



Application No. _____

**ADMISSION TO PARA MEDICAL COURSES 2018-2019 SESSION
COMMON APPLICATION FORM FOR GOVERNMENT COLLEGES AND
GOVERNMENT QUOTA SEATS IN SELF-FINANCING COLLEGES.**

**SELECTION COMMITTEE, DIRECTORATE OF MEDICAL EDUCATION,
KILPAUK, CHENNAI - 600 010.**

A.R. No.	_____
(To be assigned by Selection Committee)	

1.	+2 Examination / Equivalent Register Number, Year & Month	ROLL NUMBER / REGISTER NUMBER										YEAR			MONTH		

2)	Name in Block Letters (Initials at the end)	:	_____						SPACE FOR PHOTOGRAPH WITH NAME & DATE
3)	Name of the Parent / Guardian	:	_____						
4)	Gender (Encircle a Code)	:	MALE	FEMALE	TRANSGENDER				
			1	2	3				

5)	Nationality (Encircle a Code)	:	INDIAN	OTHERS	6)	Nativity (Encircle a Code)	TAMIL NADU	OTHERS
		1	2	1			2	

7	Details of Education (Encircle a Code)	:	Fully Studied from 6 th std to 12 th Std in Tamil Nadu			Partly / Fully Studied from 6 th std to 12 th std in Other State		
		1	2		2		2	

7a) If you have completed your +2 / Equivalent schooling in Tamil Nadu (Encircle a code) :							
Government	Govt. Aided	Corporation	Municipality	KVS	CBSC	Pvt. School	Others (Specify)
1	2	3	4	5	6	7	8

8) School(s) of study (Evidence to be produced from the schools studied) :

Sl. No.	STANDARD STUDIED	YEAR OF PASSING	NAME & ADDRESS OF SCHOOL	* DISTRICT WITH CODE	STATE
1	6 th Std				
2	7 th Std				
3	8 th Std				
2	9 th Std				
3	10 th Std				
4	11 th Std				
5	12 th Std / Equivalent				

* Refer Annexure for District Code

9)	DATE OF BIRTH	:	DATE	MONTH	YEAR

10)	COMMUNITY (Encircle a Code)	:	OC	BC	BCM	MBC	SC	SCA	ST
			1	2	2A	3	4	4A	5

11)	NAME OF THE CASTE	:													
12)	CASTE CODE	:													

13)	Qualifying Examination (Encircle a Code)	:	HSC	SSCE / CBSE	ISCE	OTHERS
			1	2	3	4

13a)	No. of Attempts	:	1 st Attempt	2 nd Attempt	3 rd Attempt
	REG. NO.	:			
	YEAR	:			

14)	RELIGION NAME	:		RELIGION CODE

15) Marks obtained in Science subjects in the Qualifying Examination in the First Attempt only :					
SUBJECT	MAXIMUM MARKS	MARKS OBTAINED	PERCENTAGE OF MARKS	WEIGHTED TOTAL MARKS	METHOD OF CALCULATION
PHYSICS			Y1	Y =	$\frac{Y1 + Y2}{2}$
CHEMISTRY			Y2		
BIOLOGY			X	X =	X
BOTANY			Z1	Z =	$\frac{Z1 + Z2}{2}$
ZOOLOGY			Z2		
MATHEMATICS			W	W =	W
TOTAL MARKS					(X+Y) OR (Z+Y) OR (W+Y)

15a) Fourth Optional Subject : (Except Language & English subject)	SUBJECT	MAXIMUM MARKS	MARKS OBTAINED

15 b) Marks obtained in English :	SUBJECT	MAXIMUM MARKS	MARKS OBTAINED
	ENGLISH		

16) Whether you come under the following special category ? If Yes, fill the column

Sl. No.	SPECIAL CATEGORY	CODE NO.	WRITE YES OR NO	WHETHER EVIDENCE PROCUCED OR NOT
1)	Ex-SERVICEMEN	01		
2)	ORTHOPAEDICALLY PHYSICALLY DISABLED	02		

17	Are you a FIRST GRADUATE in your family ? (Tick in appropriate Box) (If yes, Annexure XIV a & b to be enclosed)	YES	NO

17a)	Has your brother / sister availed first graduate fee concession for studying professional courses (Tick in appropriate Box)	YES	NO

18)	Medium of Instruction : (Encircle a code)	ENGLISH	TAMIL	OTHERS
		1	2	3

19)	Mother Tongue		CODE	
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20) Occupation of Parent / Guardian (Encircle a code) :

STATE GOVT	CENTRAL GOVT.	PROFESSIONAL	INDUSTRY	BUSINESS	AGRI-CULTURE	PRIVATE ORGANISATION	SMALL TRADE	OTHERS
1	2	3	4	5	6	7	8	9

21) Average monthly income of Parent / Guardian : (Encircle a code) :

< Rs. 5000	Rs.5001 - 10000	Rs.10001 - 20000	Rs. 20001 30000	Rs. 30001 40000	Rs.40001 50000	> Rs.50001
1	2	3	4	5	6	7

22) Civic Status of your Native place (Encircle a code) :

CORPORATION	MUNICIPALITY	TOWNSHIP	TOWN PANCHAYAT	VILLAGE PANCHAYAT	OTHERS
1	2	3	4	5	6

23) Civic Status of your School place (Encircle a code) :

CORPORATION	MUNICIPALITY	TOWNSHIP	TOWN PANCHAYAT	VILLAGE PANCHAYAT	OTHERS
1	2	3	4	5	6

24) NATIVE DISTRICT (as given in the Prospectus) :	NATIVE DISTRICT	DISTRICT CODE

25) ADDRESS FOR COMMUNICATION :-

.....

