

ANNEXURE - J

Status Retention Form

(To be sent to Competent Authority by the college)

Candidate's Name : _____ All India Neet Rank _____
 Category : _____ NEET UG Roll.No. : _____ Region Code : _____
 Address: _____
 _____ Pin Code: _____ Phone No. _____

To
 The Competent Authority,
 NEET UG 2019, Mumbai.

Sir/Madam,
 I, Mr./Miss _____ wish to retain the seat allotted
 (Name of Candidate)
 to me at _____
 (Name of the College)

for _____ Course in Health Sciences for the academic year 2019-20.
 (Name of the course)

Declaration

I am fully aware that after filling this **Status Retention Form** that I will not be considered for any subsequent rounds of selection process for the year 2019-2020. I also declare that I will not ask for reconsideration of my name for further selection process.

Date : _____
 Place : _____ Signature of Candidate

Signature of Parent/Guardian _____ Signature of Dean /Principal (with seal)
 (Cut here) - - - - -
 (To be retained by the College)

To
 The Competent Authority,
 NEET UG 2019, Mumbai.

Sir/Madam,
 Mr./Miss _____ (All India NEET Rank. _____) wish to retain the
 (Name of Candidate)
 seat allotted to me at _____
 (Name of the College)

for _____ Course in Health Sciences for the academic year 2019-20.
 (Name of the course)

Declaration

I am fully aware that after filling this **Status Retention Form** that I will not be considered for any subsequent rounds of selection process for the year 2019-2020. I also declare that I will not ask for reconsideration of my name for further selection process.

Date : _____
 Place : _____ Signature of Candidate

Signature of Parent/Guardian

Signature of Dean /Principal (with seal)