





## 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 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.
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 1<sup>st</sup> 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/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**

- Note :**
1. This Certificate must have attested (in original) by the school of the Principal with Seal where the candidate has studied 11<sup>th</sup> & 12<sup>th</sup> 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: \_\_\_\_\_