

“DECLARATION BY THE APPLICANT”

I hereby solemnly affirm that the information furnished above by me is true and correct to the best of my knowledge. I have not kept any information secret. Should it however be found that any information furnished therein is fraudulent, incorrect or untrue in the material particulars, I realize that I am liable to criminal prosecution and I also agree to forego/cancel any allotted seat in Medical/Dental College. I agree to abide by the Rules and Regulations governing the examination and contained in the Manipur MBBS/BDS Entrance Examination (Selection of Candidates for Nomination) Rules 2004 and its subsequent amendments.

Signature:

Place:

Date:

Full Name of the Candidate

(in his/her own hand writing)

(I) DOMICILE CERTIFICATE

Certified that Shri/Km/Smt.

S/o, D/o, Shri/Smt.....

of (Address) is a domicile of Manipur by birth.

Seal of office:

Date:

Signature of Deputy Commissioner.

OR, (II) RESIDENTIAL CERTIFICATE

Certified that Shri/Smt.

F/o, M/o, Shri/Km/Smt.....

of (Address)

has been residing continuously for the last 20 years in Manipur.

Seal of office :

Date :

Signature of Deputy Commissioner.

OR, (III) EMPLOYMENT CERTIFICATE

Certified that Shri/Smt.

F/o, M/o, Shri/Km/Smt.

is an employee of the Government of Manipur/an Institution/Organisation which is a body substantially owned or controlled by the Government of Manipur and he/she is employed as in the (name of Institution/Organisation)

.....

Seal of office :

Date :

Signature of the Head of Department

ACKNOWLEDGEMENT SLIP

ENROLLMENT NO. :.....

This is to acknowledge, receipt of completely filled in prescribed form to register in the list of candidates who are to undergo counseling for admission to MBBS/BDS Courses - 2015 in Medical / Dental colleges inside / outside Manipur for the academic session, 2015.

Name of the Candidate : _____
(full name in Block letters)

Signature of the Candidate: _____

Date of submission of form

Date Month Year

Permanent address of Candidate: _____

Contact No. of Candidate: _____

Acknowledged by:

Officer-in-charge,
Directorate of Health Services, Lamphel.



ACKNOWLEDGEMENT SLIP

ENROLLMENT NO. :.....

Affix photograph by
gum duly attested by
a gazette Officer

Size: 3.5 cm x 4.5 cm

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