

**APPLICATION FORM FOR RESERVATION OF SEATS IN MEDICAL / DENTAL
COLLEGES FOR WIVES, WIDOWS, SONS AND DAUGHTERS OF DECEASED
DISABLED / SERVICE AND EX-SERVICE PERSONNEL OF THE ARMED
FORCES FOR THE YEAR 2025-2026**

APPLICATION FORM FOR : (Please mention clear name of Course either
M.B.B.S. or B.D.S or Both)

M.B.B.S.

B.D.S. or

M.B.B.S. & B.D.S Both

1.	Name in full in Block letters	
2.	Mobile No. (WhatsApp No.) and email id of Candidate	
3.	F/No./Rank/Name, and Unit/office of father (in case of widow, particulars regarding her late husband are to be given)	
4.	Present address with Mobile No. of Force personnel/e-mail ID and Telegraphic address, if any	
5.	Date of Birth of candidate	
6.	If father / husband is deceased / disabled, state whether in action / on duty (Cat- "A")	
7.	If father is an Ex-serviceman (Cat- "B")	
8.	If father is serving Officer / JCO/ OR (Cat-"C" and "D")	

Note:- In respect of casualties in war / war-like operations and while in service. Only widow of those who died in war/war-like operations while in service due to attributable reasons are eligible.

9. This category also includes sons / daughters of
Ex-serviceman who were disabled / deceased

after retirement but not those who have been
re-employed in the Armed Forces in any rank. -----

10. Name of examination and University, from -----
which candidates, passed his/her B.Sc. -----
10+2, Pre-medical or other equivalent exam -----
for M.B.B.S. / B.D.S. Course -----

11. Examination passed at First attempt, if not, -----
At which attempt.

12. Year of passing -----

13. Roll No. -----

14. University Registration No. -----

15. Total marks allotted and marks obtained in -----
Examination as indicated below.

(Marks Sheets to be attached).

a) MBBS /BDS course for those who have passed only basic qualification
exam.

Subject	Basic qualifying examination		Whether Maths offered in 10+2 or equivalent, if so number of marks	
	Marks Obtained	Marks Allotted	Marks Obtained	Marks Allotted
English				
Physics				
Chemistry				
Biology				
Total				

b) Total Marks in Matric / High School/Marks Obtained Marks Allotted
Hr. Secondary (XII Class)

(c) Whether Chemistry passed in both -----
Organic and in-organic Chemistry)

16. Any other qualifications, University degrees etc -----
With date of passing

17. Does the candidate possess means of support -----
adequate for the proposed Medical College

18. Has the candidate applied for admission to any -----
other Medical College under control of any
State Govt. If so, name of the college and ground

on which applied for, reserved category / open category.

19. Indicate three names of Medical/ Dental collage of preference of your choice
- 1-----
- 2-----
- 3-----

Declaration

I hereby agree, if admitted to confirm to the Rules and Regulations at present in Force or that may hereby be made for the administration of the College and its associated hospitals and I undertake that so far as I am student of the College, either inside or outside, not to do anything that will interfere with its orderly working and discipline.

Place :-----

Date:-----

(
Signature of Candidate

FORM "O"

FOR SONS / DAUGHTERS OF SERVING OFFICER / JCOS / ORS

This is to certify that No.....Rank
..... Name.....is presently serving
in the Unit / Corps /Services and his date of retirement is
.....

Signature with full particulars of
Attesting Officer.

FITNESS CERTIFICATE

Certified that I have examined Kumari / Master
.....
D/O / S/O ShriCRPF and found that she / he is
physically fit to undergo MBBS / BDS course. Her / his specimen
signatures are appended below:-

Specimen Signature :-----

Medical Officer

Place :-----

Date :-----

UNDERTAKING

I,Son/ daughter of
.....

OR

I, IRLA No./ Force
No. / ID No.serving in (Force/
IB) as
resident of
.....

.....
hereby give undertaking that none of my siblings/ children has earlier
has been selected for a MBBS/ BDS seat under Central Pool Quota for
wards of CAPFs & AR & IB personnel. In case the above information is
found to be false at any stage, I may be debarred from pursuing the
MBBS/ BDS course for which I have been selected under Central Pool
Quota (**in case of the candidate**)

OR

Suitable disciplinary action may be taken against me (**in case of
the parent/ personnel**).

(Signature of Parents/ Guardian)

(Signature of Candidate)

**Check list for checking of MBBS/BDS form submitted
by Ward of CRPF personnel :-**

S1 No.	Details	Yes	NO
01	Appendix-A*		
02	Form-O* (Serving Certificate)		
03	Fitness certificate*		
04	Undertaking*		
05	NEET result (Copy)*		
06	12 th class mark sheet*		
07	Category Certificate (for OBC/SC/ST candidate)*		
08	Death Certificate (for Category-A and B and normal death)*		
09	PPO/retirement certificate of retired personnel*		
10	10 th class mark sheet		
11	Gap Certificate		
12	Casualty Certificate of Killed in action (for Priority-I)*		
13	Order of Permanently disabled in action and boarded out from service (for Priority-II)*		