SHRI LAL BAHADUR SHASTRI GOVT .MEDICAL COLLEGE & HOSPITAL, MANDI AT NERCHOWK, DISTT .MANDI, HIMACHAL PRADESH, 175021

Email address =prslbsgmchmandi@gmail.com / Office Telephone No = .01905-243945, 243950, Fax No .01905-243949

SCRUTINY FORM

Performa to be used by the "Committee for Document Screening and Eligibility Verification (under Graduate Admission Process) (Academic Session 2026-2027 Scrutiny Committee" for the Admission to MBBS (10th Batch) for the session 2026-2027 at Shri Lal Bahadur Shastri Govt. Medical College Mandi at Nerchowk, Distt. Mandi HP, 175021

1. **Name of Student** : _____
2. **Father's Name** : _____
3. **Mother Name** : _____
4. **D.O. B.** : _____
5. **Sex (Male / Female / Other)** : _____
6. **Marks obtained in 10+2**
   - a) **Marks Obtained in Physics is** : _____ **out of** _____, **Total %** _____,
   - b) **Marks Obtained in Chemistry is** : _____ **out of** _____, **Total %** _____,
   - c) **Marks Obtained in Biology is** : _____ **out of** _____, **Total %** _____,
   - d) **Marks Obtained in English is** : _____ **out of** _____, **Total %** _____,
7. **Marks obtained in Entrance Exam (NEET)**
   - a) **Marks obtained in Entrance Exam (NEET) is** _____, **Out of** _____,
   - b) **Total Percentile in Entrance Exam (NEET) is** _____
8. **NEET all India Rank** : _____
9. **State Rank** : _____
10. **MBBS Admission under Quota** : _____
11. **MBBS Admission under Category** : _____
12. **Actual Category** : _____

Sr. No.	NAME OF DOCUMENTS WHICH IS SCRUTINIZED AND EXAMINED BY DOCUMENTS SCRUTINY COMMITTEE	Documents examined from the originals (Marks ✓) Or If Not applicable (Mark X & Cross the Particular line ~~abcd~~
At the time of MBBS admission, it is mandatory for all candidates to submit all the Certificates, Undertakings, and Affidavits listed at Serial Nos. 01 to 19. These documents must be arranged strictly in the same order as specified after the Scrutiny Form.		
1	Proof of identity (Aadhar Card / _____ / _____)	
2	Matriculation Certificate for D.O.B./ Birth certificate	
3	Plus two mark sheet	
4	Plus two pass certificate	
5	Migration certificate.	
6	Admit card of exam issued by NEET	
7	Result / Rank letter issued by NEET	
8	Provisional Allotment Letter	
9	Identification Form (Enclosed as Annexure-A on page No. 05)	
10	Undertaking from Candidate (that he/she is not admitted in any medical/dental college anywhere in country) (Enclosed as Annexure-B on page No. 06)	
11	Undertaking from Candidate (Not to indulge in any Sexual Harassment Activity. (Enclosed as Annexure-C on page No. 07)	
12	Undertaking from Candidate (Willing / Not Willing to participate in Next round of Counseling. (Enclosed as Annexure-D on page No. 08)	
13	Information Regarding Eligibility and Qualification (Enclosed as Annexure-E on page No. 09)	
14	Character Certificate of Candidate (As shown under Appendix-16 of AMRU, HP MBBS Prospectus 2026-27 at Page No.60). (Enclosed as Annexure-F on page No. 10)	
15	Undertaking to be submitted by the candidate at the time of the admission in the college in respect of Anti-Ragging measurement. (As shown under Appendix-17 of AMRU, HP MBBS Prospectus 2026-27 at Page No.61). (Enclosed as Annexure-G on page No. 11)	
16	Affidavit submitted by the Parents/Legal Guardian of the Candidate at the time of admission in the college in respect of Anti-Ragging measurement duly attested by the Competent Authority. (As shown under Appendix-18 of AMRU, HP MBBS Prospectus 2026-27 at Page No.62). (Enclosed as Annexure-H on page No. 12)	
17	Online Anti-Ragging Undertaking Forms (Candidate and Presents) (Download from website : www.antiragging.in)(Essential details regarding this Medical College is enclosed on page No. 13)	
18	Certificate of Medical Fitness of Student. (Enclosed on page No. 14)	
List of special required documents/certificates to be produced by the candidates at the time of MBBS admission. (Those candidates whose MBBS seats are allotted under the reserved categories mentioned at Serial No. 19 to 39 will be required to produce the certificate of their respective reserved category, if any.		
19	Gap period with Character Affidavit (Enclosed as Annexure-J on page No. 15)	
20	Bonafide Himachali Certificate. (As shown under Appendix-1 of AMRU, HP MBBS Prospectus 2026-27 at Page No. 44).	
21	Certificate of Belonging to Scheduled Castes & Scheduled Tribes. (As shown under Appendix-2 of AMRU, HP MBBS Prospectus 2026-27 at Page No. 45).	
22	Certificate of the Other Backward Classes. (Certificate should be issued on or after 01-07-2023). (As shown under Appendix-3 of AMRU, HP MBBS Prospectus 2026-27 at Page No. 46).	

