

EXTRAORDINARY PUBLISHED BY AUTHORITY

No. 8 Imphal, Wednesday, April, 3, 2013

(Chaitra 13, 1935)

GOVERNMENT OF MANIPUR SECRETARIAT: HEALTH DEPARTMENT

NOTIFICATION

Imphal, the 23rd March, 2013

No. 9/2/09-M(MBBS/BDS): The Governor of Manipur is pleased to make the following Rules further to amend the MBBS/BDS Entrance Examination (Selection of Candidates for Nomination) Rules, 2004, namely,—

THE MANIPUR MBBS/BDS ENTRANCE EXAMINATION (SELECTION OF CANDIDATES FOR NOMINATION) AMENDMENT RULES, 2013

- 1. **Short title and commencement**—(1) These Rules may be called the MBBS/BDS Entrance Examination (Selection of Candidates for Nomination) Amendment Rules, 2013.
 - 2. They shall come into force from the date of their publication in the official gazette.

2. Amendment of Chapter-II, Rule 5

In Rule 5 – For Selection of Candidate for nomination, the following new proviso shall be inserted, namely –

"Provided that if National Eligibility Cum Entrance Test (NEET-UG) replaces the State Entrance Examination and if there is no specific Decree/Order of Court for conducting the State Entrance Examination also, the Selection Board will not hold and conduct the Manipur MBBS/BDS Entrance Examination".

3. Amendment of Rule 17

In Rule 17 – Select List, the following new proviso shall be inserted below clause (5) of Rule 17, namely –

"Provided that if the National Eligibility Cum Entrance Test (NEET-UG) is conducted and its results are to be followed in place of State Entrance Test & its results and if State-wise merit list of the selected candidates is prepared by MCI or other authorized agency as per

NEET and State Health & Medical Department is entrusted the responsibility of counselling the candidates for admission into Medical & Dental Colleges against State quota seats, the candidates from the said select list of NEET only will be counselled and nominated for admission to MBBS/BDS course by following the existing Reservation Policy. Eligible candidates of the State shall apply in duly filled in application form (Annexure VIII to Rule 17) for open counselling for nomination for MBBS/BDS Course in Medical/Dental College inside/outside the State of Manipur. Prescribed Application Form is obtainable from the Directorate of Medical & Health Services on payment of Rs. 500/- (Rupees five hundred) and Rs. 300/- (Rupees three hundred) only for General/OBC and ST/SC candidates respectively. The Selection Board shall make the Select List and Wait List from amongst the eligible candidates/applicants who obtain and submit the duly filled in prescribed form".

4. Amendment of Rule 18:

In Annexure – V to Rule 18(iv), the following heading in the Annexure shall be substituted namely –

"AUTHORITY LETTER – PROFORMA FOR AUTHORITY & UNDERTAKING FOR AUTHORISED REPRESENTATIVE FOR OPEN COUNSELLING FOR MBBS/BDS COURSE".

By Orders & in the name of Governor,

RAM MUIVAH, Principal Secretary (Health & FW), Government of Manipur.

ANNEXURE-VIII [See Rule-17 (5)]

APPLICATION FORM FOR MBBS/BDS OPEN COUNSELLING OF CANDIDATES SELECTED IN NEET FOR GOVERNMENT NOMINATION IN MEDICAL/DENTAL COLLEGES INSIDE/OUTSIDE MANIPUR, 20

Appli To	The Director, Health Services, Government of Manipur, Imphal	Affix photograph duly attested by a gazetted Officer Size: 3.5cm x 4.5cm
1.	I beg to submit an application for counselling to a Medical/Dental e as a Manipur Government Nominee. (To be filled in English only) Candidate's Name in full (in BLOCK LETTERS exactly as enterement)	_
2.	Sex (Tick): Male Female	
3.	Permanent Address:	
	Pin Tele/Mob. No.	
4.	Present Address: Pin Tele/Mob. No.	
5.	Date of Birth: DD MM YY Age on 31-12-20	YY MM
6.	Nationality:	
7. 8.	Place of birth: Domicile Status: (Please tick)	
	By Birth Either of the parents are continuously residing in Manipur for mor Either of the parents are in State Govt. Service or an Institution wl substantially owned or controlled by the Government of Manipur.	

