GOVERNMENT OF ASSAM
DIRECTOR OF MEDICAL EDUCATION, ASSAM

Declaration/Scrutiny Form for offline document verification of applicants who studied outside Assam, for admission into MBBS/BDS Courses, Session……

(Declaration form is to filled in by the candidate in his/her own handwriting)

Name of the Candidate: ……..…….

Name of Father/Mother/Guardian: ……...

Address:…….……

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Mobile No: ……

NEET UG Roll No.		Marks obtained in NEET UG		NEET UG Assam State Rank	

Marks in HSSLC/Equivalent:

Subject (10+2)	Total marks	Marks obtained	Percentage in PCB
Physics			
Chemistry			
Biology/ Biotechnology			
English			

Name of Board/ Council from where 10+2 (Sc.) passed: …….....

Details of Schooling:

- Period of schooling from Class I to Class XII outside the State of Assam from: ……to…… (Attached Schooling details proforma)
- Whether applicant studied in Assam : ☐ Yes ☐ No

  If yes period of schooling in Assam from: ……to…….

Whether last three generations were Permanent Resident of Assam? ☐ Yes ☐ No
(If yes, attach Annexure II)

Permanent Residential status: District: ……..…….State: …….

Signature…….

Full Name……

Date……..