GOVERNMENT OF TRIPURA DIRECTORATE OF MEDICAL EDUCATION

PASS PORT SIZE PHOTO AS ON OR AFTER 01.01.2017

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 $\underline{\text{NEET}}$ – 2017.

Regd No.....

1	Name of Applicant						
2	Sex						
3	Mother's Name						
4	Father's Name / Guardian's Name						
5.	Father's/Guardian's profession						
6	Nationality						
7	State3						
8	Category		OTHERS	SC	ST	PH	Ex Army
9	Locomotors Disability (lower Limb)		YES	NO			
10	If Yes, percentage of Locomotors Disability(lower Limb)			<u> </u>			
11	Date of Birth		Day	Month		Year	
12	Disad Cross						
13	Blood Group						
13	Address for communication						
14	Mobile No.						
15	E-mail ID						
16	Permanent Address						
17	Contact No. of Guardian						
18	Marks obtained in qualifying exam (10+2) / l	Equivaler	t with Name of I	Board/University	·:-		
	% Marks in English			% Marks in F	-		
	% Marks in Chemistry			% Marks in E	Biology		
10	% Marks in PCB		1				
19	Mark Obtained in NEET(UG)-2017						
20	Percentile Score						
21 22	NEET All India Rank Category Rank						
23	Category Rank Category- PH-Rank						
24	Amount paid for Application						
25	Payment done in Demand Draft			YES			
	Demand Draft No.						
26	Demand Draft No.						

Date:	
Place:	

DECLARATION OF THE CANDIDATE

I Sri/Smthereby declare that the statements made a	nd
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information furnished by me are true and correct to the best of my knowledge and belief. If any informati	On
furnished by me is found to be incorrect. My application is liable to be rejected.	
Date:	
Place:	
Signature of the Applicant	
(Required during verification	ı)
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 tl	hat
	ιαι
that the information furnished by my ward are correct to the best of my knowledge and belief.	
Date:	
Place:	
Signature of the parents /guardian (Required during verification)	
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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.
- ** To produce all original documents during the time of counseling
- ** Any incomplete or improper application will be treated as cancelled.

-Sd-Director of Medical Education Government of Tripura