FOR OFFICE USE Integer Decimal (i) % of Marks in 10+2	UNIVERSITY OF DELHI (FACULTY OF MEDICAL SCIENCES)														
(Phy., Chem., Bio.) (ii) Category (iii) Eligibility Checked by	APPLICATION FORM FOR ADMISSION TO THE M.B.B.S./ B.D.S. COURSE-2012 based on marks of AIPMT-2012 Final examination held on 13.05.2012	Paste one recent passport size Photograph duly attested by the Principal of the													
NOTE: 1. The candidate should fill in the form in his/ her own handwriting in Capital letters only.  2. Write only one letter in a box and one box should be left blank between the words.  3. All three recent passport size photographs should be identical.															
1. The details of AIPMT-2012 Final Exam	ination held on 13.05.2012:-														
(a) Roll Number:	(b) Category:														
(c) Marks:	(d) Rank:														
2. Name of the Candidate; (Note: Please de	o not write Mr./Miss/Ms/Kumari/Mrs/Shri/Shrimati)														
3. Male/ Female: F-For Female,	M-For Male														
4. Date of Birth (a) Day Month	Year Day M. (b) Age as on 31.12.2012	Ionth Year													
5. Category: Please mention your category given below:	/ categories by writing the appropriate words in the boxes	out of the alternatives													
(a) Write SC or ST or OBC if you	belong to that category, otherwise write General														
	WWAPP category, otherwise write No														
•	ysically Handicapped category, otherwise write No														
6. Name, address of the School in which st	udied 11 <sup>th</sup> Class and year of joining:														
7. Name, address of the School in which si	udied 12 <sup>th</sup> Class and year of joining.	<del></del>													

UNIVERSITY OF DELHI (Faculty of Medical Sciences)

Received an application form for admission to MBBS/BDS Course for the session 2012 from

Mr./Miss/Mrs.....on .....(date).

FOR OFFICE USE

**Dealing Assistant** 

No.....

Year

8. Details of I	cxammane	ms:																
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16. Whether t	the candida	ate has t	aken adm	ission i	n MB	BBS (	or BDS	S Cou	ırse i	n Delh			ity ea	rlier.	and i	f so.	the v	ear of
	n												<i>y</i> - <i>x</i>	. ,		- 7	- ,	
17. E-mail:																		

Note: A candidate who sought admission to MBBS or BDS Course earlier but has failed to pass the First Professional MBBS or First year BDS Examination will not be considered eligible for admission to MBBS/ BDS Course—2012.

## **DECLARATION BY APPLICANT**

- 1. I agree to undergo the said course on FULL TIME basis and shall not engage myself in any job during the period of the course
- 2. I have read the Bulletin of Information and have noted its contents and directions for admission to the First Professional MBBS/ First year BDS Course for the session 2012 and on admission, I shall submit myself to the disciplinary jurisdiction of the Vice-Chancellor and the other authorities of the University who may be vested with authority to exercise discipline under the Act, the Ordinances and the rules that have been framed by the University from time to time.
- 3. I solemnly affirm that the information furnished above is true and correct in all respects. I have not concealed any information. I realize that if any information furnished herein is found to be incorrect or untrue, I shall be liable to civil/ criminal prosecution and also forego my claim to the seat in the Institute. Further, that my candidature for Examination/ Selection and admission to the course is liable to be cancelled. I agree to abide by the Rules and Regulations governing this Examination and as contained in the Bulletin of Information.

Dated	Signature of the Candidate
Place	

I have fully read the information furnished by my son/daughter/ward and affirm that it is true and if it is proved that the information is fraudulent, I am liable to criminal prosecution.

	Signature of Larenty Guardian
Full Name:	
Relation with the candidate:	

Signature of Parent/Guardian

**Note:** The application form not singed by the Parent/ Guardian will be treated as cancelled.

## Attested copies of the following certificates should be attached with the application form in order as given below:

- 1. AIPMT-2012 Final Examination Admit Card.
- 2. AIPMT-2012 Final result (Score card).
- 3. Matriculation or equivalent certificate showing date of birth.
- 4. Certificate of having passed 12<sup>th</sup> Class Examination along with a statement of marks.
- 5. Certificate from the Principal of the School on prescribed proforma (over-leaf) stating that (i) the school is situated within National Capital Territory of Delhi, (ii) the school is recognized by the CBSE/Council for the Indian School Certificate/ Jamia Milia Islamia, (iii) the school is conducting regular classes, (iv) the applicant has attended regular classes in the school for class 11<sup>th</sup> & 12<sup>th</sup>.
- 6. Recent Character Certificate from Principal of the school last attended or from any Gazetted officer.
- Scheduled Caste/ Scheduled Tribe certificate as described in clause 2.2.2, if applicable.
   Father's SC/ST Certificate.
- 9. Physically Handicapped certificate, if applicable.
- 10. Entitlement Certificate for CWWAPP category from competent authority, if applicable.
- 11. OBC Certificate, if applicable.

## CERTIFICATE FROM THE PRINCIPAL OF THE SCHOOL LAST ATTENDED

1.	Certified that Mr./Ms.
	S/o/D/ohas been a regular student of
	Classto Classto
	and address of School
2.	(a) Certified that Mr./Ms
	school/
	(name & address of school in case the candidate has not studied class 11th in school mentioned or
	item 1. above)
	(b) Certified that Mr./Mshas studied 12 <sup>th</sup> Class in this school
	as a regular student.
3.	He/She has appeared/passed 12 <sup>th</sup> class examination under 10+2 system in the yearconducted by
	the(Name of the Board)
4.	He/She bears a good moral character.
5.	This school is recognized by(Name of the Board/Authority)
6.	This school is situated within the National Capital Territory of Delhi. Yes/No
7.	Date of Birth as per School record :
	Detail
	Dated Signature of the Principal with Seal

N	0									
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## UNIVERSITY OF DELHI (FACULTY OF MEDICAL SCIENCES)

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