23	Certificate produced by the Widows /Wards of Ex-Servicemen who are Bonafide Residents of Himachal Pradesh. (As shown under Appendix-4 of AMRU, HP MBBS Prospectus 2026-27 at Page No. 47).	
24	Certificate produce by the Wards /Wives of Defense Services Personnel. (As shown under Appendix-5 of AMRU, HP MBBS Prospectus 2026-27 at Page No. 48).	
25	Certificate produce by the Wards of Freedom Fighter Hailing from Himachal Pradesh. (As shown under Appendix-6 of AMRU, HP MBBS Prospectus 2026-27 at Page No. 49).	
26	Certificate of Belonging to Backward Area (As shown under Appendix-7 of AMRU, HP MBBS Prospectus 2026-27 at Page No. 50).	
27	Form of Certificate to be submitted by the Father/Mother of those Candidates who are serving in Para-Military Forces (Govt. of India) (As shown under Appendix-8 of AMRU, HP MBBS Prospectus 2026-27 at Page No. 51).	
28	Certificate of Single Girl Child (As shown under Appendix-9 of AMRU, HP MBBS Prospectus 2026-27 at Page No. 52).	
29	Certificate Produced by the Children of Jammu & Kashmir Migrants. (As shown under Appendix-10 of AMRU, HP MBBS Prospectus 2026-27 at Page No. 53).	
30	Certificate Produced by the Children of Tibetan Refugees (As shown under Appendix-11 of AMRU, HP MBBS Prospectus 2026-27 at Page No. 54).	
31	Income & Asset Certificate Produced by the Candidate of Economically Weaker Section (EWS) (As shown under Appendix-12 (a) of AMRU, HP MBBS Prospectus 2026-27 at Page No. 55).	
32	Non-SC/ST/-OBC Certificate Produced by the Candidate Belonging to B.P.L. Category. (As shown under Appendix-12 (b) of AMRU, HP MBBS Prospectus 2026-27 at Page No. 56).	
33	Certificate Submitted by the Father/Mother of those Candidates Who Are Not Bonafide Himachal and Are Central Government Employees Working in H.P. (As shown under Appendix-13 of AMRU, HP MBBS Prospectus 2026-27 at Page No. 57).	
34	Certificate to be Submitted by the Father/Mother of those Candidates Who Are regular employee of the H.P. Govt./ H.P. Govt. undertaking/autonomous bodies wholly owned by HP Govt. who are holding the post outside Himachal Pradesh on account of his/her services/posting. (As shown under Appendix-14 of AMRU, HP MBBS Prospectus 2026-27 at Page No. 58).	
35	Certificate to be submitted by the Father/Mother of Those Candidates who are Bonafide Himachali and are working the Sate of Himachal Pradesh with other State Govt./Undertakings/Autonomous Bodies established by other Sate Govt. (As shown under Appendix-15 of AMRU, HP MBBS Prospectus 2026-27 at Page No. 59).	
36	Form of certificate to be submitted by the father/mother of those candidates who are Bonafide Himachali and are employees of Central Government/Undertakings of autonomous bodies established by the Central Government who are working/posted outside the Himachal Pradesh on account of his/her service/posting. (As shown under Appendix-21 of AMRU, HP MBBS Prospectus 2026-27 at Page No.65	
37	Embassy Certificate of Foreign Candidate (For Nri Candidates) (ON THE LETTERHEAD OF THE CONCERNED INDIAN DIPLOMATIC MISSION) (As shown under Appendix-22 of AMRU, HP MBBS Prospectus 2026-27 at Page No. 66).	
38	ESIC Scrutiny form (Only applicable on ESIC / I.P. Ward Quota Students) (Applicable only for ESIC Quota Candidates) (Enclosed as Annexure-K, on Page No. 23) The Annexure-2, Annexure-4, Annexure-5 and Annexure- 6B, pertained to the ESIC Candidates are enclosed at Page No. 24 to 28)	
39	➢ Certificate of Persons with Disability (PwD) Category of Benchmark Disability (for MBBS Course Only), (As shown in the AMRU, HP MBBS Prospectus 2026-27). ➢ Candidates under PwBD (Persons with Benchmark Disabilities) Category Must be submit the Self-Certified affidavits in the format provided under following Appendix from A to F:- ➢ The candidate will have to approach the designated medical board verification of their self-certified affidavit.	
APPENDIX-A	SELF CERTIFICATION FORM-GENERAL (Enclosed as Appendix-A on page No. 29-30)	
APPENDIX- B	AFFIDAVIT FOR DECLARING THE HEARING IMPAIRMENT (Enclosed as Appendix-B on page No. 31)	
APPENDIX -C	AFFIDAVIT FOR DECLARING THE LOCOMOTOR DISABILITY (UPPER LIMB EXTREMITY) (Enclosed as Appendix-C on page No. 32)	

APPENDIX -D	**AFFIDAVIT FOR DECLARING THE LOCOMOTOR DIABILITY (LOWER LIMB EXTREMITY)** **(Enclosed as Appendix-D on page No. 33)**	
APPENDIX-E	**AFFIDAVIT FOR DECLARATION BY A PERSON WITH MENTAL ILLNESS/SLD/ASD** **(Enclosed as Appendix-E on page No. 34)**	
APPENDIX-F	**AFFIDAVIT FOR DECLARATION BY A PERSON WITH VISUAL DISABILITY** **(Enclosed as Appendix-F on page No. 35)**	

(Note: - <u>Please arrange and submit 01 set (original) and 02 sets (photocopies) of all the above documents respectively.</u>

➢ Deficiency of Documents found at the time of scrutiny: -

Sr. No.	Name of the document not provided/produced by the candidate at the time of Admission on Dated	Documents which found deficient have been provided/submitted by the candidate on dated
1		
2		
3		
4		
5		

Signature of the Members of the Document Screening and Eligibility Verification Committee (MBBS Under Graduate Admission Process) (Academic Session 2026-2027) :-

Dr. _____, **_____,** **Department of _____ -cum- Member of Documents Scrutiny and Eligibility Verification Committee, SLBSGMC&H Mandi at Nerchowk, Distt. Mandi, HP**	**Dr. _____,** **_____,** **Department of _____ -cum- Member of Documents Scrutiny and Eligibility Verification Committee, SLBSGMC&H Mandi at Nerchowk, Distt. Mandi, HP , HP**	**Dr. _____,** **_____,** **Department of _____ -cum- Member of Documents Scrutiny and Eligibility Verification Committee, SLBSGMC&H Mandi at Nerchowk, Distt. Mandi, HP**

Counter Signature & Stamp of the Chairman Document Screening and Eligibility Verification Committee)

Annexure-A

IDENTIFICATION FORM

Latest Photograph of Candidate

Name of Student : _____

Father Name : _____

Contact No. (Father) : _____

Mother Name : _____

Contact No. (Mother) : _____

Domicile : _____

Nationality : _____

Date of Birth of Student : _____

Mark of Identification : _____

Correspondence Address : _____

_____

_____

_____

Permanent Address : _____

_____

_____

_____

(Signature of Candidate / Student)

Annexure-B

UNDERTAKING BY THE STUDENT

Latest Photograph of Candidate

Name of Course: MBBS

1. **Name of the Student:** _____

2. **Contact No.** : _____

3. **Date of Admission in Medical College:** _____

I _____ **S/O / D/O / W/O Sh.** _____ _____ **admitted in MBBS in the academic session 2026-27 and presently a student of 1st year hereby give an undertaking that I have not been admitted in any other medical college anywhere in country or outside the country.**

Date: _____ / _____ / 2026

Signature of Student: _____

Place: SLBSGMC&H Mandi at Nerchowk

Name of Student : _____

Mobile/Contact No. : _____

Counter Signature of Parents : _____

Home Address : _____

_____

_____

Mobile No. of Parents : _____

e-Mail ID of Parents : _____

Annexure-C

UNDERTAKING

This is to certify that I ..... Son/Daughter of ..... NEET UG Roll No. ..... have opted to take admission in SLBSGMC&H, Mandi at Nerchowk, Distt. Mandi H.P.

