Schedule-I (Rule-3)

APPLICATION FORM

INEE	r(OG) KOII NO						N	IEET (UG)	ALL In	dia Ra	nk:	
20	PPLICATION F		ADMISSI			of Counse		ATE Q	UOTA	A), SE	SSIOI	N
	ase read the Rul blue or black ba				ore filling	this Form		paste ti ograph)
1. Nar	me (in Block Le	etters):										
2.Fath	ner'sName: :											
3. Mo	ther's Name:											
4. Ful	l Postal Addres	s for com	municatio	n:			Full S	Signatur (with	e of the	ne Ca box)	ndidat	е
C	/O			Vill/Tow	n/City							
Ρ.	.0			. PIN								
Di	ist :			. State	·							
Teleph	none No											
Mobile	No.											
E-Mail				1.						1		
5.	State in which	h Applicar	nt is a perr	manent Res	sident							
6.	Age on 31 st D	ecember	of the year	r of admiss	sion							
	-											
7.	Permanent H Locality	ome Addr	ess (write	only if sep	parate fro	om SL No.4):					
					1 -							
	Post Office				Sub	Division						
	P.O.				P.S							
	Dist.				Sta	te						

	T=:														
8.	Physical Ident	ification N	lark:												
	12.0 2.0														
	(b)														
9.	Nationality:														
10.	University/Boa	ard/Counc	il Registrat	ion	No.:										
11.Ca	tegory/categori	es code ur	nder which	stat	te quota s	eat is	sought	t (dark	en the a	ppr	opriate (circ	le/c	rcles):	
Gen	С)	SC		0	ST	(P)		0	S	Г(Н)	0			
OBC/M	OBC C)	PH (Divyanga	1)	0	TO	GL/Ex-TGL	-	0	EV	NS	0			
12. C	ourse of Choice	in order o	f Preferenc	e (v	vrite 1 st /2 ⁿ	d in th	ne appro	opriate	box) :						
	BAMS							ВНІ	MS						
		1					L	. ct	nd rd -		121.00				
13.ln	case of BHMS t	he college	of choice i	in oı	rder of pre	eferer	ice (Wri	te 1°'/2	2""/3" in	app	ropriate) bo	(x)		
(i)SJN	IHMC&H,Guwah	ati	(ii) AF	IMC	&H, Naga	on		(iii) D	r.JKSHI	MC&	H, H, Jo	rha	t		
14. D	etails of Examin	ation pass	ed (attach	ed tı	rue copies	of th	ie certif	icate)	:						
	xamination	Name o	of Universit	ty/		ute fr	om whe		Year	-	Divisio	n	% (of marks	
		Board	Council et	c.	Name	pass	sed Sta	passing							
HSLC	or Equivalent				Ivanie	•	Sta								
HSSL (Sc.)	C or equivalent														
45.00		110/40 - 0				(• .	41-4				4-1				
15. M	arks obtained ir		or equivale m marks		arks obtair		tach tru		y or ma I marks		% of ma	rks	obta	ined in	
Subje	ct	Maxima						each subject.			Physics, Chemistry			stry	
		Theony	Drastical	Th	Theory Practical					-	&Biology	/ B	iote	chnology	
Physic	\$	Theory	Practical	1.1	neory	Pia	Clical			-					
Chemi			+	+		+				-					
	y/ Biotechnology			+		+				\neg					
English	and the control of th			+		+				\neg					
				-											
			DECL	_AR	ATION BY	THE	CANDI	DATE							
	I declare	that the ab	ove entries	in t	the form h	as be	en filled	d up in	my ow	n ha	andwritin	g a	nd t	ne	
е	ntries made are o	correct as p	er my docu	mer	nts and to	the be	est of my	y know	ledge ar	nd be	elief. I ag	gree	tha	t if	
a	ny statement is p or submitting false	proved to be	e false then	the	Authority	shall	nave the	e right t	to take I	egal	action a	gaır	nst n	ne	
10			t there is n			f mise	conduct	agains	st me a	nd I	have no	ever	r be	en	
C	onvicted for any o							Ü							
D	ate :		-												
Р	lace :														
•															
						Sig	nature o	f the C	andidate	e in f	ull				

DECLARATION BY THE PARENT / GUARDIAN

In the event of my Son/ Daughter / Ward Shri/ Smti being admitted in any institution, I shall be responsible for his / her conduct and undertaken to pay his / her college dues, hostel dues and other expenses during his / her studentship in the college, I also undertake to withdraw him / her from the college, should the authorities concerned decided that such withdrawal is necessary in the interest of the college or in the event of inability to pay his / her college or hostel dues in time or due to his / her unsatisfactory result and attendance and conduct after clearance of all his / her dues if any and without claiming any compensation from the Government or the college authorities.

- I, further declare that there is no allegation of misconduct against my son / daughter / ward and he / she has never been convicted for any offence involving moral turpitude.
- 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

Sigr	nature	of the	par	ent/	G	ua	al	(ik	2	ır	1	
Full	Name				•••						٠.		• •

Designation of the Officer. Seal of the Office

INSTRUCTION TO ALL CANDIDATES

- 1) 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.
- 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	ving person:		
Name:			
Relation of the above pe	erson with the	candidate - the ca	indidate himself or
herself/father of the candidate/Mothe	r of the candidate	(give tick mark at the	proper relation)
Is residing in village/town	• • • • • • • • • • • • • • • • • • • •	P.O	
P.S	Mouza	Distric	t
of Assam continuously for		years as per avail	able documents and
records.			
This certificate is issued only	y for admission into	o Educational Institut	ions.
		outy Commissioner or cer of the concerned	
Date :	Full Name of the	Certifying	

SCHEDULE-I ANNEXURE – II

Certificate of study in Assam by the candidate

(Separate Certificate	e 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	1							
Name of Father	3							

Residential Address :

Name of Mother

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							
Certified that the above named candidate/person belongs to Other Backward Classes/More Other Backward Classes and his/her Sub-Caste is								
Full Name of the Identifying /	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 Cand	lidate :		
Name of Fathe	er :		
Name of Moth	er :		
Residential Ad	Idress :	Village:	
Certifie	d that the	above named candidate/person belongs to Scheduled	Caste and
his/her S	ub-Caste	isand	community
is			
This ce	ertificate is	issued to the candidate after making proper enquiry to his	s/her caste
status as per	prevailing	rules of Assam and guidelines issued by Govt. of India fr	om time to
time.			
Signature of the Full Name of the Date with seal.	e Identifyin	g Authority	
		Signature of the Sub-Divisional Of concerned Sub-Division Date with seal	
		Signature of the DC of the concerned District Date with seal	

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

Village:
PO
PS
Sub-Division
District
PIN
named candidate/person belongs to (Name of the tribe)
Tribe which is recognized
under the Constitution
as amended from time to time.
ued to the candidate after making proper enquiry to his/her caste
s of Assam and guidelines issued by Govt. of India from time to
t/Vice-President of
trict Unit of Assam Tribal Sangha
Country Signature of the DC of the
Counter Signature of the DC of the concerned District
concerned District

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

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

Inis	IS	to		certify				that
Shri/Smti					son/c	daug	hter	of
Shri/Smti			Village					P.S.
	Sub-Divn.			Dist				. of
Assam belongs to the Te	GL/Ex-TGL Cor	mmunities of A	Assam.					
Counter Signature of Dir	ector of Tea W	elfare		Signature		of	De	puty
Commissioner/ Govt. of Assam.		his	authorized	signatory	of t	the	Conce	rned
District.				g,				
Seal with Date:			Seal with Da	ate:				
	40							

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