**ANNEXURE – 1**

अखिल भारतीय आयुर्विज्ञान संस्थान- मंगलगिरि
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES – MANGALAGIRI**
स्वास्थ्य और परिवार कल्याण मंत्रालय के तहत राष्ट्रीय महत्व का संस्थान
**(AN INSTITUTE OF NATIONAL IMPORTANCE UNDER MINISTRY OF HEALTH AND FAMILY WELFARE)**
भारतसरकार / **Government of India**

## PROFORMA FOR EWS CERTIFICATE

Government of _____ (Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS
Certificate No.

Date: _____

**VALID FOR THE YEAR _____**

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____ Village /Street _____ Post office _____ District _____ in the State / Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his / her "family"** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His / her family does not own or possess any of the following assets*** :

I. 5 acres of agricultural land and above;
II. Residential flat of 1000 sq. ft. and above;
III. Residential plot of 100 sq. yards and above in notified municipalities;
IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

| Recent Passport size attested photograph of the applicant |
|---|

Signature with seal of Office_____

Name _____

Designation _____

Note 1 :Income covered all sources i.e. salary, agriculture, business, profession, etc.

Note 2 :The term "Family for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

Note 3 :The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

**ANNEXURE – 2**

अखिल भारतीय आयुर्विज्ञान संस्थान- मंगलगिरि

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भारतसरकार / **Government of India**

## PROFORMA FOR OTHER BACKWARD CLASS (OBC-NCL) CERTIFICATE

(Certificate to be produced by Other Backward Class applying for admission to Central Educational Institute (CEIS) under the Government of India)

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ Village/Town/District/Division in the _____ State belongs to the community which is recognized as a backward class under:

i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary part I Section I No. 186 dated 13/09/93.
ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary part I Section I No. 163 dated 20/10/94.
iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary part I Section I No. 88 dated 25/05/95.
iv) Resolution No. 12011/96/94-BCC dated 09/03/96.
v) Resolution No. 12011/44/96-BCC dated 06/12/96 published in the Gazette of India Extraordinary part I Section I No. 120 dated 11/12/96.
vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
ix) Resolution No. 12011/88/98-BCC dated 06/12/99 published in the Gazette of India Extraordinary part I Section I No. 270 dated 06/12/99.
x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary part I Section I No. 71 dated 04/04/2004.
xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary part I Section I No. 210 dated 21/09/2000.
xii) Resolution No. 12015/09/2000-BCC dated 06/09/2001.
xiii) Resolution No. 12011/01/2001-BCC dated 19/06/2003.
xiv) Resolution No. 12011/04/2002-BCC dated 13/01/2004.
xv) Resolution No. 12011/09/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary part I Section I No. 210 dated 16/01/2006.
xvi) Resolution No. 20012/129/2009/-BC-II dated 04/03/2014 published in the Gazette of India Extraordinary Part I section I no. 63 dated 04/03/2014.

Shri/Smt./Kum. and/or his family ordinarily reside(s) in the _____ District/Division of _____ State.
This is also to certify that he/she does not belong to the persons/section (creamy layer) mentioned in Column 3 of the Scheduled to the Government of India. Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt. (Res.) dated 09.03.2004 or the latest notification of the Government of India.

Dated: District Magistrate/Competent Authority Seal

**NOTE:**

**a) The Term Ordinarily used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.**

**b) The authorities competent to issue Caste Certificates are indicated below:**

**(i) District Magistrate/Additional Magistrate/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate.)**

**(ii) Chief Presidency Magistrate/Additional Chief presidency Magistrate/Presidency magistrate.**

**(iii) Revenue Officer not below the rank of Tehsildar.**

**(iv) Sub-Divisional Officer of the area where the candidate and/or his family resides.**

**ANNEXURE – 3**

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## PROFORMA FOR SCHEDULED CASTE AND SCHEDULED TRIBE CERTIFICATE

**Form of certificate as prescribed in M.H.A., O.M., No. 42/21/49-N.G.S. dated the 28.1.1952, as revised in Dept. of Per- & A.R. letter No. 36012/6/76-Est. (S. CT), dated the 29.10.1977, to be produced by candidate belonging to a Scheduled Caste or a Scheduled Tribe in support of his/her claim.**