Category: (Please ticl	1	2.	3.	4 5 6	
				Meitei etc.), (5) OB appropriate boxes.	C (Meitei Pangal), (6)
Subcategor (Please ticl	•	A	В.	C	
(A) Meri	torious Spo	orts person,	(B) Children	n of Armed Forces pe	ersonnel and Ex-service
	on with disa candidates	-	the Subcate	egory shall tick one o	of the appropriate boxe
Father's N	ame (in BL	OCK LETTE	RS):		
	(Nam	ie)		(Surname)	
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	(Nam	ie)		(Surname)	
Marks obta (a) 10+2		equivalent ex	amination:		
Subject	Marks	Pass Mark	Marks	Percentage of	Verification
-	obtained		allotted	marks obtained	(for office use only)
English					
Physics					
Chemistry					
Biology					
TOTAL				% without English	
Name of I (With addr					
University	Board:				

(b) B.Sc. with any two of the subjects (Physics, Chemistry, Botany & Zoology):

Physics Chemistry Botany Zoology TOTAL Name of Institution (With address): University/Board: (c) Rank of National Eligibility-cum-Entrance Test (NEET/UG), 2013 (Enclose copy of Score Card of NEET, 2013) 3. List of enclosures (Please Tick): (1) 3 recent passport size photographs (including one 3.5 cm x 4.5 cm size) (2) Age proof Certificate (3) Character Certificate (4) Medical Fitness Certificate (5) Marks sheet of qualifying exam. passed (duly attested) (6) SC/ST Certificate (as per enclosed formats) (7) Ex-Serviceman/Armed Forces Personnel Certificate (8) Meritorious Sports person Certificate (9) Banker's Cheque/Demand Draft (10) Domicile/Residential/Employment Certificate (as per enclosed formats) (11) Mark sheets of 10+2/B.Sc. & earlier qualifying exam. (For B.Sc. Candidates) (12) Admit Card of qualifying exam. (pending declaration of result) (13) Disability Certificate (14) OBC Certificate. The certificate should be within the validity period and clearly indicate the applicants status in terms of sub-divisions of OBC e.g. Meitei, Meitei Pangal, Others etc. (15) Copy of Score Card of NEET, (Current Year).	Subj	ect Marks obtained	Marks allotted	Percentage of marks obtained	Verification (for office use only)			
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"DECLARATION BY THE APPLICANT"

I hereby solemnly affirm that the information furnished above by me is true and correct to the best of my knowledge. I have not kept any information secret. Should it however be found that any information furnished therein is fraudulent, incorrect or untrue in the material particulars, I realize that I am liable to criminal prosecution and I also agree to forego/cancel any allotted seat in Medical/Dental College. I agree to abide by the Rules and Regulations governing the examination and contained in the Manipur MBBS/BDS Entrance Examination (Selection of Candidates for Nomination) Rules 2004 and its subsequent amendments.

Place:	Signature:
Date:	Full Name of the Candidate (in his/her own hand writing)
(I) DOMIC	CILE 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) RESII	DENTIAL 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.	
is an employee of the Government of M	Manipur/an Institution/Organisation which is a body substantially at of Manipur and he/she is employed as
in the (name of Institution/Organisatio	n)
Seal of office:	Signature of the Head of Department
ACK	NOWLEDGEMENT SLIP
ENROLLMENT NO.:	
	of completely filled in prescribed form to register in the list of lling for admission to MBBS/BDS Courses - 2013 in Medical/r for the academic session, 2013.
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

ENROLLMENT NO.:	Affix photograph by duly attested by a gazetted Officer	
	Size: 3.5cm x 4.5cm	
This is to acknowledge, receipt of completely filled in prescribed for candidates who are to undergo counselling for admission to MBBS/BDS of Dental colleges inside/outside Manipur for the academic session, 2013.		
Name of the Candidate :		
Signature of the Candidate:		
Date of submission of form		
Date Month Year		
Permanent address of Candidate:		
Contact No. of Candidate: Acknowledged by:		
Office	r-in-charge,	