

Offline Application Form for Kashmir Valley Candidates Only

NATIONAL ELIGIBILITY CUM ENTRANCE TEST (UG)-2020

Paste Your
 Latest
 Photograph

(Put Your Signature Here)

(Put Your Left hand thumb Impression)

Application No.		2004150	SNO.		[]	
(to be filled by the Nodal Centre)						
1.	Candidate's Name					(As per Class X certificate)
2.	Father's Name					
3.	Mother's Name					
4.	Date of Birth(MM/DD/YY)					
5.	Category (Tick any one)	1. SC 2. ST 3. OBC-NCL 4. General 5.General-EWS				
6.	Person with Disability (PwD) (Tick any one)	1. Yes 2.No				Please refer to MCI Amendment Notification No. MCI-34(41)/2019-Med/112862 dated 13.05.2019
7.	If PwD Yes, Type of Disability: (Tick any one)	(i) Locomotor disability, including specified disability in this category under PwD Act 2016. (ii) Intellectual disability, including specified disability in this category under PwD Act 2016. (iii) Mental Behavior/Mental illness (iv) Disability caused due to Chronic Neurological conditions and Blood Disorder (v) Multiple Disability including deaf blindness (vi) Visual impairment (vii) Hearing impairment (viii) Speech & Language disability				
8.	Disability Percentage					Person with less than 40% disability is not eligible for PWD Quota
9.	Do you need scribe (Tick any one)	1. YES,(Arrange by Own) 2. Yes,(Arrange by NTA) 3. No, i don't need scribe				
10.	Gender (Tick any one)	1. Male 2. Female 3. Transgender				
11.	Nationality (Tick any one)	1. Indian 2.NRI 3. OCI 4.PIO 5. Foreign				
12.	Address for Communication Including State\City\District\Pin Code					
13.	State of Eligibility (for 15% All India Quota Seats)					(Attached with the form duly Signed)
14.	Identity Type (Tick any one)	1. Aadhaar No (Last 4 Digit Only) 5. Bank Account 2. Voter Id/ Election Card (EPIC No.) 6. Class-XII Admit Card issued by the Board 3. Passport 7. Any Other Valid Govt. Identity. Please Specify 4. Ration Card				:.....
15.	Enter Identification Number of Identity Type					
16.	Mobile No:					Your Own or Parents Only
17.	Email Address:					

18.	Are you suffering from Diabetes Type 1 ? (Tick any one)	1. Yes	2.No	
19.	Medium of Question Paper (Tick any one)	1. English	2. Hindi	3. Urdu
20.	Examination City Choices (Provide City & Code City Name)	1.	2.	Please Refer Annexure-I
		3.	4.	
Details of Class-X				
21.	Name of School Education Board			
22.	Name and Address of the School / College			
23.	Year of Passing			
24.	Percentage of Marks obtained			
25.	Provide Roll Number of Class 10 th			
Details of Class-XII / Qualifying Examination				
26.	Name of School Education Board			
27.	Name & Address of the School / College			
28.	Passed/Appearing (Tick any one)	1. Passed	2. Appearing	
29.	Year of Passing/Appearing			
30.	% of Marks obtained			
31.	Provide Roll Number of Class 12 th (If available)			
32.	Mode of Preparation (Tick any one)	1. Self Study	2. Coaching	

Declaration: I hereby declare that, to the best of my knowledge and belief, the particulars given above and the declaration made therein are true. I am submitting 5 pages(including the Application Form) and the following Bank Draft:-

Bank Draft of Rs drawn on (Name of Bank) Bank Draft Number dated drawn in favour of “**Director General, National Testing Agency, Noida**” payable at NOIDA is enclosed.

(Signature of the Applicant)

Checklist - Please enclose following with the Application form :

- Self-Declaration proforma for candidates belonging to UT of Jammu & Kashmir/ U T of Ladhak (Page : 3)
- Post Card size Photograph pasted on the proforma(Page : 4)
- Photo Copy of Class X passed certificate (Page : 5)
- Bank Draft of requisite fee

Application No.

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Candidate's Name

**Self-Declaration Proforma for Candidates belonging to erstwhile State of
J & K (now known as UTs of J & K and Ladakh)**

I, Son/Daughter of..... do hereby solemnly affirm and state as follows:

(i) That I am not eligible to appear for the MBBS/BDS seats in the erstwhile State of J&K **(now known as UTs of J & K and Ladakh)** and hence not eligible to seek admission in Medical/Dental Colleges in J&K.

(ii) That I am not domiciled in **erstwhile** State of **J&K (now known as UTs of J & K and Ladakh)**.

(iii) That I further declare that the said declaration is made by me on my own after knowing and understanding all the rules and its implications.

(iv) That if the above statement of mine is found incorrect at any time, my candidature/ admission in MBBS/BDS or any other Graduate Medical Course respectively, be cancelled and legal action as deemed fit may be initiated against me.

Paste Your
Latest
Photograph

(Put Your Signature Here)

(Put Your Left hand thumb Impression)

Date:	Name	
	Father Name	
	Mother Name	

(*Note: For any new instruction in the above regard, the website of Ministry of Home Affairs ,G.O.I, may be visited time to time).

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Candidate's Name :

Paste Your latest
Post Card
Size Photograph

(For photograph, the focus needs to be on face (80% face coverage, ears clearly visible, on white background).

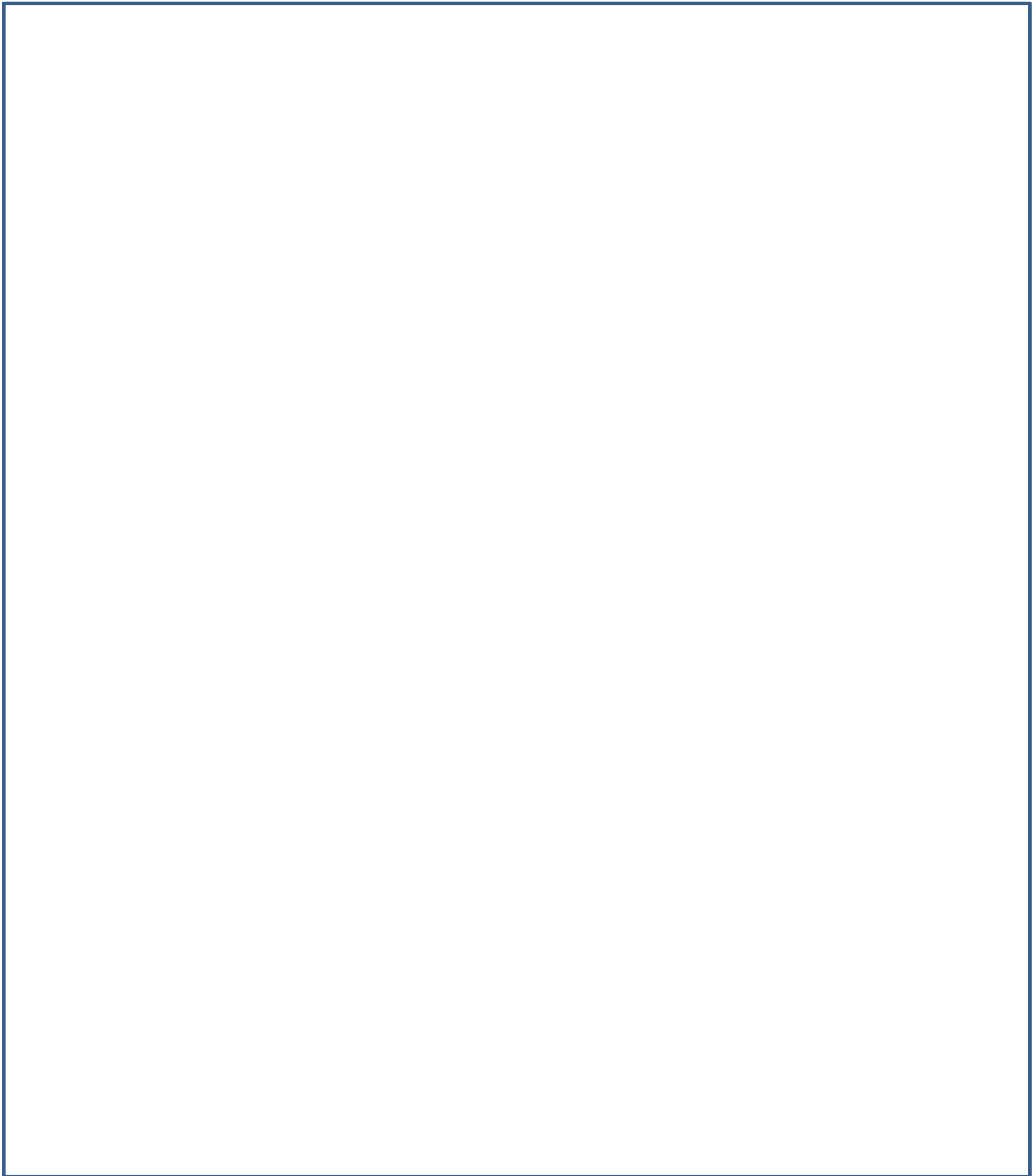
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Candidate's Name



(For Photocopy of Pass Certificate of Class-X).