### CASTE CERTIFICATE

This is to certify that Shri/Smt./Kum. _____ son/daughter* of _____ _____ village/town*_____ in district/Division*_____ of the State/Union Territory* _____ belongs to the _____ Caste/ Tribe which is recognized as a Scheduled Caste/Scheduled Tribe* under:

- The Constitution (Scheduled Caste) Order, 1950
- The Constitution (Scheduled Tribe) Order, 1950
- The Constitution (Scheduled Caste) (Union Territories) Order,1951
- The Constitution (Scheduled Tribe) (Union Territories) Order,1951

1. (as amended by the Scheduled Caste and Scheduled Tribe Lists (Modification) order, 1956, the Bombay Reorganization Act, 1960, the Punjab Re- organization Act, 1966, the State of Himachal Pradesh Act, 1970 the Northeastern Areas (Re-organization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act, 1976).
    - The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956.
    - The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959.
    - The Constitution (Dadra and Nagar Haveli) Scheduled Caste Order, 1962.
    - The Constitution (Dadra and Nagar Haveli) Scheduled Tribes, Order, 1962.
    - The Constitution (Puducherry) Scheduled Caste Order, 1964
    - The Constitution (Uttar Pradesh) Scheduled Tribes, Order, 1967.
    - The Constitution (Goa, Daman & Diu) Scheduled Caste Order, 1968.
    - The Constitution (Goa, Daman & Diu) Scheduled Tribes, Order, 1968.
    - The Constitution (Nagaland) Scheduled Tribes Order, 1970.
    - The Constitution (Sikkim) Scheduled Caste Order, 1978.
    - The Constitution (Sikkim) Scheduled Tribes Order, 1978.
2. Applicable in the case of Scheduled Caste/Schedule Tribe persons who have migrated from one State/Union Territory Administration:

This certificate is issued on the basis of the Scheduled Caste/Scheduled Tribe* certificate issued to Shri/Smt*_____ father/mother of Shri/Smt/Kum* _____ of village/town* _____ in District/Division* _____ of the State/Union Territory*_____ who belongs to the _____ caste/tribe which is recognized as a Scheduled Caste/Scheduled Tribe* in the State/Union Territory* _____ issued by the _____ (name of prescribed authority) vide their No_____ date _____

3. Shri*/Smt.*/Kum* _____ and/or his/her* family ordinary reside (s) in village/town*_____ of the State/Union Territory of _____.

Signature
** Designation_____
(With seal of Office)

Place_____ State/Union Territory
Date _____

- Please delete the words which are not applicable.
- Please quote specific Presidential Order.
- Delete the paragraph which is not applicable.

** Should be signed by the Authorities empowered to issue Scheduled Caste/Scheduled Tribe certificates as specified above

**ANNEXURE – 4**

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# LIST OF DESIGNATED DISABILITY CENTERS

