concerned District / Sub-Division
(Office Seal)

INSTRUCTION :- 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.S.sub-division in
the district ofhas served / is serving under the Indian Army / Navy / Airforce in
the rank of

Counter Signature of
Director of Sainik welfare, Assam

Signature of Competent
Authority

Seal with Date.....

Seal with Date.....

INSTRUCTION:- 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 KILLED
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.....

Certified that the above named candidate/person is the Son/ Daughter /Brother/ Sister (strike off which is not applicable) of Late (Name of the person killed in extremist violence) who was killed in extremist violence in the year at..... under PS..... Sub-Division..... in the district of..... on (Date).....

Signature of Police Officer

Case No.....

under P.S.

Seal with Date:.....

Signature of DC / SDO (C) of Concerned

District / Sub-Division

Seal with Date:.....

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

SCHEDULE-II-A
(DEED OF AGREEMENT)

(To be executed by all Students admitted into MBBS course)

THIS DEED OF AGREEMENT is made on this.....day of20..... between the State of Assam, Health and Family Welfare Department to be represented by Sri S/O , aged about Years, presently holding the post of the Principal,.....Medical College,in the Health and Family Welfare Department, hereinafter to be referred as the First Party and (Name of the student)..... S/O aged aboutyears, resident of Vill/Town....., PO..... PS..... Dist.State..... hereinafter referred as Second Party.

AND WHEREAS the Second Party has been admitted in the MBBS Course in the Medical College, and shall complete the Four and half years plus one year Internship Course.

AND WHEREAS the Second Party shall bear only the admission fees, hostel fees, and other charges for the course and the First Party shall give the monthly stipend to the Second Party during the period of Internship Training on completion of MBBS Course.

AND WHEREAS the Government of Assam shall incur huge expenditure from State Exchequer for the purpose of imparting education to the Second Party in pursuing the MBBS Course in a State Medical Colleges in Assam.

AND WHEREAS in the interest of public service, the First Party has decided to give admission to the Second Party in the MBBS Course at Medical College, in the State of Assam and shall bear the expenses of his/her education, other than the admission fees, hostel fees and other charges, in pursuing the said course.

NOW, THEREFORE THIS AGREEMENT WITNESSES THE FOLLOWING TERMS AND CONDITIONS:

1. That, after completion of his/her MBBS Course the Second Party shall serve the State Government for minimum period of 5(five) years upon offer of appointment in any State Government Service in the Health and Allied sector including agencies/institutions under NHM and/or any other State/Central Government sponsored Scheme/s or in Lieu thereof 1(one) year rural service on completion of MBBS Course.
2. That, the First Party shall have the authority to utilize the service of the student i.e. the Second Party in any Hospital/Medical Institutions within the State of Assam where there is necessity of a Doctor in the interest of public service.
3. That, in case of any breach of the terms and conditions as stated hereinabove, the Second Party shall be liable to pay an amount of Rs.30,00,000.00 (Rupees thirty lakhs) only as compensation to the First Party, i.e. the Government of Assam, Health and Family Welfare Department.
4. That, in case of failure to pay the compensation as mentioned above, the First Party shall be at liberty to file a Money Suit and/or take any other appropriate legal action against the Second Party in the competent court to recover the same at the risk and cost of the Second Party.

IN WITNESS WHERE OF the parties hereto have signed, sealed and delivered these presents on the day, month and year mentioned above.

Witness:

(Signature of the First Party)

1.

2.

(Signature of the Second Party)

SCHEDULE-II-B
(DEED OF AGREEMENT)

(To be executed by all Students admitted into BDS course)

THIS DEED OF AGREEMENT is made on this.....day of20..... between the State of Assam, Health and Family Welfare Department to be represented by Sri S/O , aged about Years, presently holding the post of the Principal, Regional Dental College, Guwahati, Assam in the Health and Family Welfare Department, hereinafter to be referred as the First Party and (Name of the student)..... S/O aged aboutyears, resident of Vill/Town....., PO..... PS..... Dist.State..... hereinafter referred as Second Party.

AND WHEREAS the Second Party has been admitted in the BDS Course in the Regional Dental College, Guwahati and shall complete the Four years plus one year Internship Course.

AND WHEREAS the Second Party shall bear only the admission fees, hostel fees, and other charges for the course and the First Party shall give the monthly stipend to the Second Party during the period of Internship Training on completion of BDS Course.

AND WHEREAS the Government of Assam shall incur huge expenditure from State Exchequer for the purpose of imparting education to the Second Party in pursuing the BDS Course in Regional Dental College, Guwahati, Assam.

AND WHEREAS in the interest of public service, the First Party has decided to give admission to the Second Party in the BDS Course in the State of Assam and shall bear the expenses of his/her education, other than the admission fees, hostel fees and other charges, in pursuing the said course.

NOW, THEREFORE THIS AGREEMENT WITNESSES THE FOLLOWING TERMS AND CONDITIONS:

1. That, after completion of his/her BDS Course the Second Party shall serve the State Government for minimum period of 5(five) years upon offer of appointment in any State Government Service in the Health and Allied sector including agencies/institutions under NRHM and/or any other State/Central Government sponsored Scheme/s or in Lieu thereof 1(one) year rural service on completion of BDS Course.
2. That, the First Party shall have the authority to utilize the service of the student i.e. the Second Party in any Hospital/Medical Institutions within the State of Assam where there is necessity of a Doctor in the interest of public service.
3. That, in case of any breach of the terms and conditions as stated hereinabove, the Second Party shall be liable to pay an amount of Rs.20,00,000.00 (Rupees twenty lakhs) only as compensation to the First Party, i.e. the Government of Assam, Health and Family Welfare Department.
4. That, in case of failure to pay the compensation as mentioned above, the First Party shall be at liberty to file a Money Suit and/or take any other appropriate legal action against the Second Party in the competent court to recover the same at the risk and cost of the Second Party.

IN WITNESS WHERE OF the parties hereto have signed, sealed and delivered these presents on the day, month and year mentioned above.

Witness:

(Signature of the First Party)

1.

2.

(Signature of the Second Party)