

JAWAHARLAL NEHRU INSTITUTE OF MEDICAL SCIENCES
POROMPAT, IMPHAL – 795005
SCRUTINY CHECK LIST

Application form No.
 Name of Applicant.....
 Father's Name.....
 Address.....

Sl No.	Photocopies of Documents Submitted	Enclosed
1	Recent Passport Photograph, 8 nos. same as affixed on the form (entrance)	Yes NO
	Admit Card of Exam- issued by NTA	Yes NO
	Class 10 + 2 Certificate	Yes NO
2	Original and Photocopy of Age Proof Certificate. HSLC/Equivalent/Admit card	Yes NO
3	Original and Photocopy of Mark Sheet of 10-2 or Equivalent	Yes NO
4	Photocopy of ST/SC/OBC/Physically Handicapped Certificate from Proper authority e.g. Deputy Commissioner/Medical Board	Yes NO
5	Photocopy of Ex-Servicemen Ward Certificate from proper authority. e.g. DC/Rajya Sainik Board etc.	Yes NO
6	Original and Photocopy of Certificate for Claiming for Sports Quota. e.g. Sports Authority of India etc.	Yes NO
7	Original Copy of Character Certificate from Head of Institution last attended.	Yes NO
8	Transfer Certificate from the Institute Last attended.	Yes NO
9	Migration Certificate from Board/University concerned.	Yes NO
10	Nomination Letter from Manipur Govt./GOI (allotment letter)	Yes NO
11	Result/Rank Letter issued by NTA	Yes NO
	Proof of identity (Aadhar/PAN/ Driving License)	Yes NO

Note: All Photographs copies of Documents should be attested by an officer not below the rank of Gazetted officer.

The above documents are received in original or Verified with the original: **Yes/NO**
 Recommended/ Not Recommended for Admission.

Signature of the Members :

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |

Signature of Chairman
 Scrutiny Board, JNIMS, Imphal



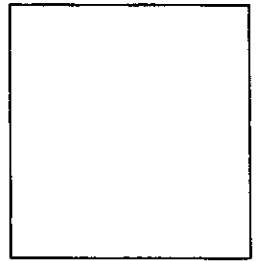
JAWAHARLAL NEHRU INSTITUTE OF MEDICAL SCIENCES

Porompat, Imphal – 795005

Application for Admission to MBBS Course, 2020

Form No.

Roll No.



(For office use only)

Refer to prospectus "General Guidelines" for filling up the application form.

1. Name of Applicant, in Capital

2. a) Father's name, in Capital

b) Occupation

c) Place/Office of work

d) Annual Income in Rs.

3. Mother's Name

4. Guardian's Name, if applicable

5. a) Date of Birth of applicant

6. Gender 7. Reservation Category 8. Physically Handicapped 9. Nominated by

10. Permanent address

PIN Mobile / Phone

e-mail

11. Local/Present address, if any

PIN Mobile / Phone

12. Details of Qualifying Examination

Exam Passed	Univ./Board	Year of Passing	Examination	Mark obtained	Out of Total	P.C

13. Aggregate marks of Physics, Chemistry and Biology (Zoology and Botany) in the Entrance Test

Marks obtained Percentage/Percentile

14. Name and address of Institute last attended:

Phone with STD Code :

15. Left thumb impression of applicant

16. Fees paid at JNIMS, Amount (Rs.)

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DECLARATION

I,.....(name of candidate) hereby declare that the details furnished by me are true to the best of my Knowledge . In the event of any information furnished by me is found incorrect or false during or after the admission process, the institute may cancel my admission / studies, as the case may be.

Signed on this (day) of (month) of..... (year).

Place:

Date :

(Signature of applicant in full running handwriting)

The information submitted by my ward is true to the best of my knowledge. In case of any wrong information submitted by my ward I will accept any action taken against my ward by the Institute.

Place:

Date :

(Full signature of parent /Guardian)

FOR OFFICE USE ONLY

Recommended / Not recommended for admission

Admission granted / not granted

DEAN (Academic)
JNIMS, Porompat

Director
JNIMS, Porompat