

**Shri.V.N.Govt Medical College, Yavatmal,
Maharashtra.**

श्री.वसंतराव नाईक शासकीय वैद्यकीय महाविद्यालय,यवतमाळ

Civil Line,Waghapur Road,Palaswadi Camp, Yavatmal - 445001

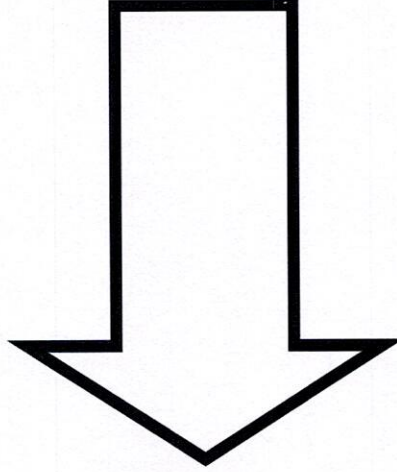
PG Section – 07232 - 295054

e-mail: 1) deanvngmstudentsection@rediffmail.com,

2) deansvngmc@gmail.com

NEET-PG-2024-25

INSTRUCTIONS TO CANDIDATES



CONGRATULATIONS !!

Proforma for Acceptance of Seat.

I Dr. _____ PG NEET- Rank _____
Category of Student _____ Allotted Category _____ I have
been allotted the Post Graduate Course in the Subject of _____ in your institution
through **All India/ State Quota Round 1 / 2/ 3.**

I have gone through the details of admission process and required documents and other
instructions in NEET PG -2024 information Brochure available at mcc.nic.in/cetcell.mahacet.org

I am aware that I have to submit all the required documents and fees for confirming my
admission provisionally.

I wish to opt for subsequent round (Please write Yes /No)

Signature of the candidate

Name of Student: _____
NEET AIQ Rank: : _____
Mobile No: : _____
E-mail ID : : _____

**Recent
Passport size
Photograph**

Student's Name(In Capital): _____

Address (In Capital): _____

Phone No. (Res.) _____

Mobile No _____

& Email _____

Date: / /2024

To,
The Dean,
Shri V.N.Govt. Medical College,
Yavatmal.

Sub: - Joining as J.R.-1 in the subject of _____
From NEET PG 2024 State Quota/All India Quota.

Ref:- NEET PG - 2024 Allotment Letter/List.... Dt- / /2024

R/Sir,

I the undersigned Dr. _____ (Full Name in Capital) have been selected for post graduate degree course in the subject of-----
----- as per the selection order/ List Dated _____. Kindly enroll me in your college as J.R-1 in the subject of _____ for the academic year 2024-2025 on / /2024.

I have been informed that I have to submit bond for one year Maharashtra Govt. Service once admission is confirmed. Failing which I will have to pay penalty of Rs.50,00,000/- (Fifty Lakh Only) as per the rules and regulations of PG Admission process of NEET PG 2024.

Thanking you.

Yours Faithfully,

Signature

(Dr. _____)

Student Information

SHRI VASANTRAO NAIK GOVT. MEDICAL COLLEGE, YAVATMAL - 445001 ADMISSION FOR THE YEAR 2024-25

1	Name of the Student (In Capital words)	
2	Date of Birth	
	Place of Birth	
3	Date of Admission	
4	Category: SC/ST/VJ/NT-1/NT-2/NT-3/OBC/OPEN	
	Caste	
	Sub-Caste	
5	Domicile	
6	Course Name	
7	Quota	
8	SML No of State/NEET Rank No./ All India Rank	
9	Percentage of Marks in All India Entrance Examination/ NEET PG 2024	
10	Blood Group	
11	Mark of Identification (Two)	1. 2.
12	Guardian / Father's Full Name	
13	Name of Mother	
14	Residential Detail Address.	
15	Aadhar no	
16	Telephone No. with Code (Residential)	
17	Mobile No.	Student : Parent :
18	E-Mail.ID	
19	Guardian / Father's Occupation	
20	Registered Medical Council Name	
21	Medical Council Registration No	
22	MBBS passing year	
23	Marks Obtained in MBBS	

Above information is true and correct....

