

15. Details of the Qualifying Examination [(10+2) H.S. or equivalent] passed or likely to be passed:

Name of the examination passed/ appeared	Name of Board/University	Name and Address of the School/ College from where passed/appeared	Year of passing / appeared	% of marks of Physics, Chemistry & Biology together (if mark-sheet is available)
				%

I hereby declare that statements made and information furnished as above are true and correct to the best of my knowledge and belief. If any information furnished by me is found to be incorrect, my application is liable to be rejected.

Place:

Dated:

Full Signature of the Applicant

DECLARATION OF THE PARENTS /GUARDIAN

I/We in addition to above also solemnly and sincerely affirm that it would be ensured by me/us that my/our ward will not indulge in unfair means activities/malpractice which breaches the examination rules.

Place :-

Date :-

Signature of the Parents/Guardian

Enclosed (to be checked and ticked '✓') :

- a) Demand Draft of Rs.3000/- in original in case of downloaded application form.
- b) Filled-up Admit Card Form.
- c) 2(two) copies of Passport size photographs of the applicant in addition to affixation on application form. All photographs shall be computer printed with name of the candidate and the date of photograph taken only in the month of April - May, 2015.
- d) Self attested photocopies of:
 - i) Pass Certificate of the SSLC / Madhyamik Examination as proof of age.
 - ii) Mark-sheet of the (10+2) H.S or equivalent examination who have passed in the year 2014 or before.
 - iii) Admit Card of the (10+2) H.S. Examination or equivalent Examination pending declaration of the result.
 - iv) Permanent Resident Certificate from the Competent Authority (in case of Tripura Domicile).
 - v) ST/SC/OBC/Child of Ex-Serviceman certificate from the competent authority where applicable.
 - vi) BPL certificate if any.



**TRIPURA MEDICAL COLLEGE &
DR. B.R. AMBEDHKAR MEMORIAL TEACHING HOSPITAL
ENTRANCE TEST- 2015
1st Year M.B.B.S. Course**

ADMIT CARD

To Be Filled-up by Office	
Application Form No.	
Allotted Roll No.	
Entrance Examination Centre:	Agartala
Date & Venue:	
Timing	2:00 PM – 3:30 PM

(To be filled up by the candidate in own handwriting)

Candidate's Name: _____

Father's Name: _____

Mother's Name: _____

Address: _____

City & State : _____

Pin Code

Phone No: _____

Affix Passport size
(taken in April - May,
2015) photograph
with full signature
thereon.

(Do not pin or staple)

Round Seal of the College

Full Signature of the Candidate: _____

Signature of the Principal with official seal

DIRECTIONS FOR CANDIDATES

1. No candidate shall be admitted to the Examination Venue without Admit Card but this admit card is provisional and do not confirm any right against rejection of his/her candidature at the subsequent stage even after selection/admission on detection of wrong/incorrect information towards eligibility.
2. **Admit Card of the (10+2) H.S or equivalent exam issued by the Board in original is also to be brought for verification in the examination Hall.**
3. The candidate is to bring and use BLACK BALL POINT PEN for furnishing answers on supplied OMR sheets for the entrance examination to be conducted under Multiple Choice Question pattern of OMR (Optical Mark Reading) evaluation system.
4. Candidate shall be present at the Examination Centre 30 minutes before the commencement of the examination and in no case will be allowed to enter in the Exam Hall after commencement of the Examination.
5. Calculators, Log tables, Calculating devices, Mobile Phone & Other Communication Devices, Slide Rules, Geometry Box and Textual materials etc. are not allowed in the Examination Hall.
6. Not to write anything in the Admit Card/Question paper.
7. Not to carry the exam. materials to the outside of the Hall and not to adopt any unfair means or attempts to indulge in any disorderly or improper conduct in the Exam. Hall.
8. No candidate(s) shall be allowed to leave the Examination Hall before the conclusion of the test and without handing over the Answer Sheet to the Invigilator concerned.
9. Candidates must follow the instructions strictly as contained in the information Brochure.
10. No TA/DA will be paid by the Institution for appearing in the Entrance Examination Test.

ANTI-RAGGING UNDERTAKING BY THE CANDIDATE (STUDENT)

- 1) I,.....
S/o, D/o of Mr./Mrs./Ms.....have carefully read and fully understood and law prohibiting ragging and the directions of the Supreme Court and the Central/State Government in this regard.
- 2) I have received a copy of the MCI Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.
- 3) I hereby undertake that:-
- 4) I will not indulge in any behaviour or act that may come under the definition of ragging.
- 5) I will not participate in or abet or propagate ragging in any form.
- 6) I will not hurt anyone physically or psychologically or cause any other harm.
- 7) I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the MCI Regulations mentioned above/or as per the law in force.

Signed this.....day ofmonth of.....year.

Signature of witness (Full name with designation):

Signature _____

Address: _____

1. Witness: _____

2. Witness: _____

ANTI-RAGGING UNDERTAKING BY THE PARENTS/GUARDIAN

- 1) I,.....
F/o, M/o, G/ohave carefully read and fully understood the law prohibiting ragging and the directions of the Hon'ble Supreme Court and the Central/State Government in this regard as well as the MCI Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2010.
- 2) I assure you that my son/daughter/ward will not indulge in any act of ragging.
- 3) I hereby agree that if he/she is found guilty of any aspect of ragging, he/she may be punished as per Anti Ragging Act in Higher Educational Institutions, 2010.
- 4) I assure that my son/daughter/ward will not indulge in any act of ragging.
- 5) I hereby agree that if he/she is found guilty of any aspect of ragging, he/she may be punished as per the provisions of the M.C.I. Regulations mentioned above and/or as per the law in force.

Signature of witness (Full name with designation):

Signature _____

Address: _____

1. Witness: _____

2. Witness: _____