 PINCODE
 MOBILE
 LAND LINE NO.
 E-MAIL ID :

Signature of the Parent / Guardian

Signature of the Candidate

Place :

Date :

DECLARATION BY THE APPLICANT & PARENT

I (Name in Full and in Block Letters) Son / Daughter/ Ward of an applicant for Para Medical Courses 2018-2019 session hereby solemnly declare that I have not claimed any dual Nativity in this regard and I belong to (Community) and the Subcaste I also declare that the information and the statements given in the application, OMR Sheet and enclosures are true, correct and complete. I further declare that if it is found otherwise, I will be liable to forfeit the seat and / or be removed from the rolls of the Institution at whatever stage of study, I may be, besides making me liable for criminal prosecution.

I further declare that I have not claimed the marks obtained in HSC / equivalent examination under improvement scheme for seeking admission to Para Medical Courses 2018-2019 session.

I HAVE ENCLOSED ALL THE COPY OF THE CERTIFICATES WITH THIS APPLICATION AND I HAVE READ THE PROSPECTUS THOROUGHLY AND I UNDERSTOOD ALL THE CLASSES MENTIONED IN THE PROSPECTUS.

இந்த விண்ணப்பத்துடன் என்னுடைய அனைத்து சான்றிதழ்களின் நகல்களையும் இணைத்துள்ளேன் என்று தெரிவித்துக் கொள்கிறேன். மேலும் 2018-2019 ஆண்டின் **PARAMEDICAL COURSES** -ன் தகவல் தொகுப்பேட்டை முற்றிலும் கவனத்துடன் படித்து புரிந்து கொண்டேன் என்று உறுதியளிக்கிறேன்.

Signature of the Candidate

I (Name in Full & in Block Letters) Father / Mother / Guardian of an applicant for Paramedical Courses 2018-2019 session hereby solemnly declare that I am fully aware of the above declaration & the particulars furnished are correct. I declare that if it is found otherwise, my ward will be liable to forfeit the seat and also be liable for criminal prosecution.

Signature of the Parent / Guardian

Place :

Date :



A.R. No.

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(For Office use only)

PARA MEDICAL COURSES 2018-2019 SESSION SPECIAL CATEGORY FORM

Code No.	Category of Special Reservation
01	SON & DAUGHTER OF EX-SERVICEMEN
02	ORTHOPAEDICALLY PHYSICALLY DISABLED

1. Application No.
(As printed in the Prospectus)

--	--	--	--	--	--

2. Name of the Candidate with
Address

.....
.....
.....
.....
.....

PIN

Telephone No. : Mobile No.

3. Special Category applied for (Tick the relevant Box)

Son / Daughter of	
Code 01	Code 2
Ex-Servicemen	Orthopaedically Physically Disabled

4. Details of DD enclosed

D.D. No.	Date	Amount	Details of Bank

5. Special Category Certificates enclosed :

YES	NO
1	2

Signature of the Candidate

(For Instructions see overleaf)

Instructions

1. The special Category form is to be sent along with the application in the same cover.
2. Put in the relevant box in the outer cover.
3. Candidate should enclose a DD for ₹ 100/- drawn in favour of the Secretary, Selection Committee, Kilpauk payable at Chennai. The Name of the Candidate, Application No. & Address should be written on the reverse of the Demand Draft.
4. Candidates should enclose an additional self addressed envelope(s) (24x12 cms) to send the special reservation counselling call letter(s).
5. Candidates should enclose relevant certificates obtained from the Competent Authority.
6. Application without a DD for ₹ 100/- and without the relevant certificates will be summarily rejected without intimation to the candidate.

Table showing the Code No. and the Special Category

Code No.	Category
01	SON & DAUGHTER OF EX-SERVICEMEN
02	ORTHOPAEDICALLY PHYSICALLY DISABLED

ADMISSION TO PARAMEDICAL DEGREE COURSES 2018-2019 SESSION

SCRUTINY FORM

1 Details of Qualifying Exam

Registration/ Roll No.																			
---------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Passing Month			Passing Year				
------------------	--	--	-----------------	--	--	--	--

INSTRUCTIONS TO FILL UP SCRUTINY FORM	
To be filled by the candidates as per the entries made in the Application form and returned	
1	Use only Blue color Ball point Pen for ticking and working.
2	Put only Blue color Ball Point Pen for ticking and writing
3.	Write inside the white box, wherever writing is required

2 NAME

3 ADDRESS

PINCEDURE:											
Mobile No.											