I hereby give an undertaking that I will not indulge in any sexual harassment act during my entire period of study at SLBSGMC&H Mandi at Nerchowk, Distt. Mandi, HP and also affirm to report any such act if it comes to my notice.

Signature of Student : .....

Mobile No : .....

Signature of Parent/Guardian: .....

Name : .....

Relationship with Student : .....

Mobile No : .....

Annexure-D

UNDERTAKING

This is to certify that I ..... Son/Daughter of ..... NEET UG Roll No. ..... have opted to take admission in SLBSGMC&H, Mandi at Nerchowk, Distt. Mandi H.P.

I am Willing / Not Willing to Participate in Next (.....) round of counseling.

Signature of Student : .....

Mobile No : .....

Signature of Parent/Guardian: .....

Name : .....

Relationship with Student : .....

Mobile No : .....

Annexure-E

INFORMATION REGARDING ELIGIBILITY AND QUALIFICATION : -

1. **Name of Student** : _____

2. **Father's Name** : _____

3. **Name of the Village/City, District and State from where the candidate has passed his/her following examinations: -**

   i. Middle : Village/City_____ , District _____ , State _____

   ii. Matric : Village/City_____ , District _____ , State _____

   iii. 10 + 1 : Village/City_____ , District _____ , State _____

   iv. 10 + 2 : Village/City_____ , District _____ , State _____

4. **Occupation of Parents, Whether**

   a) Children of Defence Personal / Ex-Servicemen
   b) Children of Serving / Retired Employees of Central Government / U.T. Other State Govt.
   c) Children of the Autonomous Organizations / Semi Govt. Bodies of Central Govt. / U.T. Other State Govt.
   d) Children of Employees of Himachal Govt. / H.P. Govt. Undertaking / Autonomous Bodies wholly owned by HP Govt.
   e) Children of Employees of Private Sector / Private Occupation)

Mention the Occupation of Parents: _____

(Signature of Candidate) (Signature of Parents / Guardian)

Annexure- F

APPENDIX -16

(PROFORMA FOR CERTIFICATE OF CHARACTER TO BE SUBMITTED BY THE CANDIDATE)

(CHARACTER CERTIFICATE)

Certified that Mr./Ms. ..... Son / Daughter of Sh. ..... was a student of this School/College from Class ..... to ..... and has passed 10+2 examination in ..... (Month & Year). During this period he / she bears ..... character and ..... behavior.

Date: ..... **Signature of the Principal**

Place: ..... **with Seal**

.....

Note:

1. **A character certificate must be issued from the Institution from where he/she has passed qualifying examination with regard to status of his/her behaviour pattern "as to whether he/she has displayed persistent violent or aggressive behaviour or any desire to harm other."**

Annexure-G

APPENDIX -17

PROFORMA FOR UNDERTAKING TO BE SUBMITTED BY THE CANDIDATE AT THE TIME OF THE ADMISSION IN THE COLLEGE IN RESPECT OF ANTI-RAGGING MEASUREMENT

Photo of Candidate

Name of Institution : Shri Lal Bahdur Shastri Govt. Medical College Mandi at Nerchowk, Distt. Mandi, Himachal Pradesh, 175021.

Name of Course : MBBS

i) **Name of the Student.....**

ii) **Parentage with address & Telephone Nos .....**

.....

.....

iii) **Date of admission in MBBS course .....**

iv) **Day Scholar (address with Mobile/Telephone No.). .....**

v) **Undertaking to be given and signed by the student.**

UNDERTAKING

I..... S/O/D/O Sh. ..... studying in (MBBS/BDS) .....MBBS..... course in (Name of College) SLBSGMC&H Mandi at Nerchowk, Distt. Mandi, HP for the academic session 2026-27 and presently a student of 01st Year / Professional is hereby give an undertaking that I will not indulge in any kind of ragging or indiscipline in the campus / Hostel / outside / anywhere. If so, strict disciplinary action may be taken against me as per law / Ordinance issued by the Government of Himachal Pradesh and Regulations of Medical Council of India.

Date ..... **Signature of the Student : .....**

Place ..... **Name : .....**

Course ..... **Mobile /Telephone No. : .....**

e-Mail Address : .....

COUNTERSIGNED

(Parents/Guardians)

Full Address: .....

.....

Telephone No. / Contact No .....

e-Mail ID of Parents/Guardians .....

Note : Candidate is to fill online anti-ragging undertaking and submit the acknowledgement to the office before start of session and every year thereafter. (Website : www.antiragging.in)

Annexure - H

APPENDIX -18

PROFORMA FOR AFFIDAVIT TO BE SUBMITTED BY THE PARENTS/LEGAL GUARDIAN OF THE CANDIDATE AT THE TIME OF ADMISSION IN THE COLLEGE IN RESPECT OF ANTI-RAGGING MEASUREMENT DULY ATTESTED BY THE COMPETENT AUTHORITY

Photo of Student	(To be submitted on plain paper)	Photo of Parents / Guardian

UNDERTAKING

I, father / mother/ legal guardian of Mr. / Ms. ..... resident of (full address with telephone No.) .....

.....

who has been admitted in the academic session 2026-27 in Shri Lal Bahdur Shastri Govt. Medical College Mandi at Nerchowk, Distt. Mandi, HP 175021 presently a student of .....MBBS..... course do hereby solemnly affirm and declare that my son / daughter / ward will not indulge in any type of ragging or indiscipline in the campus/Hostel and outside. In case of any such violation strict disciplinary action should be followed as per Ordinance issued by the H.P. Govt. and Regulations of Medical/Dental Council of India I / We will not interfere in any way in the action against my son/daughter / ward.

