## GOVERNMENT OF TRIPURA DIRECTORATE OF MEDICAL EDUCATION

APPLICATION FOR ADMISSION TO M.B.B.S. \& B.D.S COURSE AGAINST THE STATE QUOTA / STATE DOMICILE SEATS AT RIMS, AGMC \& TMC AND OTHER MEDICAL COLLEGES WHO HAVE QUALIDFIED IN NEET - 2017.

Regd No.


## Date:

## Place:

## DECLARATION OF THE CANDIDATE

I Sri/Smt $\qquad$ .hereby declare that the statements made and information furnished by me are true and correct to the best of my knowledge and belief. If any information furnished by me is found to be incorrect. My application is liable to be rejected.

Date:
Place:

Signature of the Applicant (Required during verification)

## DECLARATION OF THE CANDIDATE'S FATHER / MOTHER /GUARDIAN

I/We in addition to above also solemnly and sincerely affirm that it would be ensured by me/us that that the information furnished by my ward are correct to the best of my knowledge and belief.

Date:
Place:

## INSTRUCTIONS :-

** All the applicants are requested to enclose self attested Xerox Copy of the following documents alongwith their application:-
i) Age Proof.
ii) PRTC.
iii) ADHAR Card / e-adhar Card
iv) Rank Card of NEET 2017.
v) Marks Sheet of Qualifying examination (HS+2 Stage).
vi) Pass Certificate of qualifying examinations.
vii) Category Certificate SC/ST/PH.
viii) Original Demand Draft in favour of Director of Medical Education payable at Agartala.

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[^0]:    ** To produce all original documents during the time of counseling
    ** Any incomplete or improper application will be treated as cancelled.

