Schedule-I (Rule-3)

APPLICATION FORM

NEET((UG) Roll No.:				NEET (UG) ALL India Rank:		
20		ORM FOR ADMIS	SSION INTO BA	he time of Counse AMS/BHMS COURS	ling) SES (STATE QUOTA), SESSION		
100,700		STRUCTIONS:	3.				
		es and Instructions I pen for filling the	To paste the passport size Photograph (not to be stapled)				
1. Nam	ne (in Block Le	tters):					
2.Fath	er'sName: :						
3. Mot	her's Name:						
4. Full	Postal Addres	s for communica	ation :		Full Signature of the Candidate (within the box)		
C/G	0		Vill/Town/	City			
P.0	0		PIN				
Dis	st :		State .				
Telepho	one No						
Mobile	No.						
E-Mail							
5.		Applicant is a p					
6.	Age on 31 st Do	ecember of the y	ear of admission	on			
7.	Locality Locality	ome Address (W	rite only it sepa	erate from SL No.4) :		
	Post Office			Sub Division			
	P.O.			P.S.			
	Dist.			State			

8.		entification N	lark:							
	(a)									
	(b)									
9.	Nationality:		T.							
10.	University/E	Board/Counc	il Registratio	n No.:						
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				.11
11.C	ategory/catego	ories code u	nder which s	tate quota	seat is sought	(darken	tne app	ropriat	e circ	:ie/circles):
Gen		0	SC	0	ST(P)	0		ST(H)	0	
ОВС/МОВС		0	PH (Divyanga)	0	TGL/Ex-TGL	0		EWS	0	
50CF IS			Section 1972							
12. C	Course of Choi	ce in order o	f Preference	(write 1 st /	2 nd in the appro	priate bo	x):			
	BAMS					BHMS				
	Details of Exan Examination	AND THE RESERVE OF THE PARTY OF	sed (attached of University		ies of the certifi titute from wher		ear of	Divis	ion	% of mark
	Examination		Council etc.	99 Banana	passed	(E4)	assing		,,,,,,	70 Of Illains
				Nai	Name State		- 7			
HSL	C or Equivalen	t								
HSSI	LC or equivale	nt							_	
(Sc.)		- Sa 752								
14 N	Marks obtained	in HS/10+2	or equivalen	t Examina	tion (Attach tru	e copy of	marks			
	-12	Maximu	m marks	Marks obta	ks obtained Total marks of each subject.			% of marks obtained in Physics, Chemistry		
Subje	ect					each su	bject.			Biotechnolog
		Theory	Practical	Theory	Practical					
Physic	cs									
Chem	1000000									
	gy/ Biotechnology									
	h									
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Englis	511		DECLAI	RATION B	Y THE CANDIDA	ATE				
Englis		that the abo					own bo	an dwritir	20.00	d the
	I declare	that the abo	ve entries in	the form	has been filled i	up in my	own ha	andwritir	ng an	d the
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er	I declare atries made are ny statement is	correct as per	ove entries in er my docume false then the	the form ents and to e Authority	has been filled i	up in my	and be	elief. I a	gree	that if
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Signature of the Candidate in full

DECLARATION BY THE PARENT / GUARDIAN

In the event of my Son/ Daughter / Ward Shri/ Sm admitted in any institution, I shall be responsible for his / her college dues, hostel dues and other expenses during his / her st to withdraw him / her from the college, should the authorities conecessary in the interest of the college or in the event of inability time or due to his / her unsatisfactory result and attendance are dues if any and without claiming any compensation from the Government.	conduct and undertaken to pay his / her tudentship in the college, I also undertake oncerned decided that such withdrawal is y to pay his / her college or hostel dues in not conduct after clearance of all his / her				
I, further declare that there is no allegation of miscondule he / she has never been convicted for any offence involving more					
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 (with seal) in Presence of whom the parent / guardian Put his / her signature	Signature of the parent/Guardian Full Name				

INSTRUCTION TO ALL CANDIDATES

- Candidate must produce the filled-up Application Form along with all the relevant certificates in the Annexures within the Application Form.
 - 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 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 NEET.
 - f) Other Reservation quota certificate.
- 3) The candidate must be physically present at the time of counseling.
- 4) 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.

