CATEGORY	CODES
(1) Open Merit Category	06
(2) Reserved Category :-	
(a) Scheduled Caste	07
(b) Scheduled Tribe	08
(c) Socially and Educationally Backward Class :-	
(i) Weak & Under Privileged Class (OSC)	12
(ii) Resident of Backward Area Class :-	13
(iii) Resident of Area Adjoining Actual Line of Control	14
(d) Children of Defence Personnel / Para Millitary Forces and State Police Personnel.	15
(e) Candidate possessing outstanding Proficiency in sports.	16
(f) Open merit category other than item (1) above who have served for a minimum period of 5 years in Rural Area	as 22

DISTRICT	CODES	DISTRICT	CODES
(to indicate the district to which the candidate belongs)		(to indicate the district to which the candidate belongs)	
Anantnag	31	Jammu	42
Bandipora	32	Kathua	43
Baramulla	33	Kishtwar	44
Budgam	34	Poonch	45
Ganderbal	35	Rajouri	46
Kulgam	36	Ramban	47
Kupwara	37	Reasi	48
Pulwama	38	Samba	49
Shopian	39	Udhampur	50
Srinagar	40	Kargil	51
Doda	41	Leh	52

COLLEGE (to indicate the college from which the candidate has passed MBBS / BDS).	CODES
GMC - Srinagar	61
GMC - Jammu	62
SKIMS - Srinagar	63
ASCOMS - Jammu	64
Medical College outside J&K State	65
Medical College outside Country	66
GDC - Srinagar	67
GDC - Jammu	68
Dental College outside J&K State	69
Dental College outside Country	70

DECLARATION

I hereby declare that all statements made above are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, before or after the examination. I authorize the BOPEE to cancel my candidature or selection/admission to the course if selected. In such event I shall have no objection to Criminal prosecution against me.

I have read the provision in the Information Brochure and I hereby undertake to abide by them.

I have fully read the Information furnished by my Son/Daughter/Ward and affirm that it is true and if it is proved that the information is fraudulent. I am liable to criminal prosecution.

Date : Signature of Father / Mother / Guardian* (*If Father & Mother not alive)

Besides One additional Photograph, attested copies of the following certificates should enclosed with Office Copy of Application Form in the order as given below.

- 1. High / Higher Secondary School Certificate for verfication of date of birth.
- 2. Permanent Resident Certificate.
- 3. Certificate in support of educational qualification: M.B.B.S. Degree / B.D.S. Degree as per requirement of the course.
- 4. Detailed marks certificate of qualifying examination : M.B.B.S. Degree / B.D.S. Degree.
- 5. The compulsory rotatory internship certificate.
- 6. Registration Certificate from State Medical Council / State Dental Council.
- 7. Category Certificate, if applicable.
- 8. Employer's Certificate / NOC, if employed.
- 9. Five Year (or more) Rural Service Certificate, if applicable.
- 10. Certificate in support of experience required for Hospital Administration, if applicable.

Name & Signature of Checking Assistant