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. : ______________

Address: ______________________________

______________________________ Pin Code: ______________ Phone No. ______________

To

The Competent Authority,
NEET UG 2026, 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 2026-27.
(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 2026-27. 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 2026, 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 2026-27.
(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 2026-27. 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)