Date : / /2024

Place :- Yavatmal

Signature of Candidate



महाराष्ट्र शासन

श्री.वसंतराव नाईक शासकीय वैद्यकीय महाविद्यालय व रुग्णालय यवतमाळ

SHRI.VASANTRAO NAIK GOVT. MEDICAL COLLEGE YAVATMAL (M.S)

सिव्हिल लाईन, जिल्हाधिकारी कार्यालय रोड, वाघापूर रींगरोड जवळ ता.जि.यवतमाळ ४४५ ००१

दुरध्वनी क्र. ०७२३२-२४२४५६, २९५०५४ ई-मेल आय डी :- deanvngmstudentssection@rediffmail.com

अधिष्ठाता यांचे कार्यालय ई-मेल आय डी :- dean_vngmcytl@rediffmail.com

संकेतस्थळ :- www.vngmcytl.ac.in

HOLDING CERTIFICATE

Received following Original Certificate from Dr. _____
admitted for post-graduation in the Subject of _____ on / /2024
at Shri Vasant Rao Naik Govt. Medical College, Yavatmal through All India/State Quota
/NEET PG 2024.

Sr.No.	Essential Documents Required List of Documents for PHYSICAL ADMISSION PROCESS - NEET – 2024	Yes/No
01	Nationality Certificate and Passport	
02	Domicile Certificate	
03	S.S.C.(10 th) Passing Certificate	
04	H.S.C.(12 th) Mark sheet	
05	NEET PG – 2024 Mark Sheet & All India Admit Card & Rank letter	
06	NEET PG - 2024 Allotment Letter/List/All India Provisional Allotment Letter	
07	MBBS Passing Certificate	
08	MBBS Degree Certificate	
09	Internship Completion Certificate	
10	Registration Certificate of MBBS from State/MCI	
11	Caste Certificate (If applicable)	
12	Cast Validity (If applicable)	
13	Non Creamy layer Certificate (NCL)	
14	EWS Certificate as per Performa	
15	MBBS College Leaving Certificate (T.C.)	
16	Attempt Certificate of MBBS from Principal/DEAN	
17	Gazette for Change in Name (If applicable)	
18	Migration Certificate issued by respective University(If applicable)	
19	Self-Education Gap Certificate after completion of Internship (If applicable)	
20	Medical Fitness Certificate in prescribed format only	
21	Physical Handicapped Certificate in prescribed format only (If applicable)	
22	First to Final year MBBS Mark Sheets	
23	Bond Release Certificate (if applicable)	
24	College MCI Recognition Certificate	
25	I D Proof (PAN/Aadhar/ Dri. Licence/Passport)	
26	Voter ID	
27	Undertaking if any required will be taken during admission	
28	Performa for Acceptance of Seat	
29	Demand Draft Details	
	1) DD No - Dt/ Rs. 1,38,300/-	
	2) DD No - Dt/ Rs. 18,400/-	

Signature of Verification Officer
Shri V.N. Govt. Medical College,
Yavatmal

Dean
Shri V.N. Govt. Medical College,
Yavatmal

Hand Written and Self Attested Undertaking by the candidate.

I Dr. _____ have completed my UG from _____ College, which is Government / Government Aided/ Corporation Medical College and completed my internship on _____. I have appeared for NEET PG-2024 and my Roll No. is . _____ and AIR is _____.

I hereby state that this is my 1st / 2nd attempt for the counseling and as per NEET –PG-2024 information brochure clause 8.13 I am eligible for NEET –PG-2024 State counseling without bond release certificate for 2 years. Hence, I am eligible for NEET-PG-2024 State Counseling without bond release certificate for the year 2024-25.

Name of Candidate:

Signature of Candidate :

Date: / /2024

Hand Written and Self Attested Undertaking by the candidate
stating as under:

“I hereby declare that all the information given/ uploaded by me in the application is factually correct and true to the best of my knowledge and belief. I undertake that in the event of any information being found false or incorrect at any stage, my candidature is liable to be cancelled and I will have no claim on the seat allotted to me by the competent authority.”

