

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 2020, 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 2020-21.
(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 2020-21. 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 2020, 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 2020-21.
(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 2020-21. 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)