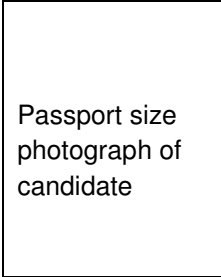


APPLICATION FOR ADMISSION IN MEDICAL/DENTAL COURSES

1. Name in full of candidate Mr/Miss/Mrs.....
(Name in Block Letters as given in service documents of parent)
2. Number, Rank, Name and Corps/
Service of parent
3. Present Address of the Applicant
.....
(in Block Letters)
4. Telephone Number with STD code.....
Mobile No.
E mail ID
5. Date of Birth
6. Indicate the priority to which you belong
(as per para 2 (m) of instruction)
7. Matriculation/Equivalent(year of passing with division and percentage/CGPA).....
8. (10+2) or equivalent examination(year of passing with division and percentage).....
9. NEET details:-
Roll No. Marks.
All India Rank..... Percentile
10. Choice of states for Medical/Dental colleges in order of priority :-

(i)..... (ii)..... (iii)



11. I hereby certify that none of my brothers/sisters has/have been admitted in medical/dental college through Kendriya Sainik Board against Central Pool reserve seats in the past.

12. I hereby agree, if admitted to conform to the rules and regulations in force that may, hereafter be made for administration of the college and its associated hospitals. I undertake that so long as I am a student of the college either inside or outside, not to do any thing that will interfere with its orderly working and discipline.

13. Certified that all particulars given by me above are true and any false statement will disqualify my candidature for admission to MBBS/BDS Courses. I also undertake abide by the conditions mentioned in the instructions of this schemes.

Place:

Date :

Signature of Candidate

ELIGIBILITY CERTIFICATE

1. This is to certify that Mr./Miss/Mrs..... is the son/daughter/widow of No..... Rank
Name of
/Corps/Service.....

2. His/Her date of birth as recorded in the service document and Matriculation certificate is

3. No..... Rank
Name of
.....was

- (i) Killed in Action on.....
- (ii) Disabled in Action on..... and boarded out from service
- (iii) Died while in service onwith death attributable to Military service
- (iv) Disabled in service and boarded out with disability attributable to Military service on
- (v) Gallantry Award/Decoration Holders.....
- (vi) Ex-Servicemen (JCO/OR)
- (vii) Ex-Servicemen (Officers)

Attested passport size photograph of candidate

4..... Son/Daughter/wife of No.....
Rank Name

is eligible for Nomination as a Govt. of India nominee under Ministry of Defence quota for admission in Medical/Dental Colleges in Priority

No. -----

Dated: ZSB/RSB/OC Unit

Stamp

COUNTERSIGNED

Dated: -----
OIC Records

Stamp

ONLINE APPLICATION FORM FOR MBBS/BDS FOR THE YEAR 2017-18

1. Application Type:
2. Application No. :
3. Name of Candidate:
4. Date of Birth of candidate:
5. Service No. of Serving/Retired Personnel:
6. Rank:
7. Father Name:
8. Mother Name:
9. Ward Category:
10. Full Address of Candidate:
11. Mobile No.:
12. E Mail ID:
13. Date of Application:
14. For class 10th :

Passport size
photograph of
candidate

- (i) Subject:.....
- (ii) Education(Board/Institute/university).....
- (iii) Total Marks:..... (iv) Marks obtained:.....
- (v) Percentage/CGPA (vi) Division Obtained:.....
- (vii) Passing Year:

15. For class 12th

- (i) Subject
- (ii) Education (Board/Institute/University).....
- (iii) Total Marks: (iv) Marks obtained:.....
- (v) Percentage: (vi) Division Obtained:.....
- (vii) Passing Year:

16. For NEET

- (i) Total marks:..... (ii) Marks Obtained :...
- (iii) Percentile:..... (iv) Roll No.:
- (v) All India Rank:

17. Choice of states for Medical/Dental colleges in order of priority:-

- (i) Priority 1:..... (ii) Priority 2:(iii) Priority 3:

18. Remarks:

19. Documents to be uploaded

- (i) Eligibility Certificate (ii) PPO (iii) Gazette Notification
- (iv) Casualty/Disability certificate (v) Class 10th Marksheet
- (vi) Class 12th Marksheet (vii) NEET Marksheet