

ANNEXURE - III
BONAFIDE CERTIFICATE

[See the Tamil Nadu Admission to Undergraduate Courses in Medicine, Dentistry, Indian Medicine and Homeopathy on preferential basis to students of Government schools Act, 2020 (Tamil Nadu Act No.34 of 2020).]

This is to certify that Selvan/Selvi.
S/o/D/o.....,residing at
.....(address) has studied from Standard to
.....Standard from the academic year..... toin the..... (Name
and address of Government school).

| Sl.No. | Class | Year of Study | Name of the Government School | Type of School Government Corporation schools, Municipal schools, Adi Dravidar and Tribal Welfare schools, Kallar Reclamation schools, Forest Department schools and other schools managed by Government Departments |
|--------|-------|---------------|-------------------------------|---|
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I declare that the above information furnished by me is true.

Signature of the Candidate.

Verified the above information in respect of the School last studied with the records and found correct.

Seal and Signature of the
Headmaster / Headmistress.

Name :

Verified with report obtained from the Head Master / Head Mistress of all the above mentioned Schools and found them to be correct.

Seal and Signature of the Chief
Educational Officer.

Name :

Note:

1. As per section 2 of the said Act, "Government" means the State Government, and "Government schools" mean and includes Government schools, Corporation schools, Municipal schools, Adi Dravidar and Tribal Welfare schools, Kallar Reclamation schools, Forest Department schools and other schools managed by Government Departments.
2. Chief Educational Officer of the District in which the student studied 12th Class has to get the credentials verified in case the applicant has studied in more than one School / more than one District.