Allocation of Central Pool MBBS/BDS seats for the academic year 2024-25

Kindly refer to this Directorate Signal of even No. dated 03/06/2024 (.) MHA vide OM No. I-45020/2/2024-Pers.II dated 12/6/24 has intimated that allocation of seats in subject matter is awaited from MoH&FW, however desired to call for the applications from eligible wards (.) As such, application (format enclosed as Appendix-A) and all connected documents along with photocopy of result of NEET-2024 in respect of eligible and interested wards of CRPF personnel may be obtained in triplicate from the wards of CRPF personnel through their respective Units/Offices, subsequently scrutinize thoroughly at Sector Hqrs and their details duly consolidated in Format (enclosed as Appendix-B- in Excel Sheet) may be forwarded to this Directorate by 25/06/2024 repeat 25/06/2024 positively (.) **Para** (.) Request ensure for wide publicity of the scheme amongst all serving personnel through Morning Marker, Roll Call, Notice Boards in dining hall, Recreation Rooms, Sainik Sammelan and also amongst Ex-personnel/ personnel disabled in action and NOK of deceased/Martyr's through direct circulars etc. so that the allotted seats may be utilized fully and maximum wards of needy CRPF personnel may be benefited from the scheme ///

Encl. (Appendix-A & B)

Sd-13/06/2024

DIG (Welfare) Dte.

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 2024-2025

APP	LICATION FORM FOR : (Please mention cl M.B.B.S. or B.D.S. 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 causalities 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.

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

			ent but not the						
10.	v 1	vhich candi 0+2, Pre-m	amination and dates, passed ledical or othe / B.D.S. Coul	c exam					
11.		Examination	passed at Firempt.	not,					
12.	Y	ear of pass	ing						
13.		Roll No.	J						
14.	ι	Jniversity R	egistration 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.								
	Sub	oject	Basic	qualifying		ths offered in 10+2 or			
	R U T E (I a) Engli Physical Che Biold Total b) (c) Any With Does adea other		examination Marks Obtained	Marks Allotted	Marks Obtained	f so number of marks Marks Allotted			
	Eng	llish	o stanio a	7	- Optaniou				
		emistry							
	Tota	al							
	·	Hr. Secondary (XII Class)							
16.	•	other qualind date of pa	fications, Univ	versity degree	es etc				
17.			date possess e proposed M		•				
18.	othe	r Medical C	ate applied for college under o, name of the	control of any	y				

	category.	
19.	Indicate three names of Medical/ Dental collage of preference of your choice	1
	of preference of your choice	2
		3
	<u>Declaration</u>	
and it	I hereby agree, if admitted to confirm to nt in Force or that may hereby be made for the s associated hospitals and I undertake that so le, either inside or outside, not to do anything the lag and discipline.	administration of the College far as I am student of the
	Place :	
	Date:()
		Signature of Candidate

FORM "O"

This is to certify that NoRank
Signature with full particulars of Attesting Officer.
FITNESS CERTIFICATE
Certified that I have examined Kumari / Master
D/O / S/O Shri
Specimen Signature :
Place : Date :

UNDERTAKING

l,		daughter of
<u>OR</u>		
I, No. / ID No IB) asresident	servir	ng in (Force/ of
hereby give undertaking that none of has been selected for a MBBS/ BDS wards of CAPFs & AR & IB personnel found to be false at any stage, I ma MBBS/ BDS course for which I have Quota (in case of the candidate)	f my siblings/ childre seat under Central Pol. In case the above in the debarred from	n has earlier ool Quota for nformation is pursuing the
OR Suitable disciplinary action may I the parent/ personnel).		in case of
(Signature of Parents/ Guardian)	(Signature o	f Candidate)

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

	<u> </u>									
SI	Details	Yes	NO							
No.										
01	Appendix-A*									
02	Form-O* (Serving Certificate)									
03	Fitness certificate*									
04	Undertaking*									
05	NEET result (Copy)*									
06	12th class mark sheet*									
07	Category Certificate (for SC/ST									
	candidate)*									
08	Death Certificate (for Category-A									
	and B and normal death)*									
09	PPO/ retirement certificate of									
	retired personnel*									
10	10th class mark sheet									
11	Gap Certificate									

SL NO	Name of candidate, address, E-mail address, Telephone Number & WhatsApp No.	F/No. Rank & Name of Force Personnel	Unit/ Office	Date of Birth	Percentile score obtained in NEET-2024		Total Total average Marks percentile Obtained	All India Rank in NEET-	Category	Applied for		
		. 5.556		of ward	Physics	Chemistry	Biology	score obtained in NEET- 2024	in NEET- 2024	2024		
1												