

GOVERNMENT OF TRIPURA
DIRECTORATE OF MEDICAL EDUCATION

No. F.5 (6)-DME/PG/Counseling/2017-18(Sub-1)/2611-13

Dated 21.06.2017

CORRIGENDUM

I am sending herewith a new registration format to be hoisted in your concerned Institute's website. The new registration format heading reads as "APPLICATION FOR ADMISSION TO M.B.B.S COURSE AGAINST ALL INDIA RANKING OTHER THAN TRIPURA STATE DOMICILE CANDIDATES SEATS IN TRIPURA MEDICAL COLLEGE & DR. BRAM TEACHING HOSPITAL, AGARTALA WHO HAVE QUALIFIED IN NEET - 2017" in place of the old format uploaded earlier which have heading as "APPLICATION FOR ADMISSION TO M.B.B.S. COURSE AGAINST ALL INDIA RANKING SEATS IN TMC WHO HAVE QUALIFIED IN NEET -2017".

M. Chandra 21/06/17
Jt. Director of Medical Education,
Government of Tripura.

To,
The Principal,
AGMC & GBP Hospital,
Agartala.

Medical Records Officer,
AGMC & GBP Hospital,
Agartala.

The Principal,
Tripura Medical College & Dr. BRAM Teaching Hospital,
Hapania, Agartala

o/c

GOVERNMENT OF TRIPURA
DIRECTORATE OF MEDICAL EDUCATION

PASS PORT
SIZE PHOTO AS
ON OR AFTER
01.01.2017

APPLICATION FOR ADMISSION TO M.B.B.S COURSE AGAINST ALL INDIA RANKING OTHER THAN TRIPURA STATE DOMICILED CANDIDATES SEATS IN TRIPURA MEDICAL COLLEGE & DR. BRAM TEACHING HOSPITAL, AGARTALA WHO HAVE QUALIFIED IN NEET – 2017.

Regd No.....

1	Name of Applicant					
2	Sex					
3	Mother's Name					
4	Father's Name / Guardian's Name					
5.	Father's/ Guardian's profession					
6	Nationality					
7	State					
8	Category	OTHERS	OBC	ST	SC	PH
9	Locomotors Disability (lower Limb)	YES		NO		
10	If Yes, percentage of Locomotors Disability(lower Limb)					
11	Date of Birth	Day	Month	Year		
12	Blood Group					
13	Address for communication					
14	Mobile No.					
15	E-mail ID					
16	Permanent Address					
17	Contact No. of Guardian					
18	Marks obtained in qualifying exam (10+2) / Equivalent with Name of Board/University:-					
	% Marks in English		% Marks in Physics			
	% Marks in Chemistry		% Marks in Biology			
	% Marks in PCB					
19	Mark Obtained in NEET(UG)-2017					
20	Percentile Score					
21	All India Rank(Overall)					
22	Category Rank					
23	Category- PH-Rank					
24	Amount paid for Application					
25	Payment done in Demand Draft	YES				

Date:

Place:

Signature of the Applicant

DECLARATION OF THE CANDIDATE

I Sri/Smt.....hereby declare that the statements made and information furnished by me are true and correct to the best of my knowledge and belief. If any information furnished by me is found to be incorrect. My application is liable to be rejected.

Date:

Place:

**Signature of the Applicant
(Required during verification)**

DECLARATION OF THE CANDIDATE'S FATHER / MOTHER /GUARDIAN

I/We in addition to above also solemnly and sincerely affirm that it would be ensured by me/us that that the information furnished by my ward are correct to the best of my knowledge and belief.

Date:

Place:

**Signature of the parents /guardian
(Required during verification)**

INSTRUCTIONS :-

**** All the applicants are requested to enclose self attested Xerox Copy of the following documents alongwith their application:-**

- i) Age Proof.
- ii) PRTC(Where applicable)
- iii) ADHAR Card / e-adhar Card
- iv) Rank Card of NEET 2017.
- v) Marks Sheet of Qualifying examination (HS+2 Stage).
- vi) Pass Certificate of qualifying examinations.
- vii) Category Certificate SC/ST/PH.
- viii) Original Demand Draft in favour of Director of Medical Education payable at Agartala.

**** To produce all original documents during the time of counseling**

**** Any incomplete or improper application will be treated as cancelled.**

-Sd-
Director of Medical Education
Government of Tripura

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