

PROFORMA
(For Def-1, Def-2 Candidates)
CERTIFICATE

This is to certify that Shri. / Smt.
(Full Name of the Employee with Rank of the employee)

is / has been a member of Defence Forces of India. He / She has put in years of service in Indian Army / Indian Navy / Indian Air Force from to and is currently working / retired from services on / permanently disabled since / killed in action on

This certificate is issued for the purpose of his / her son / daughter / spouses' admission to First Year in Health Science Courses for the academic year 2024-2025.

Date :
Place :

(Signature)
Name and Designation of the Authority
(who is authorized to issue such certificate) /
District Sainik Welfare Officer

Seal of the Office

Note: This proforma is not valid for civilian staff working in the Indian Army, Navy & Air Force.

PROFORMA
(For Def-3 Candidates)

(For son/daughter/spouse of Active defence service personnel domiciled in other than Maharashtra State)

CERTIFICATE

This is to certify that Shri. / Smt. is a member of
(Full Name of the Employee with Rank of the employee)

Defence Forces of India, and is currently working in Indian Army / Indian Navy / Indian Air Force.

Shri / Smt. is transferred to
(Place of posting)

in Maharashtra State vide transfer order No. Date

He / She has joined duty in Maharashtra on and is currently working in the same post.
(Date of Joining)

This certificate is issued for the purpose of his / her son / daughter/spouse admission to First Year in Health Science Courses for the academic year 2024-2025.

Date :
Place :

(Signature)
Name and Designation of the Authority
(who is authorized to issue such certificate)

Seal of the Office

Note: This proforma is not valid for civilian staff working in the Indian Army, Navy & Air Force.

ANNEXURE - H

MEDICAL FITNESS

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a **Letterhead** or on this format with original seal and signature.

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Mr./Ms who is desirous of admission to Health Science Courses.

He/she has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the professional course.

Certified that he/she fulfills the following criteria.

- (1) Absence of any incapacitating and /or progressive systemic disease/disorder/condition,
- (2) Absence of any disability of upper limb/s.
- (3) Absence of any major visual/ auditory disability.
- (4) Absence of psychosis/neurosis/mental retardation,
- (5) Ability to maintain erect posture,
- (6) Reasonable manual dexterity.

Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career as a Medical / Dental / Ayurved / Homeopathy / Unani / Occupational Therapy / Physiotherapy / Audiology & Speech, Language Pathology / Prosthetics & Orthotics / BSc Nursing.

(Strike, which is not applicable):

1.
2.
3.

Address of the Registered Medical Practitioner	Signature
	Name
	Registration No.
	Seal of Registered Medical Practitioner
Date :	

ANNEXURE - J **Status Retention Form**

(To be sent to Competent Authority by the college)

Candidate's Name : _____ All India Neet Rank _____

Category : _____ NEET UG Roll.No. : _____ Region Code : _____

Address: _____

Pin Code: _____ Phone No. _____

To

The Competent Authority,
NEET UG 2024, Mumbai.

Sir/Madam,

I, Mr./Miss _____ wish to retain the seat allotted
(Name of Candidate)

to me at _____
(Name of the College)

for _____ Course in Health Sciences for the academic year 2024-25.
(Name of the course)

Declaration

I am fully aware that after filling this **Status Retention Form** that I will not be considered for any subsequent rounds of selection process for the year 2024-25. I also declare that I will not ask for reconsideration of my name for further selection process.

Date :

Place : _____ Signature of Candidate

Signature of Parent/Guardian

Signature of Dean /Principal (with seal)

(Cut here) - - - - -
(To be retained by the College)

To

The Competent Authority,
NEET UG 2024, Mumbai.

