

Office of ADG (ME)
Email: adgme@nic.in



GOVERNMENT OF INDIA
DIRECTORATE GENERAL OF HEALTH SERVICES
NIRMAN BHAWAN, NEW DELHI-110108

Ref. U-11011/04/2020-MEC

Dated: 07-12-2020

NOTICE

Subject: Fake Allotment Letter - reg.

It has come to the notice of MCC and MoHFW that a fake Allotment letter purportedly issued by MCC as attached below is being circulated in the social media. In this regard, it is mentioned that students are allotted seats on the basis of merit and choices filled by them through MCC software which can be downloaded only by the successful candidates from MCC website.

Also, MCC does not allot seats on nomination basis. It is further reiterated that no such letter has been issued by the MCC. Students/candidates are advised not to take cognizance of such fake letters and also not to forward or share fake information to any other groups. Necessary action will be taken against any person indulging in such malicious activities. Candidates are also advised to lodge a complaint in Cyber Crime Cell or an FIR in case they receive such letters and bring the matter to notice of concerned authorities.

Notice posted on: 07-12-2020



सत्यमेव जयते



भारत सरकार
Government of India
स्वास्थ्य सेवा महानिदेशालय
Directorate General of Health Services
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Ministry of Health & Family Welfare
चिकित्सा कल्याण महानिदेशालय
Directorate General of Medical Welfare
केन्द्र सरकार नामांकन
Central Government Nominations
Non-Subsidized Quota

**APPLICANT NOMINATION FORM FOR CENTRAL GOVERNMENT
NOMINEE QUOTA**

(For getting admission to Under-Graduate Medical
Course in a Medical Institution under National Medical
Commission Act, 2019)

सत्यमेव जयते

- (1) Name of applicant (in Capital letters according to 12th Class Certificate or its equivalent)
.....
- (2) Father's Name
- (3) Sex (tick mark the correct box)
- (4) Nationality Date of Birth
- (5) Age (as on 31st Dec. of Admission Year) YEARS
- (6) Category (General/SC/ST/OBC)
- (7) Two visible Identification marks : (a)
(b)

(8) Present Address in capital letters (including pin code no & phone no)
 (9)
 [Redacted Address]

(10) Details of educational qualifications from 11th standard onwards:

11th Class details :

- School Name & Address
- Board Name & Address
- Roll No..... Result.....
- Certificate No. & Date
- Date of Joining & Date of Completion.....

Subjects	Maximum Marks		Marks Obtained		% Result Pass/Fail
	Theory	Practical	Theory	Practical	
English					
Physics					
Chemistry					
Biology					
PCB Total					

12th Class/ Intermediate or 10+2 details :

- School Name & Address [Redacted]
- Board Name [Redacted]
- Date of Joining [Redacted]
- School Code No. [Redacted]

Subjects	Maximum Marks		Marks Obtained		% Result Pass/Fail
	Theory	Practical	Theory	Practical	
English					
Physics					
Chemistry					
Biology					
PCB Total					



B.Sc. or any other University Examination. (If any) :



• College Name & Address

• University

..... Roll No.

• Date of Joining Date of Passing

Subjects	Maximum Marks		Marks Obtained		% Result	Pass/Fail
	Theory	Practical	Theory	Practical		
Grand Total						

Detail of Basic Qualification NEET Entrance Examination Appeared :

Subjects	Total Marks	Marks Obtained	Percentage/Percentile	Category
Physics	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Chemistry				
Biology				
Total				
Category				

(11) Name of the Medical College/Institution wherein Admission Is sought by the Candidate:

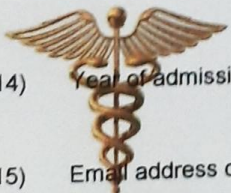
PREFERENCE A. [REDACTED] 3.

PREFERENCE B. [REDACTED]

PREFERENCE C.