| SI.No | **Name of Disability Certification Centre** | **City/State** | **Specialities Available for which Disability Certificate can be issued as per category of Disabilities mentioned in Disability Certificate** |
|---|---|---|---|
| 1. | Vardhman Mahavir Medical College& Safdarjung Hospital (VMMC & SJH) | New Delhi | All Disabilities as mentioned in Disability Certificate except Visual disabilities category and Intellectual Disabilities & Behavioural disabilities. |
| 2. | All India Institute of Physical Medicine and Rehabilitation (AIIPMR) | Mumbai | For Locomotor Disability only |
| 3. | Institute of Post Graduate Medical Education & Research (IPGMER) | Kolkata | All Disabilities as mentioned in Disability Certificate |
| 4. | Madras Medical College (MMC) | Chennai | All Disabilities as mentioned in Disability Certificate |
| 5. | Grant Government Medical College, J.J. Hospital Compound | Mumbai, Maharashtra | All Disabilities as mentioned in Disability Certificate |
| 6. | Goa Medical College | Goa | All Disabilities as mentioned in Disability Certificate except Speech Disability. |
| 7. | Government Medical College, Thiruvananthapuram | Thiruvananthapuram, Kerala | All Disabilities as mentioned in Disability Certificate. Ophthalmology Tests to be conducted at Regional Institute of Ophthalmology, Thiruvananthapuram under GMC Thiruvananthapuram |
| 8. | SMS Medical College | Jaipur, Rajasthan | All Disabilities as mentioned in Disability Certificate except:<br>1. Neurology- Genetic Testing<br>2. ENT- Speech & Language Disability Testing Orthopaedics/ PMR- Goniometer Adult. Plumb Line, Hand Dynamometer, Laser |
| 9. | Govt. Medical College and Hospital, Sector32 | Chandigarh | All Disabilities as mentioned in Disability Certificate |
| 10. | Govt. Medical College, Agartala, State Disability Board | Agartala/Tripura | All Disabilities as mentioned in Disability Certificate |
| 11. | Institute of Medical Sciences, Banaras Hindu University, | Varanasi/ Uttar Pradesh | All Disabilities as mentioned in Disability Certificate except Intellectual Disability. |
| 12. | Ali Yavar Jung National Institute of Speech and Hearing Disabilities, Bandra, Mumbai | Mumbai, Maharashtra | For Hearing Disabilities only |
| 13. | AIIMS, Nagpur | Nagpur, Maharashtra | All Disabilities as mentioned in Disability Certificate |
| 14. | Atal Bihari Vajpayee Institute of Medical Sciences & RML Hospital, New Delhi. (ABVIMS & RMLH) | New Delhi | All Disabilities as mentioned in Disability Certificate except ENT<br>For Visual Disability: Candidates who use LVAs may bring their own LVAs which can be checked. |
| 15. | Lady Hardinge Medical College & Associated Hospitals (LHMC) | New Delhi | All Disabilities as mentioned in Disability Certificate |
| 16. | All India Institute of Speech and Hearing (AIISH), Mysuru | Mysuru, Karnataka | For Speech & Hearing Disabilities only |
| 17. | Uttar Pradesh University of Medical Sciences, Saifai, Etawah-206130 | Uttar Pradesh | |

| | | |
|---|---|---|
| 18. | King George Medical University, Lucknow, U.P. | Uttar Pradesh |
| 19. | Civil Hospital, Ahmedabad | Gujarat |
| 20. | New Civil Hospital, Surat | Gujarat |
| 21. | PDU Hospital, Rajkot | Gujarat |
| 22. | Assam Medical College, Dibrugarh | Assam |
| 23. | Gauhati Medical College, Guwahati | Assam |
| 24. | Silchar Medical College, Silchar | Assam |
| 25. | Madurai Medical College & Govt. Rajaji Hopsital, Madurai | Tamil Nadu |
| 26. | Coimbatore Medical College Hospital | Tamil Nadu |
| 27. | Thanjavur Medical College, Thanjavur | Tamil Nadu |
| 28. | Zoram Medical College & Hospital Falkawn, Mizoram | Mizoram |
| 29. | Dr Sushila Tiwari Memorial Government Hospital (under Government Medical College, Haldwani) | Uttarakhand |
| 30. | Indira Gandhi Medical College & Hospital, Shimla-171001 | Himachal Pradesh |
| 31. | Dr. Rajendra Prasad Govt. Medical College & Hospital, Kangra at Tanda. | Himachal Pradesh |
| 32. | Government Doon Medical College, Dekhrakhas Patel Nagar, Dehradun-248001 | Uttarakhand |
| 33. | Pt. BD Sharma Post Graduate Institute of Medical Sciences, Rohtak | Haryana |
| 34. | AIIMS Bilaspur | Himachal Pradesh |
| 35. | All India Institute of Medical Sciences, Raipur, Chhattisgarh | Chhattisgarh |
| 36. | Pt. Jawahar Lal Nehru Memorial Medical College, Raipur | Chhattisgarh |
| 37. | Chhattisgarh Institute of Medical Sciences, Bilaspur | Chhattisgarh |
| 38. | Late Shri Baliram Kashyap Memorial Medical College, Jagdalpur, Chhattisgarh | Chhattisgarh |
| 39. | Bangalore Medical College and Research Institute (BMCRI), Bengaluru - State Capital Centre | Karnataka |
| 40. | Mysore Medical College and Research Institute (MMCRI), Mysuru - Regional Centre (South Zone) | Karnataka |
| 41. | Karnataka Institute of Medical Sciences (KIMS), Hubballi - Regional Centre (Central Zone) | Karnataka |
| 42. | Belagavi Institute of Medical Sciences (BIMS), Belagavi - Regional Centre (West Zone) | Karnataka |