Deponent

(To be signed by the Father / Mother/ Legal Guardian of the Student)

VERIFICATION

I, the above named deponent do hereby solemnly affirm and declare that the above particulars of the affidavit are true to the best of my knowledge and belief. No part of it is false and nothing material has been concealed therefrom.

Verified at ..... AM / PM, Day of ..... / ..... / 2026.

Deponent

(Note : Parents/ Guardian are to ensure that their ward uploads undertaking for not indulging in ragging on www.antiragging.in before start of session and every year thereafter.)

DETAILS OF REGISTRATION OF ANTI RAGGING ON-LINE.

1.	WWW.Antiragging	
2.	Principal Name	Rajesh Kumar
3.	Principal Mobile Number	94180-84514
4.	College Land Line Number	01905-243945
5.	Nearest Police Station	Balh
6.	Number of students	120.
7.	Anti Ragging Help line number	18001805522

CERTIFICATE OF MEDICAL FITNESS

This is to certify that clinical examination of

Mr. / Ms .....

S/O, D/O .....

Resident of .....

.....

(Signature of Candidate)

Who has been selected for admission to MBBS Course was conducted: -

a) Height .....

b) Weight .....

c) Chest .....

d) CVS .....

e) Abdominal .....

f) Locomotor .....

g) Eye .....

h) ENT .....

He/she has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the professional course. Certified that he/she fulfills the following criteria.

1. **Absence of any incapacitating systemic disease/disorder/condition,**
2. **Absence of any major locomotor disability**
3. **Absence of any major visual/ auditory disability.**
4. **Absence of psychosis/neurosis/mental retardation,**
5. **Ability to maintain erect posture,**
6. **Reasonable manual dexterity. Though, following deviations have been revealed, in my opinion, these are not**

Impediments to, pursue a career as MBBS (Medical Doctor)

1. .....
2. .....
3. .....

(Signature of Member-I) **(Signature of Member-II)** **(Signature of Member-III)**

Dated : -------- / -------- / 2026
Place : SLBSGMC&H Mandi at Nerchowk

(Counter Signature & Stamp of the Chairman)

Note :- If the candidate has claimed a PWD seat C_ allotted a PWD seat: He / She must submit additionally the current academic year (Recent) Physically handicapped certificate (PWD) issued by the authorized medical boards only as per the instructions of competent authorities of All India/State quota for the current academic year in information brochures / Notifications / Advisory.

Annexure-J

MBBS COURSE FORMAT OF GAP AFFIDAVIT

For General/Reserved/NRI Candidates

(To be Submitted on a Legalized/Notarized Rs. 100 Non Judicial Stamp Paper)

I, _____ S/o /D/o of _____

and _____, resident of _____

_____ do hereby solemnly state & affirm as under:-

(1) That I am a resident of above said address.

(2) That I have completed & passed class 12th in the year _____from _____ _____ (Name of School/College/Institute).

(3) That I have not joined/joined/admitted in any School/College/Institute due to or as _____ _____. (Give reason if NOT joined/ if Joined give details)

(4) That there is a GAP of _____ years in my studies from _____ to _____.

(5) That during this period I was not involved in any offence or in an illegal activity and that no Civil/Criminal case is pending against me in any court of law in India or elsewhere.

(6) That I command a good reputation and respect in general public.

(7) That I have not availed any post matric scholarship for the same programme or course from any College/University/Institute.

Deponent (Student)

Verification: -

Verified that the contents of my above said affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed or misrepresented therein. In case the above facts are found incorrect/false/ misrepresented at any stage then my admission can be cancelled by the Authority of SLBSGHMC&H Mandi at Nerchowk, Distt. Mandi HP.

Date:

Place:

Deponent (Student)

Note:

1. **If you have passed any examination after the qualifying examination, then a photocopy of the relevant documents must be attached for the justification of the GAP.**

LIST OF ORIGINAL DOCUMENTS RECEIVED

Pertaining to Mr./Miss _____

S/o or D/o _____

Admitted to the MBBS Course for the Session 2026–27

Sr. No	Name of Certificate/Document	Received or Not (Yes or No)
1.	Proof of identity (Aadhar Card / _____)	
2.	Matriculation Certificate for D.O.B./ Birth certificate	
3.	Plus two mark sheet	
4.	Plus two pass certificate	
5.	Migration certificate.	
6.	Admit card of exam issued by NEET	
7.	Result / Rank letter issued by NEET	
8.	Provisional Allotment Letter	
9.	Character Certificate of Candidate (As shown under Appendix-16 (Enclosed as Annexure-F)	
10.	On line Anti Ragging Forms as downloaded from Ani Ragging Website i.e. www.antiragging.in	
11.	Gap Period Affidavit	
12	Bonafide Himachali Certificate if from H.P. Quota	
12.	Certificate of Reserved Category (if any)	
13.	Disability Certificate	
14.	EWS Certificate	
15.	Latest BPL Certificate	
16.	ESIC Scrutiny form (Only for ESIC Quota Candidate)	
17.	Embassy Certificate (For NRI Candidates) as Appendix-22	

Yet to receive any other original certificate :

1		
2		
3		

Signature of Candidate

Name : _____

Date of Admission : _____

Mobile No : _____

File No. : _____

(Signature & Stamp of Custodian)

LIST OF ORIGINAL DOCUMENTS RECEIVED

Pertaining to Mr./Miss _____

S/o or D/o _____

Admitted to the MBBS Course for the Session 2026–27

Sr. No	Name of Certificate/Document	Received or Not (Yes or No)
1.	Proof of identity (Aadhar Card / _____)	
2.	Matriculation Certificate for D.O.B./ Birth certificate	
3.	Plus two mark sheet	
4.	Plus two pass certificate	
5.	Migration certificate.	
6.	Admit card of exam issued by NEET	
7.	Result / Rank letter issued by NEET	
8.	Provisional Allotment Letter	
9.	Character Certificate of Candidate (As shown under Appendix-16 (Enclosed as Annexure-F)	
10.	On line Anti Ragging Forms as downloaded from Ani Ragging Website i.e. www.antiragging.in	
11.	Gap Period Affidavit	
12	Bonafide Himachali Certificate if from H.P. Quota	
12.	Certificate of Reserved Category (if any)	
13.	Disability Certificate	
14.	EWS Certificate	
15.	Latest BPL Certificate	
16.	ESIC Scrutiny form (Only for ESIC Quota Candidate)	
17.	Embassy Certificate (For NRI Candidates) as Appendix-22	