Email Id/ Phone Number of the Nodal Officer

Nodal Officers

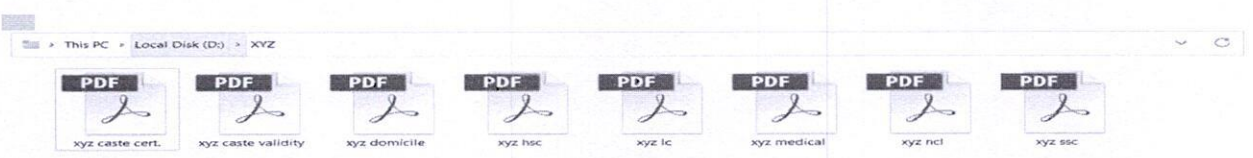
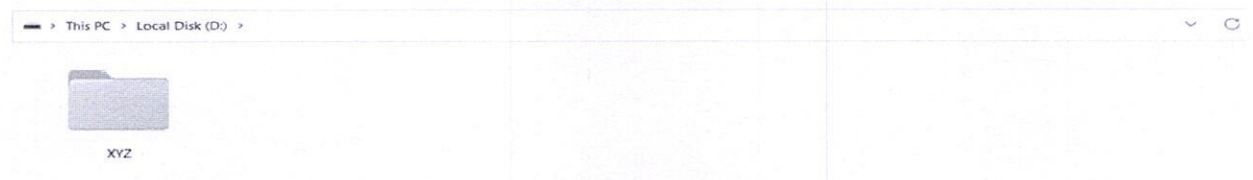
- | | |
|------------------------|----------------------|
| 1. Dr. Vijay Domple | Mob No. – 9921713787 |
| 2. Dr. Nilesh Siddhwar | Mob No. – 7875450666 |
| 3. Dr. Deepak Dhadekar | Mob No. – 9730320218 |

E- Mail ID of College :-

deanvngmstudentsection@rediffmail.com

- Note:-** 1) Students should bring all above original documents with 02 self attested sets of photo copies of the same. Candidate must bring One Pen-drive containing scanned documents.
- 2) All Candidates are instructed to download the proforma of Application Form, Seat Acceptance form Holding Certificate, Student information form and Undertaking and fill it in the two copies. (Proforma is enclosed)
- 3) All India Quota Candidate must provide the Central Cast Certificate as per Resolution. (Proforma is enclosed)
- 4) All India Quota Candidate must Provide Cast Validity Certificate against Annexure – III (Proforma is enclosed)
- 5) If No Voter ID, fill the Annexure “ C ” (Proforma is enclosed)

All the Scanned documents must be in PDF Format and the size of this PDF File must be less than 400 KB. Individual PDF file must be created for **Every Single document** with their respective specific name for example: Candidate's name XYZ He/She will label scan PDF of Domicile as xyzdomicile.pdf and so for all documents.)



- **As per MUHS Aadhar and Voter ID compulsory. If voter ID not available fill annexure C.**

Folder File :-

- Candidate must bring a buttoned transparent folder pouch file for keeping their original and Xerox Copies . Please write your full name, AIR no., Mob. No. and course using OHP writing pen/ Permanent ink marker pen .



**SHRI. V.N.GOV'T. MEDICAL COLLEGE, YAVATMAL,
MAHARASHTRA.**

Post Graduate MD/MS Fees Structure - For 2024-25

For ALL Categories

Sr. No.	Fees & Deposit by D.D.	Details Tuition Fee & Other Fee
1	Tution Fee	1,38,300/-
2	Development Fund	5000/-
3	Admission Fee	1500/-
4	Caution Money Deposit	4000/-
5	Library Fees	1000/-
6	Library Deposit	2000/-
7	Hostel Fee	4000/-
8	Gymkhana Fee	500/-
9	University Ashwmedh Fee	300/-
10	University Development Fee	100/-
Total Amount		1,56,700/-

Dean
Shri Vasantnao Naik Govt. Medical
College, Yavatmal

SHRI. V.N.GOV'T. MEDICAL COLLEGE, YAVATMAL, MAHARASHTRA.

