

TO BE FILLED IN CAPITAL LETTERS ONLY

DECLARATION

To

The Director cum Dean,
Mandya Institute of Medical Sciences,
Mandya
Sir/Madam,

MBBS 2022-23

NAME OF THE CANDIDATE					
FATHER'S NAME					
UG NEET ROLL NO.			UG NEET Rank		
TYPE OF ALLOTMENT	AIQ/ SQ	I Round	II Round	III Round	MOP UP Round
CATEGORY CLAIMED	GM / Cat I / Cat II A / Cat II B / Cat II B / Cat III A / Cat III B / OBC / SC / ST				
CATEGORY ALLOTTED	GM / Cat I / Cat II A / Cat II B / Cat II B / Cat III A / Cat III B / OBC / SC / ST				
e Mail			Mobile No		

I _____ S/o/D/o _____

have joined the I MBBS course at Mandya Institute of Medical Sciences, Mandya at my own risk.

I agree that I will submit the Migration Certificate/Transfer Certificate from the previous School or College which I have studied within one month from the date of my admission.

Further I have claimed the seat under reservation category _____ and I will be submitting the Validity Certificate and Caste Certificate within one month from the date of my admission.

Place: Mandya

Date:

Signature of Candidate

Signature of Parent/Guardian

FORMAT FOR OBTAINING TRANSFER CERTIFICATE

Sl.No.	PARTICULARS	TO BE FILLED IN CAPITAL LETTERS ONLY
1	Name of the Candidate	
2	Gender	
3	Date of Birth with Age	/ years
4	Father's Name	
5	Mother's Name	
6	Nationality	
7	Religion	
8	Caste	
9	Sub-caste	
10	Category	
11	Institution last studied	
12	Highest examination passed	II PUC/12 th Standard
13	Registration No.(II PUC/12 th Standard)	
14	Month & Year of Passing	
15	Mandya Institute of Medical Sciences	
16	Corresponding address of 2 nd PUC / 12 th Standard	

Place: Mandya

Date:

Signature of Candidate

Signature of Parent/Guardian

OFFICE NOTE (For office use only)

The above candidate has been admitted to I MBBS Course at Mandya Institute of Medical Sciences, Mandya on _____ The Transfer certificate of the candidate to be sent to the address mentioned below.

Principal
Mandya Institute of Medical Sciences,
Mandya