Yet to receive any other original certificate :

1		
2		
3		

Signature of Candidate

Name : _____

Date of Admission : _____

Mobile No : _____

File No. : _____

(Signature & Stamp of Custodian)

"01st Year Tuition Fee Receipt"

(MBBS Admission in the year 2026-2027) (BATCH-10th, 2026),
(Use for MBBS students whose seats are allotted under
"ALL INDIA QUOTA" and "HP STATE QUOTA" (APPLICABLE TO ALL CATEGORY EXCEPT BPL FAMILY STUDENTS)
SLBSGM&CH MANDI AT NERCHOWK, DISTT. MANDI, HIMACHAL PRADESH

PLEASE PASTE THE ORIGINAL BANK RECEIPT OF TUITION FEE

Tuition Fee	**Rs.40,000/-**	**Non Refundable**
Admission Fee	**Rs.4000/-**	**Non Refundable**
Student Fund	**Rs.4000/-**	**Non Refundable**
Medical Fund	**Rs.3000/-**	**Non Refundable**
Dilapidated Fund	**Rs.3000/-**	**Non Refundable**
Security	**Rs.6000/-**	**Refundable**
Total	**Rs. 60000/-**	

The Tuition Fee amounting of Rs. 60,000/- only (Rupees Sixty Thousand only) has been paid / deposited on dated ____ /____ / 2026 to the _____ (Bank Name) Bank Account No. _____ (Tuition Fee), Bank IFSC Code : _____ , Branch _____ , the necessary Original Bank receipt is pasted above.

Dated : ____ / ____ / 2026

Deposited By:-

Signature : _____

Name of MBBS Student : _____

S/O , D/O : _____

Date of MBBS Admission : _____

Neet Roll No. : _____

MBBS Admission File No. : _____

MBBS Student Mobile No. : _____

"01st Year Tuition Fee Receipt"

(MBBS Admission in the year 2026-2027) (BATCH-10th, 2026), (Use for MBBS students whose seats are allotted under)
"ESIC QUOTA" (APPLICABLE TO ALL CATEGORY EXCEPT BPL FAMILY STUDENTS)
SLBSGM&CH MANDI AT NERCHOWK, DISTT. MANDI, HIMACHAL PRADESH

PLEASE PASTE THE ORIGINAL BANK RECEIPT OF TUITION FEE

Tuition Fee	**Rs.24,000/-**	**Non Refundable**
Admission Fee	**Rs.4000/-**	**Non Refundable**
Student Fund	**Rs.4000/-**	**Non Refundable**
Medical Fund	**Rs.3000/-**	**Non Refundable**
Dilapidated Fund	**Rs.3000/-**	**Non Refundable**
Security	**Rs.6000/-**	**Refundable**
Total	**Rs. 44000/-**	

The Tuition Fee amounting of Rs. 44,000/- only (Rupees Forty Four Thousand only) has been paid / deposited on dated ____ /____ / 2026 to the _____ (Bank Name) Bank Account No. _____ (Tuition Fee), Bank IFSC Code : _____ , Branch _____ , the necessary Original Bank receipt is pasted above.

Dated : ____ / ____ / 2026

Deposited By:-

Signature : _____

Name of MBBS Student : _____

S/O , D/O : _____

Date of MBBS Admission : _____

Neet Roll No. : _____

MBBS Admission File No. : _____

MBBS Student Mobile No. : _____

"01st Year Tuition Fee Receipt"

(MBBS Admission in the year 2026-2027) (BATCH-10th, 2026), (Use for MBBS students whose seats are allotted under)

"ALL INDIA QUOTA", "HP STATE QUOTA" and "ESIC QUOTA" STUDENTS

(APPLICABLE FOR BPL FAMILY STUDENTS ONLY)

SLBSGM&CH MANDI AT NERCHOWK, DISTT. MANDI, HIMACHAL PRADESH

PLEASE PASTE THE ORIGINAL BANK RECEIPT OF TUITION FEE

Note: Candidates belonging to BPL family are required to submit latest BPL certificate at the time of admission / depositing of Tuition fee (Per Annum).

Admission Fee	Rs.4000/-	Non Refundable
Student Fund	Rs.4000/-	Non Refundable
Medical Fund	Rs.3000/-	Non Refundable
Dilapidated Fund	Rs.3000/-	Non Refundable
Security	Rs.6000/-	Refundable
Total	Rs. 20,000/-	

The Tuition Fee amounting of Rs. 20,000/- only (Rupees Twenty Thousand only) has been paid / deposited on dated ___ / ___ / 2026 to the _____ (Bank Name) Bank Account No. _____ (Tuition Fee), Bank IFSC Code : _____ , Branch _____ , the necessary Original Bank receipt is pasted above.

Dated : ___ / ___ / 2026

Deposited By:-

Signature : _____

Name of MBBS Student : _____

S/O , D/O : _____

Date of MBBS Admission : _____

Neet Roll No. : _____

MBBS Admission File No. : _____

MBBS Student Mobile No. : _____

"01st Year Tuition Fee Receipt"

(MBBS Admission in the year 2026-2027) (BATCH-10th, 2026), (Use for MBBS students whose seats are allotted under

"NRI QUOTA"

SLBSGM&CH MANDI AT NERCHOWK, DISTT. MANDI, HIMACHAL PRADESH

PLEASE PASTE THE ORIGINAL BANK RECEIPT OF TUITION FEE

US $	**US $ 20,000/-**	**Or equivalent in Rupees**
Total US $	**US $ 20,000/-**	

The Tuition Fee amounting of US $ 20000 Or equivalent in INR Rs. _____ only (Rupees _____ only) as per today's rate of Foreign Exchange of US $ i.e. _____ has been paid / deposited on dated ____ /____ / 2026 to the _____ (Bank Name) Bank Account No. _____ (Tuition Fee), Bank IFSC Code : _____ , Branch _____ , the necessary Original Bank receipt is pasted above.