For NEET-PG-2024

Admission in the year 2024-25

Selected students are instructed to submit the DDs as follows

Demand drafts to be drawn from Nationalized banks

(No errors or spelling mistakes in the DDs will be accepted)

Two Separate Demand Draft of Rs. 1,38,300/- & Rs. 18,400/-

In Favour of :

DEAN, SHRI V. N. GOV'T. MEDICAL COLLEGE, YAVATMAL

(Payable at YAVATMAL)

should be brought during admission process.

Note:

- At any cost cash/cheque will not be accepted.
- The demand draft will be deposited in the accounts only after confirmation of the admission /status retention by the students.
- If students are allotted another college in subsequent rounds of All India / state counseling, all the DDs will be refunded back to the students. All such students will be required to pay an amount of **Rs. 1500/-** as cash (cancellation fees) in the cash section of accounts department.
- Demand Draft should be scanned and mail it to deanvngmstudentsection@rediffmail.com.

Dean
Shri Vasantnao Naik Govt. Medical
College, Yavatmal.

PROFORMA FOR SCHEDULED CASTE AND SCHEDULED TRIBE CERTIFICATE

Form of certificate as prescribed in M.H.A., O.M., No. 42/21/49-N.G.S. dated the 28.1.1952, as revised in Dept. of Per- & A.R. letter No. 36012/6/76-Est. (S.CT), dated the 29.10.1977, to be produced by candidate belonging to a Scheduled Caste or a Scheduled Tribe in support of his/her claim.

CASTE CERTIFICATE

This is to certify that Shri/Smt./Kum.* ----- son/daughter* of ----- of village/town* ----- in district/Division* ----- of the State/Union Territory* ----- belongs to the ----- Caste/ Tribe which is recognized as a Scheduled Caste/Scheduled Tribe* under:

- The Constitution (Scheduled Caste) Order, 1950
- The Constitution (Scheduled Tribe) Order, 1950
- The Constitution (Scheduled Caste) (Union Territories) Order, 1951
- The Constitution (Scheduled Tribe) (Union Territories) Order, 1951

1. (as amended by the Scheduled Caste and Scheduled Tribe Lists (Modification) order, 1956, the Bombay Re-organization Act, 1960, the Punjab Re- organization Act, 1966, the State of Himachal Pradesh Act, 1970 the North Eastern Areas (Re-organization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act, 1976).

- The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956.
- The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959.
- The Constitution (Dadra and Nagar Haveli) Scheduled Caste Order, 1962.
- The Constitution (Dadra and Nagar Haveli) Scheduled Tribes, Order, 1962.
- The Constitution (Puducherry) Scheduled Caste Order, 1964
- The Constitution (Uttar Pradesh) Scheduled Tribes, Order, 1967.
- The Constitution (Goa, Daman & Diu) Scheduled Caste Order, 1968.
- The Constitution (Goa, Daman & Diu) Scheduled Tribes, Order, 1968.
- The Constitution (Nagaland) Scheduled Tribes Order, 1970.
- The Constitution (Sikkim) Scheduled Caste Order, 1978.
- The Constitution (Sikkim) Scheduled Tribes Order, 1978.

2. Applicable in the case of Scheduled Caste/Schedule Tribe persons who have migrated from one State/Union Territory Administration:

This certificate is issued on the basis of the Scheduled Caste/Scheduled Tribe* certificate issued to Shri/Smt* ----- -father/mother of Shri/Smt/Kum* - ----- of village/town* ----- in District/Division* ----- of the State/Union Territory* ----- who belongs to the ----- caste/tribe which is recognized as a Scheduled Caste/Scheduled Tribe* in the State/Union Territory* ----- issued by the ----- (name of prescribed authority) vide their No ----- - date

3. Shri*/Smt.*/Kum* ----- and/or his/her* family ordinary reside (s) in village/town* ----- of the State/Union Territory of -----.

