E-MAIL

TO

ADG/APS AND ALL SECTOR ISG, CISF INCLUDING TRG. & NISA HYD.

AIG/ORD.

FROM:

WELFARE DTE. CISF HQRS NEW DELHI

NO.E-42099/MBBS/BDS-WEL/2020/ 2843

DATED: 21 SEPTEMBER'2020

CENTRAL POOL MBBS/BDS SEATS FOR WARDS OF CAPFS FOR ACADEMIC SESSION 2020-21 (.) APPLICATIONS OF ELIGIBLE WARDS OF COMBATISED FORCE PERSONNEL ARE TO BE FORWARDED TO MHA UNDER GOVT. SCHEME PRESCRIBED FOR CENTRAL POOL MBBS/BDS SEATS FOR CAPFS IN THE FOLLOWING CATEGORY(.) PRIORITY -I: WARDS/WIDOW OF THOSE KILLED IN ACTION (I.E THOSE WHO ARE ELIGIBLE FOR LPA (.) PRIORITY -II : WARDS/WIDOWS/WIVES OF PERSONNEL PERMANENTLY DISABLED IN ACTION AND BOARDED OUT FROM SERVICE (.) PRIORITY -III: WARDS OF ALL SERVING AND RETIRED PERSONNEL (.) COPY OF APPLICATION IN FORMAT FOR SENDING BIO-DATA IS ALSO ENCLOSED (.) THE SAME MAY PLEASE BE CIRCULATED TO ALL HQRS/ESTTS/ UNITS/BNS/RTCS UNDER YOUR JURISDICTION INCLUDING RETIRED PERSONNEL OF YOUR SECTOR(.) 10TH CLASS CERTIFICATE AS PROOF OF DATE OF BIRTH COMMA MARK SHEET OF 12TH CLASS COMMA ENTRANCE TEST BY NEET ARE ALSO REQUIRED (.) A COPY OF UNDERTAKING COMMA FORM-O AND FITNESS CERTIFICATE IS ALSO ENCLOSED WHICH MAY BE ATTACHED WITH THE APPLICATION FORM OF ALL ELIGIBLE WARDS OF RETIRED/SERVING PERSONNEL (.) IT MUST ALSO BE ENSURED THAT WARDS OF FORCE PERSONNEL APPLYING FOR BOTH COURSES I.E. MBBS AND BDS, WILL GIVE SEPARATE APPLICATION IN DUPLICATE FOR EACH MBBS AND BDS SEAT AND INDICATE THEIR PREFERENCE (.) ON RECEIPT OF APPLICATIONS OF WARDS OF FORCE PERSONNEL OF YOUR SECTOR COMMA SAME SHOULD BE SCRUTINIZED AND FIT CASES ONLY BE FORWARDED IN A CONSOLIDATED SEPARATE CATEGORY-WISE PROFORMA (I.E. GEN.SC AND ST) IN BOTH COURSES (MBBS AND BDS) (IN EXCEL SHEET ONLY) FORM SO AS TO REACH TO THIS DIRECTORATE (WELFARE BRANCH) IMMEDIATELY AFTER DECLARATION OF RESULT OF NEET 2020 (.) IT MUST ALSO BE KEPT IN VIEW THAT APPLICATIONS ARE ACCOMPANIED BY A MERIT LIST (AS PER ENCLOSED PROFORMA DULY MENTIONING THE ABOVE CATEGORY I.E. PRIORITY-I, PRIORITY-II & PRIORITY-III) IN DUPLICATE EACH FOR MBBS AND BDS DRAWN IN DESCENDING ORDER DULY COUNTERSIGNED BY THE UNIT IN-CHARGE ENSURING THAT INFORMATION SO FURNISHED IN THE APPLICATION FORM ARE CORRECT IN ALL RESPECT(.) IT IS FURTHER INFORMED THAT DIRECTION IN THIS REGARD HAS NOT BEEN RECEIVED SO FAR FROM MHA (.) IT SHALL BE NECESSARY FOR THE CANDIDATES TO OBTAIN MINIMUM MARKS AT 50TH PERCENTILE AT NEET 2019(.)