| | | |
|---|---|---|
| 43. | Gulbarga Institute of Medical Sciences (GIMS), Kalaburagi - Regional Center (North-East Zone) | Karnataka |
| 44. | Rajendra Institute of Medical Sciences (RIMS) Ranchi | Jharkhand |
| 45. | Mahatma Gandhi Memorial Medical College, Jamshedpur | Jharkhand |
| 46. | SSG Hospital, Vadodara | Gujarat |
| 47. | G.G.Hospital, Jamnagar | Gujarat |
| 48. | Sir.T. Hospital, Bhavnagar | Gujarat |
| 49. | PMCH, Patna | Bihar |
| 50. | NMCH, Patna | Bihar |
| 51. | IGIMS, Patna | Bihar |
| 52. | DMCH, Darbhanga | Bihar |
| 53. | JLNMCH, Bhagalpur | Bihar |
| 54. | ANMMCH, Gaya JI | Bihar |
| 55. | SKMCH, Muzaffarpur | Bihar |
| 56. | GMC, Bettiah | Bihar |
| 57. | BMIMS, Pawapuri, Nalanda | Bihar |
| 58. | JKTMC&H, Madhepura | Bihar |
| 59. | Andhra Medical College/King George Hospital, Visakhapatnam | Andhra Pradesh |
| 60. | Guntur Medical College/Govt. General Hospital, Guntur | Andhra Pradesh |
| 61. | Kurnool Medical College/Govt General Hospital, Kurnool | Andhra Pradesh |
| 62. | RIMS, Imphal | Manipur |

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## SPECIFIED DISABILITY CLAUSE

A SCHEDULE is annexed regarding "SPECIFIED DISABILITY" clause (zc) of section 2, that states as under,

**1) Physical disability**

A. **Locomotor disability:** a person's inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both, including:

a. "**Leprosy cured person**" means a person who has been cured of leprosy but is suffering from-

i. loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye lid but with no manifest deformity;

ii. manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;

iii. extreme physical deformity as well as advanced age which prevents him/her from under taking any gainful occupation, and the expression "leprosy cured" shall constructed accordingly;

b. **"Cerebral palsy'** means a group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during shortly after birth;

c. "**Dwarfism"** means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimetres) or less

d. **"Muscular dystrophy"** means a group of hereditary muscle disease that weakens the muscle that move the human body and persons with multiple dystrophies have incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterized by progressive skeletal muscle weakness, defects in muscle proteins, and death of muscle cells and tissues'

e. **"Acid attack victims"** means a person disfigured by due to violent assaults by throwing of acid or similar corrosive substance.

