

8. Details of Examinations:

Examination passed	Name of University or Board	Year of Passing	Roll No of Board/University	Subjects Offered	Percentage in aggregate of P/C/B upto two decimal point
12 th					

9. Nationality:

10. State to which belongs:

11. Father's Name:

Telephone No. (Residence): City Code Phone No.

Mobile No.

12. Telephone & Fax of Father's office, if any

City Code

Phone No.

13. Mother's Name:

14. Mailing Address :

 PIN

Telephone No. (if any): City Code Phone No.

Mobile No.

15. Permanent Address:

 PIN

16. Whether the candidate has taken admission in MBBS or BDS Course in Delhi University earlier, and if so, the year of admission..... and name of course: MBBS/ BDS.....

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– 2014.

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 2014 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. AIPMT -2014 Examination Roll No./Admit Card.
2. AIPMT -2014 Result (Score Card)
3. Matriculation or equivalent certificate showing date of birth.
4. Certificate of having passed 12th 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 11th & 12th .
6. Recent Character Certificate from Principal of the school last attended or from any Gazetted officer.
7. Scheduled Caste/ Scheduled Tribe certificate as described in **clause 2.2.2**, if applicable (Two copies)
8. Father's SC/ST Certificate.
9. Physically Handicapped certificate, if applicable. (Two copies)
10. OBC Certificate, if applicable. (Two copies)

Note 1: Recent OBC certificate i.e. should be issued on or after 1st April, 2014.
2. Original certificates including score card of AIPMT are required at the time of Counselling for admission to MBBS/BDS course along with 02 passport size photographs.

CERTIFICATE FROM THE PRINCIPAL OF THE SCHOOL LAST ATTENDED

1. Certified that Mr./Ms.
S/o/D/ohas been a regular student of
Class.....to Class.....from the year..... toName and address
of School.....
.....

2. (a) Certified that Mr./Ms.....has studied 11th Class in this
school.....
(name & address of school in case the candidate has not studied class 11th in school mentioned on
item 1. above)

- (b) Certified that Mr./Ms.....has studied 12th Class in this school
as a regular student.

3. He/She has appeared/passed 12th 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 :

Dated

Signature of the Principal with Seal

- Note :**
1. This Certificate must have attested (in original) by the school of the Principal with Seal where the candidate has studied 11th & 12th Classes as a regular student, failing which, your Application Form will be treated as cancelled without any further reference to the matter.

 2. The payment for obtaining BOI/downloaded application form should be made by submitting a crossed MICR Bank Draft/ Banker's Cheque/Pay Order drawn on any Nationalized Bank in favour of the **“Registrar, University of Delhi”**, payable at Delhi. Money in cash will not be accepted in any case for supply of Bulletin of Information.

**AUTHORITY LETTER AND UNDERTAKING FOR AUTHORIZED REPRESENTATIVE
MBBS/BDS Course for the Session-2014 under Faculty of Medical Sciences, University of Delhi**

AUTHORITY LETTER

(TO BE SUBMITTED AT THE TIME OF COUNSELING BY THE REPRESENTATIVE)

I _____ son/ daughter of Shri _____
bearing Roll No. _____ in AIPMT-2014, do
hereby authorize Mr./ Mrs./ Miss _____ son/ daughter/ wife of Shri _____
Resident of _____

to represent me on _____ (date) before the Medical Courses Admission Committee for selection/ rejection
of a seat/ college, or placement in waiting list for admission to MBBS/ BDS Course, 2014. The signature and the
photograph of above named Mr./ Mrs./ Miss _____ are attested below.

Photograph of
candidate
attested by
Gazetted
Officer

Signature of the candidate
Name _____
Roll No.(AIPMT) Examination _____
Category/Rank (AIPMT): _____
Address _____

Photograph of
authorized
representative
attested by the
candidate

Signature of Authorized representative _____
Attestation of Signature by the Candidate _____

* Candidate should sign in such a way that half of his/ her signature be on the photograph of authorized representative.

UNDERTAKING

I _____ son/ daughter of Shri _____ aged
_____ year _____ months, bearing Roll No. _____ placed at
Rank _____ in AIPMT-2014 do hereby solemnly affirm and undertake that the decision of my authorized
representative, Mr./ Mrs./ Miss _____ son/
daughter/ wife of Shri _____
aged _____ years _____ regarding selection/ rejection of seat, or placement in waiting list
regarding admission to MBBS/ BDS courses 2014 on the date of personal appearance shall be binding on me and I
shall not have any claim whatsoever, other than the decision taken by my authorized representative on my behalf
on _____

Signature of the candidate
Name _____
Roll No. (AIPMT) Final Examination _____
Category/Rank (AIPMT) _____
Address _____

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: _____