CONTD._P/2

HOWEVER, IN RESPECT OF CANDIDATES BELONGING TO SCHEDULED CASTES, SCHEDULED TRIBES, THE MINIMUM MARKS SHALL BE AT 40TH PERCENTILE COMMA IN RESPECT OF CANDIDATES WITH LOCOMOTORY DISABILITY OF LOWER LIMBS, THE MINIMUM MARKS SHALL BE AT 45TH PERCENTILE(.) LIST OF COLLEGES AND NUMBER OF SEATS RESERVED FOR WARDS OF ALL CAPFS PERSONNEL IN MBBS AND BDS ARE AS UNDER AS PER THE LAST ACADEMIC YEAR(.)

MBBS

| (2) (3) (4) (5) (6) (7) | LADY HARDINGE MEDICAL COLLEGE S.K. MEDICAL COLLEGE MEDICAL COLLEGE NSCB MEDICAL COLLEGE GOVT. MEDICAL COLLEGE B.J. MEDICAL COLLEGE S.P MEDICAL COLLEGE MLN GOVT. MEDICAL COLLEGE | | NEW DELHI MUZAFFARPUR (BIHAR) ALAPPUZHA (KERALA) JABALPUR (M.P) RAJNANDGAOH (CHHATTISGARH) PUNE (MAHARASHTRA) BIKANER (RAJASTHAN) ALLAHABAD (UP) | | 0 | 1 1 1 |
|--|--|---------|--|-----|---|--|
| (8) (9) (10) (11) (12) (13) (14) (15) | GOVT. MEDICAL COLLEGE GOVT. MEDICAL COLLEGE R.I.M.S P.M.CH GRANT MEDICAL COLLEGE VMMC, SAFDARJUNG HOSPITAL CHHATTISGARH INSTT. OF MEDICAL | | CHANDIGARH NAGPUR (MAHARASHTRA) RANCHI (JHARKHAND) DHANBAD (JHARKHAND) MUMBAI (MAHARASHTRA) NEW DELHI BILASPUR (CHHATTISGARH) | | | 01 01 01 01 01 01 02 |
| (16) (17) (18) (19) | SCIENCE MGM MEDICAL COLLAGE GANDHI, MEDICAL COLLEGE MEDICAL COLLAGE SWAMI RAMANAND TIRTH RURAL MEDICAL | : : : : | JAMSHEDPUR (JHARKHAND BHOPAL (MP) THRISSUR (KERALA) AMBEJOGAI (MAHARASHTRA) | | | 01 01 01 01 |
| 20 BDS | COLLEGE MEDICAL COLLEGE | | KOZHIKODE (KERALA) TOTA | ıL. | • | 23 |
| (1) (2) (3) | DR. R. AHMED DENTAL COLLEGE GOVT. DENTAL COLLEGE K.G DENTAL COLLEGE | TE | : KOLKATA (WB) : RAIPUR (CHHATTISGARH) : LUCKNOW (UP) TOTA M IF ANY RECEIVED FROM MHA | | | 01 01 01 03 BE |

ANY CHANGE IN CRITERIA IN METHOD/ SYSTEM IF ANY, RECEIVED FROM MHA WILL BE COMMUNICATED SUBSEQUENTLY (.) KINDLY ACCORD PRIORITY TO THIS MATTER BEING MOST URGENT(.) MSG ENDS(.)

(TAPASYA OBHRAI NAIR)

ASSTT.INSPECTOR GENERAL (WELFARE)

Internal:-

- 1. All AlsG at FHQrs :- For information and similar action, please.
- AIG/TECH,FHQ :- Please display immediately the contents of the message and its enclosures on the CISF website.

<u>List of candidates (Wards of serving & Retired personnel) for the allotment of MBBS/BDS seats</u> <u>for the Academic Session 2020-21</u>

| SL. | Name of | Force of | Date | | Subjects | | Total | Total | All | Category | Applied |
|-----|---|-----------|---------------------------|---------|-----------|---------|--|-------|---------------|----------|----------|
| No. | Candidate with father's Name, Address, E-mail address & Mob/Telephone Number | personnel | of Birth of ward | Physics | Chemistry | Biology | Percentile obtained in NEET- 2020 | Marks | India Rank | | MBBS/BDS |
| | | | | | | | | | | | |