(12) Course Opted Under CGNQ..... [REDACTED]

(13) Transfer/Migration, if any with the name of present Medical College/Institution along with date of Transfer/Migration (attach supportive documents).....

(14)  Year of admission in Medical College/Institution [REDACTED]

(15) Email address of the Candidate (in capital letters): [REDACTED]





- (16) Mobile No of the Candidate
- (17) (a) AADHAR No ...
(b) Voter Identity Card
- (18) Details of Natural Guardian
 - (a) Father Name..
 - (b) Mother Name..
 - (c) PAN NUMBER
 - (d) AADHAR No..
 - (e) Annual Income



I have read the above said particulars/details and the contents as furnished in the attached declaration. I agree that in the event of any information furnished by me found to be incorrect or false during any investigation or at any subsequent stage, the National Medical Commission of India may reject my application and/or cancel my eligibility certificate so granted at any time and may take appropriate action against me as per applicable Law.



(Signature of Candidate)

Place : 
Date : 



DECLARATION

I declare that the entries made by me in this Form are true to my knowledge and I understand that I am liable for action under the law for any false information or document produced by me without any notice from Directorate General of Medical Welfare and Ministry of Health & Family Welfare, New Delhi.

I also understand that the National Medical Commission of India shall be free to investigate on its own into the correctness of information furnished by me in this application and/or call for any further information in this regard from me and in the event of any information furnished by me being found to be incorrect or false during such investigation or at any subsequent stage, the NMC may refuse to issue the admission into Medical College or may cancel the same and I shall stand debarred from appearing in the admission or counseling process prescribed in Sub-Section(4A) of Section 13 of the Indian National Medical Commission Act, 2019 and any other rule and regulation framed by NMC, New Delhi without any notice.

(Signature of Parents)

Name

(Signature of Candidate)

Name..

Place :

Date :



INSTRUCTIONS



- 1) Incomplete documents and applications will not be accepted. Application must be complete in all respects. No alteration will be allowed to be made in the application form after it has been submitted to the National Medical Commission .
- 2) The Form should be filled up using Capital letters in candidate's own legible handwriting.
- 3) Application must accompanied with the copy of the following documents:-
 - ✓i) Matriculation Certificate showing Date of Birth
 - ii) Marksheet of the 11th class.
 - ✓iii) 12th Class marksheet & Passing certificate.
 - ✓iv) NEET Score Card.
 - ✓v) AADHAR Card of the Applicant
 - ✓vi) School/College Leaving Certificate
 - vii) SC/ST/OBC Certificate (in case of reserved category candidates) and a copy of English Version in case of Caste Certificate is in regional language.
 - ✓viii) Identity and Address Proof.
 - ix) Fee Remittance Details regarding payment of Registration/Eligibility fees for getting admission under Central Government Nominee Quota.

सत्यमेव जयते

***Note: All the photocopy of documents (two sets) should be submitted in the department of Central Reservations duly self attested by the applicant. Applicant should follow all the given instructions of the Referral/Official of Ministry of Health & Family Welfare & Directorate General of Medical Welfare.**



NATIONAL MEDICAL COMMISSION

Pocket - 14, Sector - 8, Phase-I, Dwarka, New Delhi - 110 017

Phone : 011-25367033, 25367035, 25367036

**ACKNOWLEDGEMENT & APPROVAL***(for office use only)*

In Terms of the Eligibility Requirement For Taking admission in an undergraduate Medical Course in Indian Medical Institution Regulations, 2020 Framed under National Medical Commission Act, 2019.

Received Application from Mr./Ms.....

D/o / S/o, Sh.....

....., who is desirous to take/ has taken admission in MBBS or equivalent medical course at

.....
in the year

Note: The application is accepted and seat approval is subject to the fulfillment of requirements as laid down in the NMC Regulations and all instructions provided by Department of Health & Family Welfare & Directorate General of Medical Welfare.

OFFICIAL
SEALSignature of Receiving Official
with date