Dated : ____ / ____ / 2026

Deposited By:-

Signature : _____

Name of MBBS Student : _____

S/O , D/O : _____

Date of MBBS Admission : _____

Neet Roll No. : _____

MBBS Admission File No. : _____

MBBS Student Mobile No. : _____

"01st Year Hostel Fee Receipt"

(MBBS Admission in the year 2026-2027) (BATCH-10th, 2026),
(Use for MBBS students whose seats are allotted under
"ALL INDIA QUOTA", "HP STATE QUOTA" , ESIC QUOTA and "NRI QUOTA" (APPLICABLE TO ALL CATEGORY)
SLBSGM&CH MANDI AT NERCHOWK, DISTT. MANDI, HIMACHAL PRADESH

PLEASE PASTE THE ORIGINAL BANK RECEIPT OF HOSTEL FEE

Rent	**Rs.7200/-**	**Non Refundable**
Electricity & Water Charges	**Rs.6000/-**	**Non Refundable**
Student Fund	**Rs.2000/-**	**Non Refundable**
Hostel Fund	**Rs.9000/-**	**Non Refundable**
Security	**Rs.3000/-**	**Refundable**
Total	**Rs. 27,200/-**	

The Tuition Fee amounting of Rs.27,200/- (Rupees Twenty Seven Thousand Two Hundred only) has been paid / deposited on dated ____ / ____ / 2026 to the _____ (Bank Name) Bank Account No. _____ (Hostel Fee), Bank IFSC Code : _____ , Branch _____ , the necessary Original Bank receipt is pasted above.

Dated : ____ / ____ / 2026

Deposited By :-

Signature : _____

Name of MBBS Student : _____

S/O , D/O : _____

Date of MBBS Admission : _____

Neet Roll No. : _____

MBBS Admission File No. : _____

MBBS Student Mobile No. : _____

The details of 02 Banks with their bank accounts of this Medical College in which the MBBS students can deposit their Tuition and Hostel Fees Only as per their choice as under: -