B. **"Visual impairment:**

a. **"blindness"** means a condition where a person has any of the following conditions, after best correction -----

i. Total absence of sight; or

ii. visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction; or 92

iii. limitation of the field or vision subtending an angle of less than 40 degree up to 10 degrees.

b. **"Low –vision"** means a condition where a person has any of the following conditions, namely:-

i. Visual activity not exceeding 6/18 or less than 20/60 upto 3/60 or upto10/200 (Snellen) in the better eye with best possible corrections; or

ii. limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.

C. **"Hearing impairment" –**

a. **"deaf"** means persons having 70 DB hearing loss in speech frequencies in both ears;

b. **"Hard of hearing"** means persons having 60 DB to 70 DB hearing loss in speech frequencies in both ears;

D. **"Speech and language disability"** means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.

**2)** **Intellectual disability,** a condition characterized by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour which covers a range of every day, social and practical skills, including:

A. **"Specific learning disabilities"** means a heterogeneous group of conditions wherein there is a deficit in processing language, spoke nor written, that may manifest itself as difficult to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions such as perceptual disabilities, dyslexia, disgraphia, dyscalculia, dyspraxia and developmental aphasia;

B. **"Autism spectrum disorder"** means a neuro –developmental condition typically appearing in first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and is frequently associated with unusual or stereotypical rituals or behaviours.

**3)** **Mental behaviour, ___ "mental illness"** means a substantial disorder thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of specially characterized by sub normality or intelligence.

**4)** **Disability caused due to_____**

A. Chronic neurological conditions such as___

a. **"Multiple sclerosis"** means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged, leading to demyelination and affecting the ability of nerve cells in brain and spinal cord to communicate with each other;

b. **"Parkinson's diseases"** means a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow imprecise movement, chiefly affecting middle –aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.

B. **Blood disorder___**

a. **"haemophilia"** means an inheritable disease, usually affecting only male but transmitted by women to their male children, characterized by loss or impairment of normal clotting ability to blood so that a minor would may result in fatal bleeding;

b. **"Thalassemia"** means a group of inherited disorders characterized by reduced or absent amounts of haemoglobin.

c. **"Sickle cell disease"** means a haemolytic disorder characterized by chronic anaemia, painful events, and various complications due to associated tissue and organ damage; "haemolytic" refers to the destruction of the cell membrane of red blood cells resulting in the release of haemoglobin.

**5)** **Multiple Disabilities** (more than one of the above specified disabilities) including deaf blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental and educational problems.

**6)** Any other category as may be notified by the central Government

**Note: Any amendment to the Schedule to the RPWD Act, 2016, shall consequently stand amended in the above schedule.**

**ANNEXURE – 5A**

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# CERTIFICATE OF DISABILITY

**(As per Gazette Notification No. MCI-18(1)/2018-Med./187262 dated 5th Feb 2019/13th May 2019 for Admission to Medical Courses in All India Quota)**

Certificate No. _____ Dated _____

Name of the Designated Centre (as per Appendix-VIII-B): _____ This is to certify that Dr. /Mr. /Ms. _____ Aged_____ Years Son/Daughter of Mr._____
R/o_____
_____.

NEET Application No. _____ NEET Roll No. _____Rank No. _____, has the following Disability (Name of the Specified Disability) _____ in (percentage) of _____ (in words) _____ (in Figures).

Please tick on the "Specified Disability"

[(Assessment to be done in accordance with the Gazette Notification No. S.O76 (E) dated 4th January 2018 of the Department of Empower of Person with Disability (Divyangjan), Ministry of Social Justice & Empowerment]:

