



**ADMISSION TO POST GRADUATE DEGREE/DIPLOMA  
COURSES IN TAMILNADU GOVERNMENT MEDICAL COLLEGES,  
GOVERNMENT SEATS IN SELF FINANCING MEDICAL COLLEGES & RAJAH MUTHIAH MEDICAL  
COLLEGE (ANNAMALAI UNIVERSITY) 2018-2019 SESSION**

DD. No	Name of Bank / Branch	Date	Amount

**A.R.NO.**

(To be assigned by the  
Selection Committee)

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**\*Please Tick relevant field**

1.	Name ( in Capital Letters with Initials at the end)	Dr.										SPACE FOR PHOTOGRAPH WITH NAME AND DATE	
Permanent Medical Registration Number													
NEET PG 2018 Details		Roll no											
		NEET score											
2.	a. Mailing Address												
		Pin Code:											
b. Contact Telephone No with STD Code Mobile Number													
c. Email ID													
d. Aadhar No													
3.	Date of Birth DD/MM/YYYY			/			/						
4.	Sex	1. MALE			2.FEMALE			3. TRANSGENDER					
5.	a. Nationality	1. INDIAN					2.OTHERS						
	b. Nativity	1.TAMIL NADU					2.OTHERS						
c. Mother Tongue		TAMIL	TELUGU	HINDI	MALAYALAM	URUDU	OTHERS						
6.	Religion	HINDU	CHRISTIAN	ISLAM	JAINISM	SIKHISM	OTHERS						
7.	a. Community	OC	BC	BCM	MBC/DNC	SC	SCA	ST					
	b. Sub Caste with Code No (Please refer Prospectus)												
	c. Community Certificate SI.No. & Issued Date												
	d. Issuing Officer's Designation												
	e. Issuing District												
	d. Issuing Taluk												

8.	a. UG studied at	1.TAMIL NADU				2. OTHERS						
	b. UG Details	If Studied in TN State						Other State				
State Quota			AIQ		SF							
9.	CRRRI Date of Completion (DD/MM/YYYY)			/			/					
10	Whether you are undergoing PG Degree / any other Equivalent; If yes mention the name of the Course and Expected Date of Completion	YES				NO						
		Course			Date of Completion							
				/		/						
11	a. Whether completed PG Degree /DNB	YES				NO						
	b. Whether discontinued PG Degree /Diploma Course	YES				NO						
	If Yes Then Date Of Discontinuation						/			/		
	c. Whether completed Diploma?	YES	NO	If Yes then Date of Completion								
					/		/					
12	Service Status ( if Service Candidate then furnish the service proforma)	SERVICE				NON SERVICE						
	Date of Entry into Govt. Service			/			/					
13	Are you applying under Orthopaedically Physically Disabled Category?							YES	NO			

**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 (Page I)**

1	Name of the Medical Officer																		
2.	Designation																		
2A	Present Station in which the candidate is working with address.																		
3.	Date of entry into Government Service				/			/											
4.	Date of service regularization				/			/											
5.	Whether selected by (Proof to be enclosed )	TNPSC	MRB	Whether selected/ Qualified by (Proof to be enclosed )				Through Competitive Written Examination				Through Special Qualifying Examination							
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		OTHERS										
<b>Leave Particulars</b>																			
	Leave type	FROM								TO								TOTAL	
	MATERNITY			/		/						/		/					
	EL			/		/						/		/					
	EOL			/		/						/		/					
	OTHERS			/		/						/		/					
9.	Total period of Regular Service as on 31.03.2018 (Completed Years) Excluding Leave																		
10.	Whether the candidate is under any subsisting contractual obligation, if so give details.												1.YES		2.NO				





To be downloaded & pasted  
on A4 cloth lined cover

**APPLICATION FORM FOR  
ADMISSION TO POST GRADUATE DEGREE/DIPLOMA  
COURSES IN TAMILNADU GOVERNMENT MEDICAL COLLEGES,  
GOVERNMENT SEATS IN SELF FINANCING MEDICAL COLLEGES & RAJAH MUTHIAH MEDICAL COLLEGE (ANNAMALAI UNIVERSITY)  
2018-2019 SESSION**

(TICK ✓ THE RELEVANT COLUMN)

SERVICE PARTICULARS	TN. Govt. SERVICE	NON SERVICE	<b>TNPSC</b>		<b>MRB</b>	
			Through Competitive Written examination	Through Special Qualifying Examination	Through Competitive Written examination	Through Special Qualifying Examination

COMMUNITY	OC	BC	BCM	MBC/DNC	SC	SCA	ST
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M.B.B.S STUDIED AT .....
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ORTHOPAEDICALLY  
PHYSICALLY DISABLED

YES	NO
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From  
(Candidate's Mailing Address)

To,

Dr.....  
.....  
.....  
.....  
.....  
.....Pincode .....

Phone/mobile.....

The Secretary,  
Selection Committee  
Directorate of Medical Education,  
No. 162 Periyar E.V.R. High Road,  
Kilpauk, Chennai 600010