

**FORM FOR DOCUMENT VERIFICATION FOR MBBS/BDS COURSES, SESSION 2019**

University Registration ID no. \_\_\_\_\_

Dated \_\_\_\_\_

(To be filled by the Candidate in his / her own handwriting)

1. Category applied for ➤ \_\_\_\_\_
2. Minority Status (Sikh/Christian) ➤ \_\_\_\_\_
3. NEET Roll No. ➤ \_\_\_\_\_ 4. NEET Marks \_\_\_\_\_
5. NEET Rank ➤ \_\_\_\_\_ 6. NEET Percentile \_\_\_\_\_
7. Name of the Candidate ➤ \_\_\_\_\_
8. Father's Name ➤ \_\_\_\_\_
9. Date of Birth ➤ \_\_\_\_\_
10. Age as on 31.12.2019 ➤ \_\_\_\_\_
11. Name of School & State from where +1 & +2 Passed ➤ 10+1 \_\_\_\_\_  
10+2 \_\_\_\_\_
12. Aadhaar Card No. ➤ \_\_\_\_\_ Mobile No. \_\_\_\_\_
13. Permanent Address ➤ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Email-ID (Valid) ➤ \_\_\_\_\_
15. Resident State ➤ \_\_\_\_\_
16. Category under resident State as per Pb. Govt. letter no. 1/3/95-3PPII/9619 dated 06.06.1996 ➤ \_\_\_\_\_
17. Issuing authority for grant of Residence certificate ➤ \_\_\_\_\_
18. If applied to other state for admission to MBBS/BDS Course ➤ Yes  No
19. If yes, Name of the State applied for admission ➤ \_\_\_\_\_
20. Whether applied under NRI/OCI/PIO in centralized Counseling (Tick Yes/No) ➤ Yes  No

21.	Marks in 10+1 and 10+2:											
Class	Passing Year	Marks obtained/ Total Marks								Total of PCB		%age
		Physics		Chemistry		Biology		English				
		Obt.	Out of	Obt.	Out of	Obt.	Out of	Obt.	Out of	Obt.	Out of	
10+1												
10+2												

**UNDER TAKING / SELF DECLARATION BY THE CANDIDATE**

Certified that I \_\_\_\_\_ S/o Mr./Mrs \_\_\_\_\_  
resident of \_\_\_\_\_ do hereby undertake that:-

- That I am a citizen of India.
- That I have not obtained the benefit of Residence for admission in MBBS/BDS courses in any other State/UT except central counseling by MCC/DGSE.
- a) That I have applied elsewhere in any other State/UT for admission to MBBS/BDS Courses, session 2019 in State Quota Counseling.  
Or  
b) That I have not applied elsewhere in any other State/UT for admission to MBBS/BDS Courses, session 2019 in State Quota Counseling.
- That the above said information is true to the best of my knowledge and nothing is concealed therein. If at any stage, the information provided is found false/wrong, the admission of my son/daughter/ward is liable to be cancelled.

**Thumb Impression**

(Left in case of male/Right in case of female)

**Signature of Candidate**

