

**APPLICATION FOR ALLOCATION OF MBBS SEAT FROM SPOUSE/CHILD
OF THE CIVILIAN VICTIMS OF TERRORISM.**

1. Name of the Applicant :
(In Block Letters)
2. Father's /Husband's/Wife's Name:
3. Date of Birth:
4. Residential Address:
5. Educational Qualifications:

Affix attested
recent passport
size photograph

Sl. No	Exam. Passed	Board/University	Medium	Year	Total	%age of marks obtained	Class/Division

6. Relationship with the Terrorist Victim:
7. Details with regard to the Terrorist Incident(s):
8. Name of the Victim:
(Separately for father & mother wherever applicable):

9. Age of Victim:
10. Date & place of the terrorist incident:
11. Terrorist Organization(s) involved in:
the incident (to be fill in by the State Police).
12. Fact sheet of the terrorist incident:
(to be given by the State Police/State Govt.)
13. Nature of injury & disability caused to:
the victim (to be confirmed by the State Police/State Govt.).
14. Action taken by the Police/State including:
Registration of FIR, etc. (to be filled in by
the State Police/State Govt.)
15. Ex-gratia relief provided by the State Govt./:
any other Organization.
16. Family details of the Terrorist Victim:
17. Remarks

Declaration

I hereby declare that all statements made in th application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found fake or incorrect, my candidature for the MBBS Course is liable to be cancelled/rejected at any stage without notice to me.

SIGNATURE OF CANDIDATE

Place:

Date:

CERTIFICATE

This is certified that I have personally verified the details of the application based on the record placed before me and found them correct, Having satisfied therefore, I recommend the candidature of the applicant for consideration for allocation of MBBS seat from the Central Pool for spouse/child of the civilian victim terrorism.

Date:

(_____)

**Secretary (Home Department
Govt. of _____)**

Seal