I hereby declare the following details of my family members and their education qualifications to avail the tuition fee waiver for my studies in Professional Courses under the scheme of waiver of tuition fee to the students from the family where there are no graduates.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name</th>
<th>Relationship</th>
<th>Age</th>
<th>Educational Qualification</th>
<th>Whether Degree holder</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Applicant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td>Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td>Father's Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td>Father's Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td>Mother's Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td>Mother's Mother</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(8)</td>
<td>Brother / Sister</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td>Brother / Sister</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td>Brother / Sister</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11)</td>
<td>Brother / Sister</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby solemnly and sincerely affirm that I am the first person from my family to claim the waiver of Tuition Fee for entire Professional Course of study and there is no graduate in my family so far. The particulars furnished above are true. Should it, however, be found that any information furnished therein is false in material particulars on verification at a later stage, I am liable for criminal prosecution and I also agree to return the amount equal to three times the tuition fee waiver availed by me.

Date:

Place:

SIGNATURE OF THE CANDIDATE

I solemnly and sincerely affirm that I am fully aware of the above declaration and the particulars furnished in the declaration are correct. I am liable for the criminal action / recovery of amount equal to three times the fees waived for incorrect particulars furnished.

Date:

Place:

SIGNATURE OF THE PARENT / GUARDIAN
MEDICAL FITNESS CERTIFICATE

Medical Fitness Certificate to be issued by Registered Medical Practitioner
(For Students of U.G. & P.G. Admissions)

TNEA Application No: __________________________

Name: ___________________________________ ; Gender: _______________________

Code & College in which admitted: ____________________________ ; Date of Birth: ____________

Name of the Course: ___________________________________________

Indicate your response by ticking (✓) appropriate one

1. Do you have any minor or major complaint? Yes / No
   If Yes, describe __________________________

2. Are you allergic to any medicine or any others? Yes / No
   If Yes, describe __________________________

3. Have you ever had any operation or been advised any operation? Yes / No
   If Yes, describe __________________________

4. Are you Physically Challenged? Yes / No
   If Yes, Indicate: Visual / Hearing / Orthopedic
   I declare that the above information is true to the best of my knowledge.

Signature of the Candidate

I. General Information
   Height: _______ cms; Weight: _______ kgs
   Insp: _______ cms; Exp: _______ cms; Resp.Rate: _______/min
   B.P: _______ mm HgPulse: _______/min.

II. Blood Group & Rh type

III. Personal marks of identification
   1. __________________________________________
   2. __________________________________________

IV. C.V.S.

V. Respiratory System

VI. G.I.System

VII. C.N.S

VIII. Musculoskeletal System

IX. Examination of Eyes

X. E.N.T

XI. Urinary System

XII. Remarks

I do hereby certify that I have examined the above candidate. He / She is fit to join the above mentioned course.

Date: __________________________

Place: __________________________

REGISTERED MEDICAL OFFICER
(Seal with Reg.No.)