

Annexure C
Form B
(Counselling Form for MBBS/BDS Courses)

Schedule - I

FORM-B

Form No. _____

(To be submitted at the time of Counseling if called for)

APPLICATION FORM FOR ADMISSION INTO MBBS / BDS COURSES (STATE QUOTA), SESSION, 2016

IMPORTANT INSTRUCTIONS :

- 1. Please read the Rules and the Instructions carefully before filling this form.
- 2. Application procured from a source other than the authorized source will be rejected.
- 3. Use blue or black ball pen for filling the form.

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

1. Name (in Block Letters) :

2. Father's Name :

3. Mother's Name :

4. Full Postal Address for Communication :

C/O:

Vill :

P.O. PIN

Dist State

Telephone No. (with STD Code)

Mobile No.

E-Mail address (if any) _____

5. Age on 31 st December in the current year

MM

DD

YY

6. Permanent Home Address : Locality :

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

Sub- Division P.S.

P.O. PIN

Dist State

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

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

10. University / Board / Council Registration No.

11. Category code under which state quota seat is sought. The declaration at Form-A shall be treated as final. No change of Category shall be allowed in Form-B. (darken the appropriate circle/circles as was done in Form-A)

- Gen SC ST(P) ST(H) OBC/MOBC
- Moran Motak PH CA FF
- TGL/Ex-TGL Mtr. Ext.V ExS/ SDP SQ

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.	<input type="text"/>	2. G.M.C.	<input type="text"/>	3. S.M.C.	<input type="text"/>
4. J.M.C.	<input type="text"/>	5. F.A.A.M.C	<input type="text"/>	6. T.M.C.	<input type="text"/>
7. R.D.C	<input type="text"/>				

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

Examination	Name of University Board / Council etc.	Institute from where passed		Year of passing
		Name	State	
H.S.L.C 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 marksheets)

Subject	Maximum Marks		Marks Obtained		Total marks of each subject	Percentage of marks in Phy, Che. & Bio in aggregate
	Theory	Practical	Theory	Practical		
Physics						
Chemistry						
Biology						
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 informations 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 Officer.

Seal of the office

INSTRUCTION TO ALL CANDIDATES

- 1) Candidate must produce the filled-up Application Form - B along with all the relevant certificates in the Annexures within the Application Form - B.
signature and counter signature as noted thereon.
- 2) All applicants shall have to produce the original copies of the following documents along with their completed application **Form - B** at the time of counseling, 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 examinations.
 - c) Caste certificate.
 - d) Permanent Residential Certificate.
 - e) Admit Card of the current MEE.
 - f) Other Reservation quota certificate.
 - g) Any documents attached to this form must bear the signature of the candidate.
 - h) The candidate must be physically present at the time of counselling.
- 3) A set of self attested/signed photocopies of the above mentioned (at Instruction Point -2) original documents must be submitted at the time of Counseling.

ANNEXURE - I

CERTIFICATE OF RESIDENTIAL STATUS

This is to certify that Mr/Ms..... (write the name of the candidate or his/her father or mother) who is the son/daughter of is residing in Assam continuously for a period of not less than 20 years.

His/her present address is

- 1. Vill/Town :
- 2. PO :
- 3. PS :
- 4. Mouza :
- 5. District :

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.....

Seal

Instruction: This certificate is to be issued in the name of the father or mother or the candidate applying for MBBS/BDS course, who has completed a continuous stay of not less than 20 (twenty) years in the State of Assam.

No certificate should be issued in this Annexure I in respect of any candidate/father/mother who has not completed a continuous stay of atleast 20 (twenty) years in the State of Assam.

ANNEXURE - II

CERTIFICATE OF STUDY AT ASSAM BY THE CANDIDATE

(Separate Certificate in the above 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 :

Classes in which attended:.....

Date of leaving School :

Class in which candidate left 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

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

Address of the School.

Seal of the School

Countersigned by the Inspector of School with seal

INSTRUCTION:

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

ANNEXURE - III
CERTIFICATE OF CASTE FOR THE CANDIDATES BELONGING TO
OBC/MOBC 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 Other Backward Classes/ More Other Backward Classes 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:.....

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 and Secretary of All Assam Other Backward Class Association within the jurisdiction concerned.
 - (iv) President and Secretary of District/Sub-divisional Other Backward Classes Association within the respective jurisdiction.

ANNEXURE - IV
CERTIFICATE OF CASTE FOR THE CANDIDATES BELONGING 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 and 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 and 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.

ANNEXURE - V
CERTIFICATE OF CASTE FOR THE CANDIDATES BELONGING 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 above named candidate/person belongs to (Name of the tribe).....
..... Tribe which is recognized as
..... under the Constitution (Schedule Tribes) order 1950 as amended from time
to time.

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 President/Vice-President of
All Assam Tribal Sangha/ District Unit of Assam Tribal Sangha

Counter Signature of the DC of the concerned
District

Full Name of the Signatory.....

Seal

Seal

Date:.....

Date:.....

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

ANNEXURE - VI
CERTIFICATE OF SON / DAUGHTER / BROTHER / SISTER OF MARTYRS
OF ASSAM MOVEMENT
(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 Martyr of Assam Movement) who was in the year at..... under PS..... Sub-Division.....in the district of..... on (Date).....

.....
Signature of Police Officer
Case No.....under P.S.

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

Date:.....

Date:.....

Seal

Seal

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

ANNEXURE - VII
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.

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

Date:.....

Date:.....

Seal

Seal

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

ANNEXURE - VIII
CERTIFICATE IN CASE OF CANDIDATE APPLIED AGAINST CHAR AREA QUOTA

This is 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 ordi-
narily 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

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

Designation
(Assam State Char Area Development Authority)
(Office Seal)

(Office Seal)

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

ANNEXURE - IX
CERTIFICATE FOR TGL/Ex- TGL COMMUNITY

This is 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

Date:.....

Seal

Signature of Deputy Commissioner/
his authorised signatory of the Concerned
District

Date:.....

Seal

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

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

<p>This is 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</p>	
<p>Counter Signature of Director of , Sainik welfare, Assam</p>	<p>Signature of Competent Authority</p>

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.

ANNEXURE - XI
(Undertaking by the candidate after allotment of a seat in MBBS/BDS course)

I, Shri/Smti (Name of the Candidate)..... Rol No. of MEE..... Rank of MEE..... have appeared before the Selection Board on(Date of Counseling) under..... Category for selection for admission into 1st year MBBS/BDS Course in the Medical Colleges of Assam, Regional Dental College, Guwahati for the session 20.....

I solemnly affirm that I have been allotted a seat under Course, session..... in(Name of the college) at the time of counseling.

I do hereby declare that I have accepted the allotted seat as mentioned above and I shall not claim for any change of my course and college if any vacancy arises in future as per Rules - 6 (5) (d) of Medical Colleges of Assam and Regional Dental College, Guwahati (Regulation of Admission into 1st year MBBS/BDS course) Rules,2014.

I further declare that I shall pay a sum of Rs.....(Rupees.....Lakhs) only as compensation if I surrender my seat after last date of admission as fixed by MCI/DGHS as per Rule - 8 of Medical Colleges of Assam and Regional Dental College, Guwahati (Regulation of Admission into 1st year MBBS/BDS course) Rules,2014.

I have signed this undertaking without any coercion from any quarter and also after due consultation with my parents/guardian and on my own decision.

Witness :

- 1.
2.
(Parent/guardian)

Signature of the Candidate.....

Date.....