SCHEDULE -I ANNEXURE -I

(As per the admission rule for BAMS/BHMS courses this certificate is to be issued only to one i.e. in the name of the candidate or his/her father/mother whoever is residing in Assam continuously for a minimum period of 20 years)

PERMANENT RESIDENCY CERTIFICATE OF CANDIDATE OR HIS/HER FATHER/MOTHER

(Certificate of 20 years of continuous Residency in Assam)

This is to certify that the follow					
Relation of the above pe		candidate - the	candidate	himself or	r
herself/father of the candidate/Mothe	r of the candidate	(give tick mark at	the proper r	elation)	
Is residing in village/t⊍wn		PO			
P.S					
of Assam continuously for records.		years as per a	vailable doc	uments and	1
This certificate is issued only	y for admission in	to Educational Inst	itutions.		
		puty Commissione cer of the concern		authorized	
Date :	Full Name of the	Certifying			

SCHEDULE-I ANNEXURE – II

Certificate of study in Assam by the candidate

(Separate Certificate in this 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:
Class in which candidate left school:
Date of leaving 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:
Seal with date
Full Name of the Head Master/Principal
Address of the School:

INSTRUCTION:

Certificate without the signatures as specified above shall not be accepted.

SCHEDULE-I ANNEXURE-III

CERTIFICATE OF CASTE FOR THE CANDIDATES BELONG TO OBC/MOBC CATEGORY (NON CREAMY LAYER)

Name of Candidate :	
Name of Father :	
Name of Mother :	
Residential Address :	Village:
	PO
	PS
	Sub-Division
	District
	PIN
Classes/More Other is	that the above named person falls under the category of Non
Signature of the Identifying A Full Name of the Identifying A	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/Secretary of All Assam Other Backward Class Association within the jurisdiction concerned.
 - (iv) President/Secretary of district/Sub-divisional Other Backward Classes Association within the respective jurisdiction.

SCHEDULE-I ANNEXURE-IV

CERTIFICATE OF CASTE FOR THE CANDIDATES BELONG TO SC CATEGORY

Name of Candidate	1
Name of Father	:
Name of Mother	:
Residential Address	: Village :
Certified that	the above named candidate/person belongs to Scheduled Caste and
his/her Sub-Cas	te isand community
is	
This certificate	e is issued to the candidate after making proper enquiry to his/her caste
	ing rules of Assam and guidelines issued by Govt. of India from time to
time.	
Signature of the Identit Full Name of the Identi Date with seal	fying Authority
	Signature of the Sub-Divisional Officer of the concerned Sub-Division Date with seal
	Signature of the DC of the concerned District

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.
 - (viii) President/Secretary All Assam Schedule Caste Dhobi People Welfare Council.

SCHEDULE-I ANNEXURE-V

CERTIFICATE OF CASTE FOR THE CANDIDATES BELONG 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 ab	ove 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	s 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 Pres	sident/Vice-President of
All Assam Tribal Sangha	a/District Unit of Assam Tribal Sangha
The state of the s	ory
Seal with Date	
	Counter Signature of the DC of the concerned District
	Seal with Date

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

SCHEDULE-I ANNEXURE-VI CERTIFICATE FOR TGL/EX-TGL COMMUNITY

This	is	to		certify		that
Shri/Smti					son/dau	ighter of
Shri/Smti			Village			P.S.
	Sub-Divn.			Dist		of
Assam belongs to the TGL	/Ex-TGL Cor	mmunities of A	Assam.			
Counter Signature of Direc	tor of Tea W	elfare	;	Signature	of	Deputy
Commissioner/ Govt. of Assam.		his	authorized	signatory	of the	Concerned
District.				, J ,		
Seal with Date:			Seal with Da	ıte:		
	•					
	*					
				110		

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