

**GOVERNMENT OF TRIPURA**  
**DIRECTORATE OF MEDICAL EDUCATION**

PASS PORT SIZE PHOTO AS ON OR AFTER 01.01.2017
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**APPLICATION FOR ADMISSION TO M.B.B.S COURSE AGAINST ALL INDIA RANKING OTHER THAN TRIPURA STATE DOMICILED CANDIDATES SEATS IN TRIPURA MEDICAL COLLEGE & DR. BRAM TEACHING HOSPITAL, AGARTALA WHO HAVE QUALIFIED IN NEET – 2017.**

Regd .....

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	State					
8	Category	OTHERS	OBC	ST	SC	PH
9	Locomotors Disability (lower Limb)	YES		NO		
10	If Yes, percentage of Locomotors Disability(lower Limb)					
11	Date of Birth	Day	Month	Year		
12	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) / Equivalent with Name of Board/University:-					
	% Marks in English		% Marks in Physics			
	% Marks in Chemistry		% Marks in Biology			
	% Marks in PCB					
19	Mark Obtained in NEET(UG)-2017					
20	Percentile Score					
21	NEET All India Rank					
22	Category Rank					
23	Category- PH-Rank					
24	Amount paid for Application					
25	Payment done in Demand Draft	YES				
26	Demand Draft No.					

**Date:**

**Place:**

**Signature of the Applicant**

**DECLARATION OF THE CANDIDATE**

I Sri/Smt.....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:

**Signature of the parents /guardian  
(Required during verification)**

## **INSTRUCTIONS :-**

**\*\* All eligible applicants are requested to enclose self attested Xerox Copy of the following documents alongwith their application:-**

- i) Age Proof.
- ii) ADHAR Card / e-adhar Card
- iii) Rank Card of NEET 2017.
- iv) Marks Sheet of Qualifying examination (HS+2 Stage).
- v) Pass Certificate of qualifying examinations.
- vi) Category Certificate SC/ST/PH/OBC.
- vii) Original Demand Draft in favour of Director of Medical Education payable at Agartala.

-Sd-

Director of Medical Education  
Government of Tripura

**N.B. :-** All Eligible candidates are requested to send the application in the following address:-

GOVERNMENT OF TRIPURA  
HEALTH & FAMILY WELFARE DEPARTMENT  
DIRECTORATE OF MEDICAL EDUCATION  
2<sup>nd</sup> Floor of Dr. P.B. DAS MEMORIAL BUILDING  
AGARTALA, BIDURKARTA CHOWMUHANI,  
TRIPURA-799001