Signature _____

Place ----- State/Union Territory

** Designation -----

Date ----- (With seal of Office)

* Please delete the words which are not applicable.

- Please quote specific Presidential Order.
- Delete the paragraph which is not applicable.

** Should be signed by the Authorities empowered to issue Scheduled Caste/Scheduled Tribe certificates as specified above.

ANNEXURE-4

PROFORMA FOR OTHER BACKWARD CLASS (OBC-NCL) CERTIFICATE

(Certificate to be produced by Other Backward Class applying for admission to Central Educational Institute (CEIS) under the Government of India)

This is to certify that Shri/Smt./Kum./Dr. _____ Son/Daughter of Shri/Dr. _____ of Village/Town _____ District/Division _____ in the _____ State belongs to the _____ Community which is recognized as a backward class under:

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary part I Section I No. 88 dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 09/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 06/12/96 published in the Gazette of India Extraordinary part I Section I No. 120 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 06/12/99 published in the Gazette of India Extraordinary part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary part I Section I No. 71 dated 04/04/2004.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary part I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No. 12015/09/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/01/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/04/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/09/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary part I Section I No. 210 dated 16/01/2006.
- (xvi) Resolution No. 20012/129/2009/-BC-II dated 04/03/2014 published in the Gazette of India Extraordinary Part I section I no. 63 dated 04/03/2014.
- (xvii) Resolution No. F.No.12015/05/2011-BC-II dated 17th February, 2014

Shri/Smt./Kum. _____ and/or his family ordinarily reside(s) in the _____ District/Division of _____ State.

This is also to certify that he/she does not belong to the persons/section (creamy layer) mentioned in Column 3 of the Scheduled to the Government of India. Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt. (Res.) dated 09.03.2004 or the latest notification of the Government of India.

Dated:

District Magistrate/Competent Authority Seal

NOTE: Any Resolution Number not mentioned/ corrective Ness in above list (1-17) may be verified from central list at national commission for Backward classes website and be may accepted as valid after confirmation from site by verifying institutes.

- (a) *The Term Ordinarily used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.*
- (b) *The authorities competent to issue Caste Certificates are indicated below:*
 - ⊠ *District Magistrate/Additional Magistrate/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate.)*
 - ⊠ *Chief Presidency Magistrate/Additional Chief presidency Magistrate/Presidency magistrate.*
 - ⊠ *Revenue Officer not below the rank of Tehsildar.*
 - ⊠ *Sub-Divisional Officer of the area where the candidate and/or his family resides.*
- (c) *The annual income/status of the parents of the applicant should be based on financial year ending March 31, 2024.*

Form 7 for EWS Certificate

Government of

(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____, Village/Street _____ Post Office _____ District _____ in the State/Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her 'family'*** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets*** :

- I. 5 acres of agricultural land and above;
 - II. Residential flat of 1000 sq. ft. and above;
 - III. Residential plot of 100 sq. yards and above in notified municipalities;
 - IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.
2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office _____
Name _____
Designation _____

Recent Passport size
attested photograph of
the applicant

*Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

Annexure-2

CERTIFICATE OF DISABILITY FOR NEET ADMISSIONS

(As per MCI Gazette Notification No. MCI-18(1)/2018-Med./187262 dated 5th Feb, 2019/
14th May,2019 for admission to Medical Courses in All India Quota)

Certificate No :. 2024-Aug/XXXX

Certificate Date :. 00-XXX-2024

Name of the Designated Disability Certification Centre				PHOTOGRAPH
This to certify that Dr. / Mr. / Ms.				
Age		Son/ Daughter of Mr.		
NEET Roll No.		Rank No.		

Has the following Disability

Disability Details				
Sr No	Disability Type	Type of Disability	Specified Disability	Disability %
1				

Conclusion: Based on quantification of Disability The Disability of candidate is between 40- 80%. Hence, the candidate is eligible to pursue medical education and also eligible to claim PwD reservation.

The Disability Certification Board certifies that the candidate is Eligible for admission in Medical/ Dental courses and to avail 5% PwD reservation as per the NMC/ MCI Gazette Notification.

Eligible for PwD Quota, Eligible for Medical/Dental Course

Functional competency with the aid of **Assistive devices** in case of **Locomotor*/ Visual*/ Hearing* Impairment**, if any.
No

Sign & Name:
Name:

Assistant Professor
Neurology

Sign & Name:

Associate Professor
Orthopedics

Sign &

Associate Professor
Medicine

Disclaimer : This Certificate is Provisional and will be verified by the allotted college authorities at the time of admission. The candidate may be subjected to a diagnostic test to specify the level of disability again at the allotted college in case of any ambiguity. The certificate may be cross verified by the admitting college from the Disability Board from where the certificate has been issued. Hence, the Designated Disability Boards and the candidates are advised to preserve the records for any future reference. The Disability Certificate is valid for this academic session only.

Downloading Date: August XX, 2024 00:0

QR CODE

Annexure 'C'

पदवी, पदव्युत्तर पदवी प्रथम वर्ष अभ्यासक्रमास प्रवेश घेणाऱ्या सर्व मुला/मुलींकडून प्रवेशाच्या वेळीच मतदार यादीमध्ये नाव नोंदणी करण्याच्या अनुषंगाने घ्यावयाचे प्रमाणपत्र / हमीपत्र नमुना.

मी....., अभ्यासक्रम :

..... महाविद्यालयाचे नाव:

..... या महाविद्यालयात प्रथम वर्षात प्रवेश

घेतला असून मी दिनांक: ०१/०१/..... रोजी १८ वर्षाचा / वर्षाची झालो / झाले आहे किंवा

होणार आहे. १८ वर्ष पूर्ण झाल्याबरोबर मी माझे नाव मतदार यादीत नोंदवून घेणार आहे अशी मी

प्रतिज्ञा करतो/करते.

स्वाक्षरी :

नाव :

Annexure – III

Office of the

Outward No.:-

Date:-

TO WHOME IT MAY CONCERN

CERTIFICATE

This is to certify that, the Caste Certificate No.....
Dated issued to Mr./Miss
by the Tahsildar / Magistrate is Valid.

Further, it is stated that there is no provision of issuing separate Caste Validity Certificate in
..... State

Office Seal / Stamp

Signature of Tahsildar / Magistrate / Issuing Authority

कार्यालय

जावक क्र.

दिनांक:

जो कोई भी इससे संबंधित है उसके लिए

प्रमाणपत्र

प्रमाणित किया जाता है की, श्री. / कुमारी इनको,
तहसिलदार/ जिल्हा मेंजिस्ट्रेट कार्यालयद्वारा
निर्गमित किया हुआ जात प्रमाणपत्र क्रमांक दिनांक
वैध है।

तथा, राज्यमें अलगसे जात वैधता प्रमाणपत्र निर्गमित करने
का कोई प्रावधान नहीं है।

कार्यालयीन मोहोर

तहसिलदार / जिल्हा मेंजिस्ट्रेट तथा
संबंधित अधिकारी के हस्ताक्षर

(Only for All India Quota)

ANNEXURE – “M”

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted clinical examination of Dr. who is desirous of admission to Medical Postgraduate Courses.

He/she has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the medical postgraduate course (NEET-PG 2024).

- (1) Absence of any incapacitating and /or progressive systematic disease/disorder / condition,
- (2) Absence of any disability of upper limb/s,
- (3) Absence of any major visual/auditory disability,
- (4) Absence of psychosis/neurosis/mental retardation,
- (5) Ability to maintain erect posture,
- (6) Reasonable manual dexterity.

Address of the Registered Medical Practitioner	Signature
	Name
	Registration No.
	Seal of Registered Medical Practitioner
Date	

Note:

A candidate must be medically fit to undergo the Medical Postgraduate Courses (NEET-PG 2024) applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed Proforma, as given above on a **Letterhead**.