| S/No. | Disability Type | Type of Disability | Specified Disability |
|---|---|---|---|
| 1 | Physical Disability | A. Locomotor Disability*<br>B. Visual Impairment*<br>C. Hearing Impairment*<br>D. Speech & Language Disability | a. Leprosy cured person, b. Cerebral Palsy, c. Dwarfism, d. Muscular Dystrophy, e. Acid attack Victims, f. other such as Amputation, Poliomyelitis<br>a. Blindness<br>b. Low Vision<br>a. Deaf<br>b. Hard of hearing<br>a. Organic/Neurological causes |
| 2 | Intellectual Disability | | a. Specific Learning Disabilities (Perceptual disabilities, Dyslexia, Dysgraphia, Dyscalculia, Dyspraxia & Development Aphasia<br>b. Autism Spectrum Disorders |
| 3 | Mental Behaviour | | a. Mental illness |
| 4 | Disability caused due to | a. Chronic Neurological Conditions | i. Multiple Sclerosis<br>ii. Parkinson's disease |
| | | b. Blood Disorders | i. Haemophilia, ii. Thalassemia, iii. Sickle Cell Disease |
| 5 | Multiple Disability including Deaf-Blindness | | More than one of the above-specified disabilities |

- Conclusion: He/She is Eligible/Not Eligible for admission in Medical/Dental courses as per the aforesaid Gazette Notification(s) subject to his being otherwise medically fit.
- Functional competency with the aid of Assistive devices in case of Locomotor*/Visual*/Hearing* Impairment, if any _____

Sign. & Name _____ (Concerned Specialist)

Sign. & Name _____ (Concerned Specialist)

Sign. & Name _____ (Concerned Specialist)

**ANNEXURE – 6**

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# Application for admission to MBBS Course at AIIMS Mangalagiri

## PLEASE FILL UP THE FORM IN CAPITAL LETTERS ONLY

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| First Name | | | | | | | | | | | | | | | |
| Middle Name | | | | | | | | | | | | | | | |
| Last Name | | | | | | | | | | | | | | | |
| Father Name | | | | | | | | | | | | | | | |
| Mother Name | | | | | | | | | | | | | | | |
| Date of Birth | | | | | | | | | Blood Group: | | | | | | |
| Aadhar Number | | | | | | | | | | | | | Recent passport size colour photograph of the Candidate. | | |
| Gender | | | | | | | | | | | | | | | |
| Religion | | | | | | | | | | | | | | | |
| Caste | | | | | | | | | | | | | | | |
| Roll Number | | | | | | | | | | | | | | | |
| All India Rank | | | | | | | | | | | | | | | |
| Candidate Category | | | | | | | | | | | | | | | |
| Allotted Category | | | | | | | | | | | | | | | |
| **Address for Correspondence:** | | | | | | | | | | | | | | | |
| House Number | | | | | | | | | | | | | | | |
| Street / Village | | | | | | | | | | | | | | | |
| Police Station | | | | | | | | | | | | | | | |
| District | | | | | | | | | | | | | | | |
| State | | | | | | | | | | | | | | | |
| Pin code | | | | | | | | | | | | | | | |
| **Contact Details:** | | | | | | | | | | | | | | | |
| Candidate Mobile No. | | | | | | | | | | | | | | | |
| Father Mobile No. | | | | | | | | | | | | | | | |
| Mother Mobile No. | | | | | | | | | | | | | | | |
| Candidate Email Id | | | | | | | | | | | | | | | |
| Father Email Id | | | | | | | | | | | | | | | |
| Mother Email Id | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

| **10 + 2 / Senior Secondary / Intermediate Details** | | | | | | |
|---|---|---|---|---|---|---|
| | **English** | **Physics (P)** | **Chemistry (C)** | **Biology (B)** | **2nd Language** | **Total** |
| Maximum Marks (Including practical's) | | | | | | |
| Marks obtained (Including practical's) | | | | | | |
| Percentage (English) | | Percentage (P+C+B): | | | Percentage (Overall): | |
| NEET UG Score | | | | | | |
| NEET Percentage | | | | | | |
| NEET Percentile | | | | | | |

## DECLARATION

I solemnly affirm that the information / documents furnished overleaf & above are true and correct in all respects to the best of my knowledge and belief. I understand that if any information furnished here is found to be false or incorrect or wilfully concealed by me at any later occasion, I shall be liable to disciplinary action and / or criminal prosecution, as deemed fit by the competent authority, I shall also forgo my claim to the seat in AIIMS, Mangalagiri (AP).