01st Bank Name	HDFC Bank Nerchowk, Distt. Mandi, HP				
Sr. No.	**Name of Account Holder**	**Name of Account**	**Account Number**	**IFSC Code**	**Remarks**
1.	Principal SLBS SLBSGMCH Mandi at Nerchowk, Distt. Mandi, HP	Tuition Fee Account	50100300314277	HDFC0004468	Only MBBS Tuition Fees can be deposited into this Bank Account
2.	Principal SLBS SLBSGMCH Mandi at Nerchowk, Distt. Mandi, HP	Hostel Fee Account	50100723934165	HDFC0004468	Only MBBS Hostel Fees can be deposited into this Bank Account

~~~~~~

02nd Bank Name	ICICI Bank Mandi, Distt. Mandi, HP				
Sr. No.	**Name of Account Holder**	**Name of Account**	**Account Number**	**IFSC Code**	**Remarks**
1.	Principal SLBS Govt. Medical College & Hospital. Nerchowk, Distt. Mandi, HP	Tuition Fee Account	045101002120	ICIC0000451	Only MBBS Tuition Fees can be deposited into this Bank Account
2.	Principal SLBSGMCH Mandi at Nerchowk, Distt. Mandi, HP	Hostel Fee Account	045101002108	ICIC0000451	Only MBBS Hostel Fees can be deposited into this Bank Account

Note: -

1. **It will be mandatory to paste the original bank money deposit receipt of the Tuition and Hostel Fee in the relevant Fee Receipt Form (Tuition / Hostel fee).**
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Annexure-K

"ESIC DOCUMENT SCRUTINY FROM"

(For MBBS Admission under ESIC "IP ward Quota" at Shri Lal Bahadur Shastri Govt. Medical College, Mandi at Ner Chowk-1751021 for academic year 2026-2027).

Candidate Details : **(to be filled by candidate)**

Roll No.	
Name	
Registration No.	
Date of Birth	
Father's Name	
All India Neet Rank	
All India Seat-Category Rank	
ESIC Merit Rank (General Combined)	
ESIC Merit Rank (Category)	
Category	
Seat Alloted under Category	

Signature of Parents / Guardian **Signature of Candidate**

Date: **Date:**

(Arrange a set of original certificates and one set attested photocopies separately in the order mentioned on page 25 for verification)

(FOR ESIC OFFICE USE ONLY)

Remarks: Eligible and entitled for MBBS admission under ESIC IP Wards Quota at SLBS Govt. Medical College & Hospital, Mandi at Nerchowk ..... (Yes / No)

If not eligible, reason/s : .....

Any other remarks : .....

Name, Signature & Stamp of Scrutiny Officer (ESIC) **Name Signature & Stamp of Scrutiny Officer (ESIC)**

ANNEXURE – 2

List of documents to be carried along-with, with self-attested photocopies, for Admission process at the allotted Medical / Dental / Nursing College, ESIC or otherwise

i) ESIC Pehchan card

ii) Copy of – Birth Certificate / Matriculation Certificate for proof of Date of Birth.

iii) Copy of Aadhar card, if available.

iv) Senior Secondary School certificate (+2). Provisional, if final has not been issued.

v) National Eligibility cum Entrance Test – 2026 [NEET (UG) - 2026] Admit Card

vi) NEET - 2026 Scorecard indicating All India Rank

vii) 'Ward of Insured Person Certificate – AY 2026' issued by ESIC.

viii) SC / ST / OBC / PH Certificate as applicable; and in the format as per NEET-2026 brochure. The PH certificate would be subject to verification by Competent ESIC Board, if required.

ix) EWS Certificate by Competent Authority

x) For FEMALE CANDIDATES ONLY

- Affidavit by candidate as per Annexure – 4
- Affidavit by IP as per Annexure - 5

ANNEXURE - 4

AFFIDAVIT (By Female Candidate only)

1. That deponent Ms. ....., aged ..... years is the daughter of Shri / Smt. .....
2. Shri / Smt. ..... is employed with the factory establishment, viz ..... covered under ESI Act vide Code No.....
3. The father / mother of the deponent is beneficiary under the ESI Act having Insurance no. .....
4. The deponent is unmarried and wholly dependent on the earnings of Insured Person.
5. The deponent hereby declares that aforesaid facts are correct on the basis of the record and if the aforesaid declaration is found to be incorrect and contrary to the records, the admission sought shall be declared illegal and liable to be cancelled.
6. The deponent further declares that if the information submitted by the deponent is found to be incorrect the deponent would be liable to be prosecuted in accordance with law.

DEPONENT

VERIFICATION:

I swear by this Affidavit that the contents of my above affidavit are true and correct to my knowledge and belief. No part of it is false and nothing relevant has been concealed therein.

Verified at ..... on this ..... day of ..... , 2026.

DEPONENT

[To be duly Notarized]

ANNEXURE – 5

AFFIDAVIT (By IP – only in case of female candidate)

1. That deponent is an employee with the factory / establishment, viz ..... covered under ESI Act vide Code No. .....
   The Deponent is a beneficiary under ESI Act. having Insurance No .....
2. The deponent's daughter (Name: .....) is.....years of age.
3. The daughter (Name: .....) of the deponent is unmarried and wholly dependent on the earnings of Insured Person.
4. The deponent hereby declares that aforesaid facts are correct on the basis of the record and if the aforesaid declaration is found to be incorrect and contrary to the records, the admission sought shall be declared illegal and liable to be cancelled.
5. The deponent further declares that if the information submitted by the deponent is found to be incorrect, the deponent would be liable to be prosecuted and face the consequential action which the ESI Corporation may deem fit and proper.

DEPONENT

VERIFICATION

I swear by this Affidavit that the contents of my above affidavit are true and correct to my knowledge and belief. No part of it is false and nothing relevant has been concealed therein.

Verified at ..... on this ..... day of ..... 2026.

DEPONENT

[To be duly Notarized]

ANNEXURE - 6B

FORMAT OF BOND (FOR UG – MEDICAL STUDENTS in State Govt. Colleges with IP Quota seats)
(To be executed on Stamp Paper of value as applicable under Stamp Duty Act. Duly Notarized)

KNOW ALL MEN BY THESE PRESENTS THAT We (1) (Mr./Mrs./Ms.) ..... (herein after called the Bounden) son / daughter / wife of ..... residing at (Residential address .....) and (2) Shri/Smt. ..... (hereinafter called 'the Surety / Sureties') son / daughter / wife of ..... residing at (Here enter address) ..... do hereby bind ourselves and each of us & our respective heirs, executors & administrators jointly and severally to pay to the Employees' State Insurance Corporation (herein after referred to as 'the Corporation') on demand the total amount of ₹5,00,000 (Rupees Five Lakh only) with interest @ 12% towards failure to fulfill the obligation / for violation of the condition here-in-after mentioned. The bounden and sureties shall have the option to (i) furnish Bank Guarantee** amounting to ₹5,00,000 (Rupees Five lakh only) 1 month before completion of internship, for a period of 14 months in favour of the Regional Director, ESIC, in lieu of the amount, and original documents of the student would be retained by the Corporation pending the submission of Bank Guarantee; OR (ii) not furnish Bank Guarantee, as above, when original documents would be retained by ESIC till Bond conditions are met with, i.e. completion of service under bond or payment in lieu. The total obligation amount would not exceed Rs. 05 lakh at any stage.

Signed this ..... Day of ..... in the year ..... by the bounden (Mr./Mrs./Ms.) ..... and Surety / Sureties Shri / Smt .....

Signature

In the presence of witness*:

1. Signature (Name & Address with official seal)
2. Signature (Name & Address)

1. Signature of BOUNDEN (Name & Address**, Photo ID No.)
2. Signature of SURETY / SURETIES (Name & Address**, Photo ID No.)

**The provision of Bank Guarantee is subject to final outcome in various Writ Petitions pending in the Hon'ble High Courts.

WHEREAS the Bounden (Mr./Mrs./Ms.) ..... has been selected to undergo ..... (here enter the name of the course of study) on the basis of merit Central / State / Stake Holder in (Name of the Institution) ..... for a period of ..... (duration of Course).

AND WHEREAS after successful completion of the course of study the bounden shall serve any of the institution, of the Corporation or of ESI Scheme of the State Government, as the case may be, for a period of one year anywhere in India and also subject to the terms and conditions herein after appearing and the bounden and the surety / sureties have agreed to the same.

NOW the condition of the above written obligation is that in the event the Bounden discontinues the study or after completion of the MBBS / BDS Course of study to which he / she was selected, fails to serve the Corporation for period of one year, the Corporation shall have the right to invoke the Bank Guarantee so furnished by the Bounden and sureties.

The bond is legally binding on the bounden and the sureties. The above written obligation shall be void and of no effect in event of invocation of Bank Guarantee; otherwise this shall remain in full force and effect.

