

Name : ANJALI MALIK Rank : 86438
 Roll No : 440901326 Physically Handicapped : NO
 Gender : Female Auto Unique ID : 91388
 Category : General Locking IP : 132.154.82.251
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Choices Locked for Online Under Graduate Medical / Dental Counselling - 219 (Round No - 1)

Choice No.	Quota	Institute Name	Subject Name
1	Central Universites / National Institutions	Faculty of Ayurveda Institute Of Medical Science Banaras Hindu University Faculty of Ayurveda, Institute of Medical Sciences Banaras Hindu University, Varanasi, Uttar Pradesh, UTTAR PRADESH	Bachelor of Ayurvedic Medicine and Surgery
2	All India Quota Government	Dr. B.R Sur Homoeopathic Medical College and Hospital, Motibagh, New Delhi, DELHI (NCT)	Bachelor of Homoeopathic Medicine and Surgery
3	All India Quota Government	Nehru Homoeopathic Medical College and Hospital, New Delhi, DELHI (NCT)	Bachelor of Homoeopathic Medicine and Surgery
4	All India Quota Government	National Homoeopathic Medical College and Hospital, Lucknow, Uttar Pradesh, UTTAR PRADESH	Bachelor of Homoeopathic Medicine and Surgery
5	All India Quota Government	Faculty of Ayurveda, Uttarakhand Ayurved University, Dehradun, Uttarakhand, UTTARAKHAND	Bachelor of Ayurvedic Medicine and Surgery
6	All India Quota Government	Govt. Ayurveda Medical College, Lucknow, Uttar Pradesh, UTTAR PRADESH	Bachelor of Ayurvedic Medicine and Surgery
7	All India Quota Government	Rishikul Govt. PG Ayurvedic College, Haridwar, Uttarakhand, UTTARAKHAND	Bachelor of Ayurvedic Medicine and Surgery
8	All India Quota Government	Govt. Ayurved Medical College, Haridwar, Uttarakhand, UTTARAKHAND	Bachelor of Ayurvedic Medicine and Surgery
9	All India Quota Government	Swami Kalyandev Government Ayurved College, Muzaffarnagar, Uttar Pradesh, UTTAR PRADESH	Bachelor of Ayurvedic Medicine and Surgery
10	All India Quota Government	Pandit Jawharlal Nehru State Homoeopathic Medical College, Kanpur, Uttar Pradesh, UTTAR PRADESH	Bachelor of Homoeopathic Medicine and Surgery
11	All India Quota	State Lal Bahadur Shastri Homoeopathic Medical	Bachelor of

	Government	College, Allahabad, Uttar Pradesh, UTTAR PRADESH	Homoeopathic Medicine and Surgery
12	All India Quota Government	Shri Krishna Govt. Ayurvedic College and Hospital, Kurukshetra, Haryana, HARYANA	Bachelor of Ayurvedic Medicine and Surgery
13	All India Quota Government	Shri Maru Singh Memorial Institute of Ayurved, Sonipat , Haryana., HARYANA	Bachelor of Ayurvedic Medicine and Surgery
14	All India Quota Government	State K.G.K Government Medical College, Moradabad, Uttar Pradesh, UTTAR PRADESH	Bachelor of Homoeopathic Medicine and Surgery
15	Central Universities / National Institutions	National Institute of Ayurveda, Jaipur, Rajasthan, RAJASTHAN	Bachelor of Ayurvedic Medicine and Surgery
16	All India Quota Government	Rajiv Gandhi Government Postgraduate Ayurvedic College, Paprola, Himachal Pradesh, HIMACHAL PRADESH	Bachelor of Ayurvedic Medicine and Surgery

Candidate's Agreement

I hereby agree to the following terms and conditions governing the admission process of AACCC UG :

1. I have gone through and understood the contents of Information Brochure/Prospectus and eligibility criteria prescribed therein. I shall abide by rules and admission process of All India Quota UG BAMS / BHMS / BSMS /BUMS seat as specified by the AACCC.
2. I know that during verification of documents at the time of reporting, if any discrepancy is detected in original documents, including category, sub-category and gender, then my seat allotment is liable to be cancelled.
3. I know that choices will be automatically locked by the system on the last specified date if they are not locked by me which is acceptable to me for seat allotment.
4. I know that the personal information provided by me is genuine and authentic.
5. I am aware of the fee, bond etc conditions of the Institution that I am interested in and know that AACCC has no role to play in that.
6. I declare that I will not disclose or share the password with anybody. I understand that I am solely responsible for safe guarding my password and neither AACCC nor NIC is responsible for misuse of my password.

☐ **Yes I Agree.....**

Signature of candidate :

Name of candidate : **ANJALI MALIK**

Date : **2/7/2019**