Sir/Madam,

Mr./Miss _____ (All India NEET Rank. _____) wish to retain the
(Name of Candidate)

seat allotted to me at _____
(Name of the College)

for _____ Course in Health Sciences for the academic year 2024-25.
(Name of the course)

Declaration

I am fully aware that after filling this **Status Retention Form** that I will not be considered for any subsequent rounds of selection process for the year 2024-25. I also declare that I will not ask for reconsideration of my name for further selection process.

Date :

Place : _____ Signature of Candidate

Signature of Parent/Guardian

Signature of Dean /Principal (with seal)

ANNEXURE- X
PROFORMA FOR CANCELLATION OF ADMISSION
 (To be filled in duplicate)

To,
 The Dean / Principal,

Subject: Cancellation of Admission.

Respected Sir,

I, Mr./Ms.
 SML No. was admitted to
 course, at
 college on
 (date) under category.

Now I wish to cancel my admission since

- 1) I have secured admission through another Competent Authority for Engineering/ Architecture / Agriculture / Any other course
- 2) I wish to cancel it for personal reason/s.

I hereby request you kindly return my original documents and the amount of fees that I am entitled for, as per rules.

Thanking you,

Yours faithfully,

(Signature of Candidate)

Name & Address of candidate Pin Code Tel. No.

For Office use only: Amount Paid Rs. Amount deducted Rs. Amount refunded Rs. Cheque No. & date Bank particulars

Enclosure : Photocopy of selection letter from another Competent Authority (if applicable)

Government of Maharashtra
COMMISSIONERATE, COMMON ENTRANCE TEST CELL, MUMBAI
 NEET UG 2024 – To be filled at the time of admission

SCRUTINY FORM

**PROVISIONAL
STATE MERIT NO.:** _____

Scrutiny Center : _____

Candidate's Name : _____ NEET Roll No.: _____

NEET MERIT NO.: _____ NEET MARKS PERSONTILE : _____ Category : _____

HSC PCB : ____/____ HSC E ____/100

Mobile No. _____

Ear-Marking only of reserved candidates Open Reserved

Signature of Candidate

(Arrange a set of original certificates and one set of attested photocopies separately in the order given below for verification)

Remarks:

(For Office Use only)

Eligible: Yes / No

If not eligible, reason/s _____

Any other remarks: _____

Name & Signature of Scrutiny Officer

- | | |
|------------------------------|---|
| <input type="checkbox"/> | Admit Card of NEET UG 2024 |
| <input type="checkbox"/> | Copy of Online application Form (Latest) |
| <input type="checkbox"/> | NEET-UG 2024 Mark sheet |
| <input type="checkbox"/> | Nationality certificate/valid Indian passport |
| <input type="checkbox"/> | Domicile Certificate |
| <input type="checkbox"/> | H.S.C. (or equivalent) examination marksheet |
| <input type="checkbox"/> | SSC (or equivalent) passing certificate (for Date of Birth) |
| <input type="checkbox"/> | Aadhar Card |
| <input type="checkbox"/> | Medical fitness certificate (Annexure - I) |
| <input type="checkbox"/> | Person with disability Certificate (PWD) |
| If applicable | |
| <input type="checkbox"/> | Caste Certificate |
| <input type="checkbox"/> | Caste Validity Certificate |
| <input type="checkbox"/> | Non Creamy layer Certificate valid upto 31/03/2023 (VJ, NT1, NT2, NT3, OBC including SBC, SEBC) |
| Specified Reservation | |
| <input type="checkbox"/> | D1/D2/D3 : Ex-servicemen Certificate, actual service certificate |
| <input type="checkbox"/> | D1/D2 : Domicile Certificate of Defence person |
| <input type="checkbox"/> | D3 : Transfer certificate |
| <input type="checkbox"/> | MKB : Dispute area cert., Mother tongue cert. |
| <input type="checkbox"/> | HA : Parent Domicile, SSC/HSC from hilly area. |
| <input type="checkbox"/> | EWS Eligibility Certificate |
| <input type="checkbox"/> | Orphan Certificate |

Signature with date of Clerk