





**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 2010 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 Parent/ Guardian

Full Name: \_\_\_\_\_

Relation with the candidate: \_\_\_\_\_

**Note:** The application form not signed 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. Matriculation or equivalent certificate showing date of birth.
2. Certificate of having passed 12<sup>th</sup> Class Examination along with a statement of marks.
3. 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>.
4. Character Certificate from any Gazetted Officer (Not older than six months).
5. Scheduled Caste/ Scheduled Tribe certificate as described in **clause 2.2.2**, if applicable.
6. Father's SC/ST Certificate (in case of candidates are applying under SC/ST category).
7. Physically Handicapped certificate, if applicable.
8. Entitlement Certificate for CWWAPP category from competent authority, if applicable.
9. OBC Certificate, if applicable.

**CERTIFICATE FROM THE PRINCIPAL OF THE SCHOOL LAST ATTENDED**

1. Certified that Mr./Ms.....  
S/o/D/o.....has been a regular student of  
Class.....to Class..... from the year..... to .....Name  
and address of School.....  
.....
  
2. (a) Certified that Mr./Ms.....has studied 11<sup>th</sup> Class in this  
school/.....  
(name & address of school in case the candidate has not studied class 11<sup>th</sup> in school mentioned on  
item 1. above)
  
- (b) Certified that Mr./Ms.....has 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 year .....conducted 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 : .....

Dated .....

**Signature of the Principal with Seal**

No.....

**UNIVERSITY OF DELHI  
(FACULTY OF MEDICAL SCIENCES)**

**ADMISSION TICKET**

DELHI UNIVERSITY MEDICAL-DENTAL ENTRANCE TEST (DUMET)- 2010

ROLL NO.

DATE

EXAMINATION  
CENTRE

Reporting time 9:30 A.M.

Paste one  
recent passport  
size  
Photograph of  
the applicant  
(un-attested)

(To be filled by the candidate in his/her own handwriting)

1. Name (IN BLOCK LETTERS)


2. Father's Name

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**Signature of the Candidate**

Deputy Registrar (Medical)

Name of the candidate.....

Complete Address.....

.....Pin.....

Please See Overleaf

No.....

**UNIVERSITY OF DELHI  
(FACULTY OF MEDICAL SCIENCES)**

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.....Pin.....

Please See Overleaf

**Candidates are admitted to the examination under conditions laid down in the Ordinances and Regulations of the University. Attention is particularly drawn to the Code of Conduct for Examinees, Directions to the Candidates for Examinations and Ordinances X, X-A & X-B laying down the General Rules for the Examination etc.**

**Notes:** Each candidate must show his/her 'Admission Ticket' to the Superintendent of the Examination Centre for admission to the Examination Hall and may be required to produce the same at any time during the course of examination.

Admission of the candidate to the entrance examination is provisional subject to his/her being found otherwise eligible for admission to the course concerned.

If ineligibility of a candidate is detected at any stage before or after examination/ declaration of result, his/her candidature/ admission will be cancelled without any notice.

In case any candidate is found to have furnished false information or certificate etc. or is found to have withheld or concealed any material information in his/her application, he/she will be debarred from admission.

**Cellular Phone/ Pager is strictly prohibited in the Examination Hall.**

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