





**“DECLARATION BY THE APPLICANT”**

I..... Son/Daughter of Shri/Smt  
..... Aged.....(D.O.B.....)  
Resident of..... District

..... Manipur hereby declare that the information given above and in  
the enclosed documents are true to the best of my knowledge and belief and nothing has been concealed  
therein. I am aware of the fact that the information given by me is proved false/not true. I will have to  
face the criminal proceeding as per provision of section 177,193,197,198,199 and 200 of the Indian Penal  
Code and any suitable provision of the Law. Also all the benefits availed by me shall be summarily  
withdrawn.

Note: Inserted vide Gazette Notification No.1202 dt. March, 9, 2016.

Signature of the candidate:

Place:

Date:

Full Name of the Candidate  
(in his/her own hand writing)

**(I) DOMICILE CERTIFICATE**

Certified that Shri/Km/Smt. ....  
S/o, D/o, Shri/Smt.....  
of (Address) ..... is a domicile of Manipur by birth.

Seal of office:

Date:

Signature of Deputy Commissioner.

**OR, (II) RESIDENTIAL CERTIFICATE**

Certified that Shri/Smt. ....  
F/o, M/o, Shri/Km/Smt.....  
of (Address) .....  
has been residing continuously for the last 20 years in Manipur.

Seal of office :

Date :

Signature of Deputy Commissioner.

**OR, (III) EMPLOYMENT CERTIFICATE**

Certified that Shri/Smt. ....  
F/o, M/o, Shri/Km/Smt. ....  
is an employee of the Government of Manipur/an Institution/Organisation which is a body substantially  
owned or controlled by the Government of Manipur and he/she is employed as .....  
in the (name of Institution/Organisation) .....

Seal of office :

Date :

Signature of the Head of Department

**ACKNOWLEDGEMENT SLIP**

**ENROLMENT NO. :.....**

This is to acknowledge, receipt of completely filled in prescribed form to register in the list of candidates who are to undergo counseling for admission to MBBS/BDS Courses - 2017 in Medical / Dental colleges inside / outside Manipur for the academic session, 2017.

Name of the Candidate : \_\_\_\_\_  
(full name in Block letters)

Signature of the Candidate: \_\_\_\_\_

Date of submission of form

Date Month Year

Permanent address of Candidate: \_\_\_\_\_

\_\_\_\_\_

Contact No. of Candidate: \_\_\_\_\_

Acknowledged by:

Officer-in-charge,  
Medical Directorate, Lamphel.



**ACKNOWLEDGEMENT SLIP**

**ENROLMENT NO. :.....**

Affix photograph gum  
duly self attested  
  
Size: 3.5 cm x 4.5 cm

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Signature of the Candidate: \_\_\_\_\_

Date of submission of form

Date Month Year

Permanent address of Candidate: \_\_\_\_\_

\_\_\_\_\_

Contact No. of Candidate: \_\_\_\_\_

Acknowledged by:

Officer-in-charge,  
Medical Directorate, Lamphel.