Signature of the Candidate

Signature of the Parent / Guardian

**ANNEXURE – 7**

अखिल भारतीय आयुर्विज्ञान संस्थान- मंगलगिरि
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES – MANGALAGIRI**
स्वास्थ्य और परिवार कल्याण मंत्रालय के तहत राष्ट्रीय महत्व का संस्थान
**(AN INSTITUTE OF NATIONAL IMPORTANCE UNDER MINISTRY OF HEALTH AND FAMILY WELFARE)**
भारतसरकार / **Government of India**

# Acknowledgement of deposit of original certificates (Session 2026)

This is certified that following original/Xerox documents of Mr. /Ms……..... …… S/D/O ----------Roll Number ……All India Rank…… Category……. Phone No……Email…… are deposited at AIIMS Mangalagiri in compliance with legal provisions regarding Admissions in MBBS 2026 counselling.

| Sl. No | Certificate/Documents | Yes/No |
|---|---|---|
| 1 | NEET Admit card | |
| 2 | NEET Score card | |
| 3 | Seat allotment Letter by MCC | |
| 4 | 10th Class Passing Certificate/marks certificate | |
| 5 | 12th Class passing Certificate | |
| 6 | 12th Marks Sheet (marks obtained ……. out of……. =……%<br>60% for general/OBC category, 50% for SC/ST category or as per latest MCC guidelines | |
| 7 | Transfer certificate | |
| 8. | Migration certificate | |
| 9 | SC/ST/OBC NCL */EWS<br>a. SC/ST Certificate issued by the competent authority and should be in English or Hindi in language. Community should be clearly mentioned in the certificate.<br>b. OBC NCL Certificate issued by the competent authority for central Govt. jobs/for admission in Central Govt. College/Institute. The sub-caste should tally with the Central List of OBC. OBC Candidates should not belong to Creamy Layer. OBC certificate must be in the Central Govt. Format as prescribed in the prospectus.<br>*OBC – NCL & EWS Certificates should have been issued between 1st April of admission year and start of reporting to Round-1 of MBBS counselling or as per latest MCC guidelines. | |
| 10 | Disability certificate issued from a duly constituted and authorized medical board as mentioned in the MCC information news bulletin | |
| 11 | 05 passport size photographs | |
| 12 | Admission Fees 5,856/- | |
| 13 | Self-attested one set photocopy of above certificates. | |
| 14 | Anti ragging affidavit by the Student & Parent | |

Candidate signature  Verified by  Nodal Officer (Admissions)  Dean (Academic) AIIMS, Mangalagiri

## UNDERTAKING BY THE STUDENTS

**(For all candidates)**

Paste stamp size colour photograph

I, _____

S/o, D/o of Mr. /Mrs./Dr._____

have passed MBBS Entrance Examination held on _____2026.

I certify that all my original certificates (i.e., 10th Pass certificate/Age proof, 12th Pass certificate, 12th Marks sheet and Scheduled Caste/Scheduled Tribe (SC/ST)/ Other Backward Class (OBC) /EWS Certificate is authentic. If anything found false, then my candidature may be withdrawn/cancelled at any time during the course.

Specimen signature

Left thumb impression

Name : _____

Signature of the candidate :_____
Address :_____

Email ID :_____

Mobile Number :_____

## DECLARATION BY THE OBC (NCL) CANDIDATE

I_____ Son/Daughter of_____Village/Town/City _____ District_____

State _____ hereby declare that I belong to the community which is recognized as a backward class by the Government of India for the purpose of reservation in service as per orders contained in the Department of Personal and Training office memorandum number36012/2293.Estt. (SCT) dated 08.09.1993.

It is also declared that I do not belong to person/section (creamy layer) mentioned in column 3 of the schedule to above referred office memorandum dated 08.09.1993.

Signature of the Candidate

Name:

Address:

Signature of the Parent/Guardian

Name:

Address: