

GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT

No. Health.162/2024/83

Dated: Shillong, 29th September 2025

OFFICE ORDER

It is hereby notified for information of all concerned that the allotment letters for candidates selected for admission to BAMS Course for the academic session 2025–26 have been uploaded here below.

1. The uploaded allotment letter is provided in a standard format and is required to be **downloaded and duly filled in by the candidates themselves** with correct details.
2. Candidates are required to **submit the filled-in allotment letter** along with a self-attested copy of their NEET Admit Card and Score Card at the time of reporting to the **IA Ayurvedic Medical College (IAMC), USTM,**
3. For avoidance of doubt, it is clarified that the **official list of allotted candidates communicated directly by the Health & Family Welfare Department to the concerned Medical College** shall be treated as the final and authentic record of allotment. The filled-in allotment letter submitted by the candidate shall be cross-verified against this official list by the College authorities.
4. This arrangement is made as an interim measure for the current round of admissions. Candidates are advised to strictly comply with the above instructions to ensure smooth completion of admission formalities.

All concerned are directed to comply with the above instructions with immediate effect.



(Smti. Cherry M. Khongwir)
Deputy Secretary to the Govt. of Meghalaya,
Health & Family Welfare Department.

No. Health. 162/2024/83-A

Dated: Shillong, 29th September, 2025

Copy to:

1. PS to the Hon'ble Minister i/c, Govt of Meghalaya, Health & Family Welfare Department for kind information to the Minister.
2. PS to the Principal Secretary to the Government of Meghalaya, Health & Family Welfare Department for kind information to the Principal Secretary.
3. PA to the Commissioner & Secretary to the Government of Meghalaya, Health & Family Welfare Department for kind information to the Principal Secretary.
4. The Director of Health Services (MI/MCH&FW/Medical Education & Research).
5. Joint Commissioner of Food Safety, Meghalaya, Shillong.
6. Office copy.

By order, etc.,



Deputy Secretary to the Govt. of Meghalaya,
Health & Family Welfare Department

**GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT**

PROVISIONAL SEAT ALLOTMENT LETTER

Affix passport
size photograph
here

A. CANDIDATE DETAILS

Name of Candidate :	
Roll No. (NEET-UG) :	
Category :	<input type="checkbox"/> Khasi & Jaintia <input type="checkbox"/> Garo <input type="checkbox"/> UR <input type="checkbox"/> SC/OST
Gender :	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Date of Birth:	____/____/____ (DD/MM/YY)

B. ALLOTMENT DETAILS

Allotted Round:	<input type="checkbox"/> Round 1 <input type="checkbox"/> Round 2 <input type="checkbox"/> Round 3 <input type="checkbox"/> Stray Vacancy Round	
Course Allotted:	BAMS	
Institute Allotted:	IA AYURVEDIC MEDICAL COLLEGE (IAMC), USTM, Meghalaya	
Allotted Quota	<input type="checkbox"/> State Quota	₹ 1,25,000/- (per annum)
	<input type="checkbox"/> Management Quota	₹ 6,00,000/- (per annum)
	<input type="checkbox"/> NRI Quota	₹ 6,75,000/- (per annum)

N.B: The above tuition fees do not include any additional services or support provides by the Institutes, such as food, accommodation, transportation, etc.

C. INSTRUCTIONS TO CANDIDATE

1. The candidate must complete the admission process and deposit the prescribed Tuition fee in favour of IAMC, USTM on or before **7th October, 2025** during working hours. Failure to do so will lead to cancellation of the seat.
2. Candidates are required to produce all original documents (academic, NEET scorecard, category certificate if applicable, ID proof, etc.) at the time of admission.

D. DECLARATION BY THE CANDIDATE

I hereby declare that all information furnished and documents submitted by me are true and correct to the best of my knowledge. I understand that if any information or document is found to be false, fabricated, or misleading at any stage of my admission or course of study, my admission shall be cancelled forthwith, and I shall be liable for expulsion from the Institution as well as for any legal action as deemed appropriate under applicable laws.

Full Signature of the Candidate:

.....

Date

:

NOTE:

This allotment letter shall be submitted by the candidate to IAMC, USTM during the time of admission. The institution and counselling authority shall not be held responsible for any discrepancy arising from incorrect information furnished by the candidate.