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APPLICATION FORM FOR RESERVATION OF SEATS IN MEDICAL/DENTAL COLLEGES FOR CAPES PERSONNEL AGAINST ALLOCATION OF CENTRAL POOL MBBA/BDS SEAT FOR THE ACADEMIC YEAR 2020-21

APPLICATION FORM FOR

MBBS/BDS

(APPLY FOR MBBS & BDS SEPARATELY)

| 01 | Name of the Student (In block | Τ. | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
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| J | letters) | | |
| 02 | Rank, CISF No., Name of Father | : | |
| | with Unit/HQrs , Address (In case | | |
| | of widow applied for herself, | | |
| | intimate Rank Reg. No. Name of | , | 1 日本 |
| | Husband with Unit/HQ) | | |
| 3 | Present Complete address with | : | All SAGESTS FOR GREEN |
| | Contact Phone No. | | CREATE ACADEVIC |
| 4 | Permanent address with Contact | : | |
| | Phone No. | | |
| 5 | Date of Birth of Student (Copy of | : | |
| | 10 th Mark Sheet/Certificate to be | | |
| | attached for verification of DOB) | | |
| 6 | Category of Candidate i.e. whether | : | |
| | belong SC/ST/OBS or Otherwise | | |
| 7 | Category of Candidate should be | | |
| | mentioned out of three category | | |
| | mentioned below | | |
| (a) | Category "A" Wards/Widow wives | : | Certificate to be attached |
| | of personnel those killed in action | | |
| | who are eligible for LPA | | |
| (b) | Category "B" Wards/Widow wives | : | Certificate to be attached |
| | of personnel permanently disabled | | |
| | in action and boarded out from | | |
| | service | | |
| (c) | Category "C" Wards of | : | Certificate to be attached |
| | serving/retired of CISF personnel | | THE REAL PROPERTY AND ADDRESS OF THE PARTY O |
| | and wards of widow of normal | | |
| | death cases | | |
| | 4 | | ContdP/2 |

| | | 2 :: | A STATE OF THE PARTY OF THE PAR | |
|-----|--|------|--|--|
| 8 | Marks obtained in entrance exam by the student in National | : | Physics : | |
| | Eligibility Entrance Test (NEET) conducted by NTA (The selection | | Chemistry : | |
| | of students will not be made merely on academic merit of 10+2 | | Biology : | |
| | marks) | | Total : | |
| | | | (Result sheet shou | |
| 9 | Undertaking to be attached as per proforma enclosed | : | Yes/No | |
| 10. | Attested copy of Mark Sheet of 10, 10+2 & NEET result to be attached | : | Yes/No | |
| 11 | Medical Certificate of candidate duly signed by the MO to be attached | : | Yes/No | |
| 12 | Character certificate of candidate issued by the School authority to be attached | : | Yes/No | |

I hereby declared that the above particulars are checked and found correct as per my knowledge and in case of any incorrect & incomplete, my candidature can be cancelled.

Signature of Student

Signature of Parents/Guardian

an de cancelled

Manardan

UNDERTAKING

Son/daughter of <u>OR</u> IRLA/Force No./ID No. (Force/IB) as __ Serving in resident of hereby give undertaking that none of my siblings / children has earlier been selected for a MBBS/BDS seat under Central Pool Quota for wards of CAPFs & AR & IB personnel. In case the above information is found to be false at any stage, I may be debarred from pursuing the MBBS/BDS courses for which I have been selected under Central Pool quota (in case of the candidate) suitable disciplinary action may be taken against me (in case of the parent / personnel). eidlide baan (Signature of Candidate) (Signature of Parents/Guardian) s an Tak Which

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FITNESS CERTIFICATE

| Certified that I have examined Kumari/Master | | |
|--|---------------|----------------------|
| D/S/O Shri | | ISF and found that |
| /he is physically fit to undergo MBBS/BDs course. He | er/his signat | ures are appended |
| ow:- | | |
| | | |
| cimen Signature: | | |
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| | | Adadinal officer |
| | | Medical officer |
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| FOR SON/DAUGHTER OF SERVING OF | FICER/SOs/ | ORs |
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| This is to certify that No. | Rank | ugitation. |
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| me | is preser | itly serving in the |
| it and his date of retirement is | • | |
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| | | |
| | Signature w | ith full particulars |
| | • | esting Officer |
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