

**SELECTION COMMITTEE
DIRECTORATE OF MEDICAL EDUCATION
CHENNAI 600 010**

**POST GRADUATE DEGREE / DIPLOMA/
6 YEAR MCh (NEUROSURGERY)/ MDS COURSES
2012-2013 SESSION**

**ENTRANCE EXAMINATION
IDENTIFICATION CUM ATTENDANCE SLIP**

NAME: DR.....

**ENTRANCE EXAMINATION
NUMBER.....**

CENTRE.....

DATE OF ENTRANCE EXAMINATION: 04.03.2012

TIME: 10.00 AM TO 1.00 PM

***SPECIMEN SIGNATURE
OF THE CANDIDATE :**

***(To be signed and sent to the Selection Committee)**

**Affix Passport Size
Photograph -(Same
Photograph As In
Application Form &
Hall Ticket) Duly
Attested By A
Gazetted Officer.**

(FOR USE AT EXAMINATION CENTRE ONLY)

ATTENDANCE SLIP

.....
Signature of the Invigilator

.....
**Signature of the Candidate
With Date**