**Dte. General of Health Services**

**Medical Counselling Committee**

**Central Pool MBBS Seats under MoHFW**

**for wards of Covid Warriors (Deceased)**

**Format for submission of Application for allotment of Central Pool MBBS Seats under MoHFW for wards of CovidWarriors(Deceased)**

|  |  |  |
| --- | --- | --- |
| 1. | Candidate’s Name: |  |
| 2. | Relationship with Covid Warrior: |  |
| 3. | Father’s/Mother’s Name |  |
| 4. | Gender: |  |
| 5. | NEET All India Rank: |  |
| 6. | NEET Roll Number: |  |
| 7. | Choices of Colleges in order of Preference: |  |
| 8. | Adhaar Card Number: |  |
| 9. | Medical Report: |  |
| 10. | Death Certificate: |  |
| 11. | Covid Insurance Scheme Number, if any: |  |
| 12. | State authority certifying the COVID Warrior Sacrificed his/her life fighting the pandemic on duty in................... and is eligible for Nomination to Covid Warrior Central Pool Quota. |  |
| 13. | Signature of Candidate: |  |

**FORMAT OF CERTIFICATE OF ELIGIBILITY FOR CONSIDERATION**

**OF ALLOTMENT OF MBBS SEAT IN CENTRAL POOL**

**FOR WARDS OF COVID WARRIORS**

Photograph

Of the Candidate

Attested by the Director Medical Education/

Director Health Services

Shri/Smt. …………………………………………………, aged……………………..son/daughter of……………………………………………., resident of …………………………………………………………….. employed in…………………………………. as(Designation)……………………………………….is certified to have expired vide Death Certificate No………………………………………. issued by (issuing Authority……………………………………………………while serving at …………………………….. in designated COVID related duty.

Mr./Kum. ………………………….Son/daughter of above referred Covid Warrior (Deceased) has qualified for NEET vide Roll No. ……………… All India Rank No……………………. intends to pursue Medical Education (MBBS) and hence his/her application, in the format prescribed by the DGHS(Ministry of Health & Family Welfare, is being forwarded herewith for consideration.

Signature with Official Seal

Director Medical Education/

Director Health Services