PROVIDED further that the bounden and the surety / sureties do hereby agree that all sums found due to the Corporation under or by virtue of this bond shall be recovered jointly and severally from them and their properties movable and immovable as if such dues were arrears of land revenue under the provisions of the Revenue Recovery Act for the time being in force or in such other manner as the Corporation may deem fit.

PROVIDED further that during the tenure of study the Bounden shall be paid stipend in the internship year as per guidelines of Ministry of Health & Family Welfare, GoI, or as decided by the Corporation from time to time.

PROVIDED further that it is not necessary for the Corporation to sue the bond holder before taking action on the surety / sureties, under this bond and the liabilities of the surety / sureties is Co-extensive with that of the Bounden and shall not be affected by the Corporation giving time or any other indigence to the bounden or by the Corporation varying of the terms and conditions herein contained.

Signed this ..... Day of ..... in the year..... by the bounden (Mr./Mrs./Ms.) ..... and Surety / Sureties Shri / Smt. .....

Signature

1. Signature (Name & Address with official seal)

2. Signature (Name & Address)

1. Signature of BOUNDEN (Name & Address**, Photo ID No.)

2. Signature of SURETY / SURETIES (Name & Address**, Photo ID No.)

*Regional Director / RD (I/c) of ESIC Regional Office will sign as witness.

**Proof of Residential Address of Bounden and Surety / Sureties is to be obtained.

APPENDIX-A

Self-Certification Affidavit

(To be filled by all applicants applying under PwBD Category)

Name of Candidate: _____

NEET Roll No.: _____

NEET Score:_____

UDID No.: _____

Disability Type:

- Locomotor
- Hearing
- Visual
- Cognitive/SLD/
- *Others :_____(Please specify)

Disability Percentage as per [UDID card):_____ %

Assistive Devices Used (If any): _____

Essential Functional Competencies:

Competency Area	**Description**	**Candidate Declaration (✔/ ✘)**
A. Communication	• I can communicate clearly and empathetically with people using assistive devices.	
B. Hearing	• I can hear and respond to speech in both quiet and noisy environments, with or without hearing aids or cochlear implants. • I undertake to fulfill the eligibility criteria set under Form **Appendix -B**	
C.Dominant Hand Functionality	• I can write and hold instruments using my dominant or aided hand.	

	• I undertake to fulfill the eligibility criteria set under **Appendix –C and D**	
D.Understanding/Communication	• I can follow and comprehend medical terminology and maintain social interaction. • I undertake to fulfill the eligibility set under Form **Appendix -E**	
E. Vision	• My vision improves to the percentage lower than 40% • I can perform with the help of Low vision Aid • I undertake to fulfill the eligibility criteria set under Form **Appendix -F**	

2. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.

3. I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:_____

Date:
Place:
Notarized by:

***Note: Persons with benchmark disabilities other than Locomotor/Visual/ Hearing/SLD/ASD/Mental Illness will have to submit the self-certified affidavit at Appendix-A only (eg.: Blood disorders - Haemophilia, Thalassemia and Sickle cell disease Chronic Neurological Conditions etc.)**

APPENDIX-B

AFFIDAVIT

(HEARING IMPAIRMENT)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID Card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

I have hearing loss in:

☐Right Ear

☐Left Ear

☐Both Ears

☐Neither

2. I use:

☐Prescribed Hearing Aid

☐Cochlear Implant

☐None

3. I declare as under:

Sl. No.	Functional Ability regarding following Activities declared	Candidate Declaration (✔/ ✘)
1.	Communicate effectively using the above-mentioned assistive devices.	
2.	Engage in a conversation in a quiet and noisy environment.	
3.	Understand and respond to verbal instructions.	
4.	Carry out phone conversations.	

4. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.

5. I am aware that any false declaration may result in revocation of my admission.

Deponent Signature: _____

Date : _____

Place : _____

Notarized by :

APPENDIX-C

AFFIDAVIT

(LOCOMOTOR DISABILITY)
{UPPER EXTREMITY- COORDINATED ACTIVITY}

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID Card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

2. I declare that I am suffering from _____ Disability.
3. The condition causing this disability is diagnosed as .....
4. I am using/not using any assistive device/artificial limb etc.
5. Ideclare my functional ability in performing the basic Coordinated Activities as below:

Sl. No.	Functional Ability regarding following Activitiesdeclared	**Candidate Declaration (✔/ ✘)**
1.	Can you lift overhead objects and place them at the same place?	
2.	Can you touch tip of the nose with the tip of a finger?	
3.	Can you eat by yourself?	
4.	Can you groom, comb and plate by yourself?	
5.	Can you put on a shirt/kurta/upper garment on your own?	
6.	Can you clean yourself after toileting (Act of Ablution)?	
7.	Can you Drink water holding a Glass/tumbler?	
8.	Can you button/unbutton your clothes?	
9.	Can you put on trousers/pant/lower garment/Tie Nara, Dhoti, using the Zip as the case may be?	
10.	Can you hold a Pen/Pencil and write?	

6. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.

7. I am aware that any false declaration may result in revocation of my admission.

Deponent Signature: _____

Date: _____
Place: _____

Notarized by:

APPENDIX-D*

AFFIDAVIT

(LOCOMOTOR DISABILITY)
{LOWER EXTREMITY- STABILITY COMPONENTS

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID Card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

2. I declare that I am suffering from _____ Disability.

3. The condition causing this disability is diagnosed as .....

4. I am using/not using any assistive device/artificial limb etc.

5. I declare my ability to perform the following functions as below:

Sl. No.	**Functional Ability regarding following Activities declared**	**Candidate Declaration (✓ / X)**
1.	Can you bear weight and stand on both legs?	
2.	Can you bear weight and stand on your affected leg?	
3.	Can you walk on plain surfaces?	
4.	Can you sit on a chair by yourself?	
5.	Can you take turn to the right and left side?	

6. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.

7. I am aware that any false declaration may result in revocation of my admission.

Deponent Signature: _____
Date: _____
Place: _____

Notarized by:

(**Revised vide Corrigendum Notice of UGMEB, NMC No.* **U-11021/24204/PwBD/2026/UGMEB** *Dated 31.07.2026)*

APPENDIX-E

AFFIDAVIT

(MENTAL ILLNESS/SPEECH DISORDERS/SPECIFIC LEARNING DISORDER/AUTISM SPECTRUM DISORDER)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID Card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

2. I declare that I am suffering from _____ Disability.

3. The condition causing this disability is diagnosed as …….

4. I am using/not using any assistive device/artificial limb etc.

5. I declare my ability to perform the following functions as below:

SL. NO.	Description	Candidate Declaration (✔ ✘)
1.	I can communicate clearly and empathetically with people	
2.	I can listen and respond to speech in both quiet and noisy environments.	
3.	I can follow instructions, comprehend required medical terminology, and maintain social interaction	
4.	I can understand and respond to verbal instructions and can carry out phone conversations.	

6. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.

7. I am aware that any false declaration may result in revocation of my admission.

Deponent Signature: _____

Date: _____
Place: _____

Notarized by:

APPENDIX-F

AFFIDAVIT

(VISUAL IMPAIRMENT)

I, _____aged, _____years, son/daughter of _____, resident of _____, holding a valid UDID Card No. _____issued by _____on_____, do hereby solemnly affirm and declare as follows:

1. I have Visual Impairment in:
    - Left Eye
    - Right Eye
    - Both Eye
    - Neither
2. I am using Low Vision Aid(s) _____.

3. With the use of Low Vision Aid, I declare the fulfillment of following criteria:

SL. NO.	ALL MANDATORY CRITERIAS FULFILLED WITH THE LOW VISION AID	Candidate Declaration (✔/ ✘)
1.	Best corrected visual acuity improves such that the visual disability becomes less than 40%	
2.	The field of vision is > 40 degree in the eye which is using the LVA	
3.	The LVA is hands free and suitable for everyday use	

4. I hereby affirm that I can perform with the use of Low Vision Aid.

5. I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:_____

Date:
Place:
Notarized by: