

SELECTION
COMMITTEE
APPLICATION



DD No	Name of Bank / Branch	Date	Amount

APPLICATION FORM
ADMISSION TO POST GRADUATE DEGREE / DIPLOMA / 6 YEAR M.Ch (NEUROSURGERY)
MDS COURSES IN GOVERNMENT / SELF FINANCING COLLEGES -2012-2013

APPLICATION FOR
(Please Tick)

PG MEDICAL

MDS

AR NO

(To be assigned by the Selection Committee)

ENTRANCE EXAM NO

(To be assigned by the Selection Committee)

SPACE FOR
PHOTOGRAPH WITH
NAME AND DATE
(TO BE ATTESTED
BY GRADE A / B
OFFICERS OF
CENTRAL / STATE
GOVERNMENTS)

1.	Name (in Capital Letters with Initials at the end)	
2.	a. Mailing Address	
		Pin Code:
	b.Contact Telephone No with STD Code Mobile Number	
3	Date and Place of Birth	
4	Sex (Please Tick)	1.Male <input type="checkbox"/> 2. Female <input type="checkbox"/>
5	a. Nationality (Please Tick)	1. INDIAN <input type="checkbox"/> 2.OTHERS <input type="checkbox"/>
	b. Nativity (Please Tick)	1. TAMIL NADU <input type="checkbox"/> 2.OTHERS <input type="checkbox"/>
	c. Mother Tongue (Please refer Prospectus) <input type="checkbox"/>
6	Religion	
7	a. Community	
	b. Sub Caste with Code No (Please refer Prospectus)	

8. Qualification :							
Course	Name of the College Studied	Colleges in Tamil Nadu			Colleges in Other State	Final Year University Examination 1st Appearance Register No	Name of the University
		State Quota (Please Tick)	All India Quota (Please Tick)	Self Financing Colleges (Please Tick)			
MBBS/ BDS							
DIPLOMA in.....							
9	CRRI	Date of Completion					
		Name of the Institution					
10	Total number of completed years after CRRI as on 31.03.2012 (weightage restricted to a maximum of 10)						
11	Is the College in which Degree/ Diploma studied recognized by Medical /Dental Council of India. (Please tick)			YES / NO			
12	a. Permanent Medical / Dental Council Registration Number.						
	b. Name of the State Medical / Dental Council in which registered						
	c. Whether additional qualification is registered						
13	Marks obtained in Final BDS /MBBS Part II Examination and number of Attempts for Passing final MBBS/ BDS examination.			Course	Maximum Marks	Marks obtained	Number of attempts
				MBBS/ BDS			
14	Whether you are undergoing PG Degree / Diploma/ 6 years MCh (Neurosurgery) / MDS /any other Equivalent			YES		NO	
15	Whether you have completed / acquired/ discontinued any PG Degree / Diploma / 6 years MCh (Neurosurgery) MDS/ any other Equivalent; If so Mention the name & date of discontinuation/Completion of the Course. ((Completion/ discontinuation certificate to be produced)						

16	a. Present Occupation (Refer Prospectus) (Please Tick)	TN GOVERNMENT SERVICE		NON SERVICE
	b. If working in state Government working under (Please Tick)	State Government		Local bodies
	c. If working under state Government Selected under (Please Tick)	TNPSC Selected	10 a (i)	Contract Medical Consultant
	d. If selected by TNPSC state Register Number & Year of selection	Register Number		Year of Selection
17	Are you applying under Physically Disabled Category (Please Tick)	YES		NO

Date :

Signature of the Candidate

DECLARATION

To be filled in by all candidates

I, Dr _____ do hereby solemnly affirm that the statement made and information furnished in my application form and in all the enclosures thereto submitted by me are true. Should it however be found that any information furnished therein is untrue in particulars, or there has been suppression of facts I realize that I am liable for criminal prosecution and I also agree to forego my seat in the College at any time during the course of my study.

Station: _____

Date: _____

Signature of the Candidate

SERVICE PROFORMA :**(To be filled by the forwarding authority)**

1	Name of the Medical Officer						
2	Designation						
3	Date of entry into Government Service a. under 10a (i) / as Contract Medical Consultant b. as TNPSC candidate						
4	Total Service as on 31.03.2012						
5 a	Whether selected by TNPSC under 10a (i) / Contract Medical Consultant (Please Tick)	TNPSC Selected	Selected under 10 a(i)		Contract Medical Consultant		
b	If selected by TNPSC , state year of selection . (Proof to be enclosed)						
6	Name of the appointing authority						
7	Service status (Please Tick)	Temporary	Probationer		Approved Probationer		
8	Status of the Institution (Please Tick)	State Government			Local Bodies		
		DME	DMS	DPH			
9	Complete service particulars till date	Sl No	Post	Place	From	To	Total
10	Service Particulars if worked / working in: a. Hilly Area b. Rural Area c. Thiruvarur, Nagapattinam & Ramanathapuram Districts	Sl No	Post	Place	From	To	Total
		Hilly area					
		Rural area					
		Tvr,Nagai Rannad Dts					
11	Whether the candidate is under any subsisting contractual obligation, if so give details.	YES / NO					
12	Present Station in which the candidate is working with address.						

Date :
 Fax number of the forwarding Office }

Signature of the Forwarding Officer with Seal
Phone no of forwarding Officer

Note: the above particulars should be verified scrupulously and in the event of any malinformation found later, **the forwarding officer will be held responsible.**

Office Seal