Paste here firmly your recent
Photography 4cm x 5cm
which name & date

4 Name of the parent / guardian

5 Sex 1.M 2.F 3.TG 6 Nationality 1. Indian 2. Others 7 Nativity 1.TN 2. Others

8 Details of Education 1 2 8b. Have completed your +2/ equivalent schooling in TN, if yes 1 2 3 4 5 6 7 8

9 Date of Birth / /

10 Community 1.OC 2.BC 2A.BCM 3.MBC 4.SC 4A.SCA 5.ST

11 Name of the Caste:

12 Caste Code

13 Qualifying Examination 1.HSC 2.SSCE/CBSE 3.ISCE 4.Others

13.a Passed all the subjects of Qualifying Examination & No.of Attempts

14 Religion

15.Marks in subjects (As entered in Application Form)

Subject	Physics	Chemistry	Biology	Botany	Zoology	Maths	English	Fourth Option Subject	
								Subject	Marks
Maximum Marks									
Marks Obtained									

16a. Special Category Yes No

17a.First Graduate in Family Yes No

18.Medium of Instruction 1.English 2. Tamil 3.Others

16B. If Yes?
1. Children of Ex-Servicemen
2. Physically Disabled

17b. Has your brother/ sister availed first graduate fee concession for studying professional courses Yes No

19.Mother Tongue

20. Occupation of the Parent

21. Monthly income of Parent/ Gaurdian

Civic Status 22 Native Place 23. School Place

24. District Code Native District School District

I sincerely affirm that the information furnished above are true

Station:
Date:

Signature of the Candidate within the box

TO BE SENT IN PERSON / REGD. POST / SPEED POST / COURIER SERVICE

மடிக்காதீர்கள்
DO NOT FOLD



Application No.

APPLICATION FORM FOR ADMISSION TO PARAMEDICAL DEGREE COURSES IN
GOVERNMENT COLLEGES & GOVERNMENT QUOTA SEATS IN SELF-FINANCING COLLEGES
IN TAMIL NADU 2018-2019 SESSION

+2 Examination / Equivalent Register Number, Year & Month	REGISTER NUMBER										YEAR				MONTH	

IF SPECIAL CATEGORY :

COMMUNITY (ENCIRCLE A CODE)						
OC	BC	BCM	MBC	SC	SCA	ST
1	2	3	4	5	6	7

Sl. No.	SPECIAL CATEGORY	CODE NO.	WRITE YES OR NO
1)	EX-SERVICEMEN	01	
2)	ORTHOAEDICALLY PHYSICALLY DISABLED	02	

From : (Candidate's Mailing Address)

.....
.....
.....
.....
.....

PINCODE

To

The Secretary
Selection Committee
No. 162, Periyar E.V.R. High Road
Kilpauk, Chennai - 600 010

Note: Note: Candidates seeking admission under Special Categories have to submit the Special Category Form along with the General Category Application in the same cover. Otherwise they will not be considered under Special Category. But Candidates applying category should produce sports evidence certificate in person only at Selection Committee.

குறிப்பு: சிறப்பு பிரிவின் கீழ் விண்ணப்பிக்கும் மாணவர்கள் அதற்கென குறிப்பிடப்பட்டுள்ள சிறப்புப் படிவங்களை பூர்த்தி செய்து, பொதுப்பிரிவு விண்ணப்பப் படிவத்துடன் ஒரே உறையில் சமர்ப்பிக்கவும். அவ்வாறு அனுப்பப்படவில்லையெனில் அவர் சிறப்புப் பிரிவிற்கு பரிசீலிக்கப்படமாட்டார். சிறப்புப் பிரிவில் விளையாட்டு வீரர் பிரிவில் விண்ணப்பிக்க விரும்புவோர், தேர்வுக்குழுவினரிடம் சென்னையில் விளையாட்டுக்குரிய சான்றிதழ்களை நேரில் சமர்ப்பிக்க வேண்டும்.

I AM ENCLOSING THE FOLLOWING COPY OF CERTIFICATES
ALONG WITH THIS APPLICATION.

- 1) Original Application form
- 2) 10th Mark Sheet
- 3) 12th Mark Sheet
- 4) Transfer Certificate
- 5) Community Certificate
- 6) Nativity Certificate (If applicable only)
- 7) Supporting documents for Nativity (Photo copies of Ration Card , Aadhar Card, etc.,)
- 8) First Graduate Certificate (If applicable only)
- 9) Special Category form (If applicable only)
- 10) Proof for having studied in Tamil nadu from 6th Std to 12th Std.

நான் இந்த விண்ணப்பத்துடன் கீழ்க்கண்ட சான்றிதழ்களின் நகல்களை இணைத்துள்ளேன்.

- 1) அசல் விண்ணப்பம் தானா என்று உறுதி கொள்ளவும்?
- 2) 10^{ம்} வகுப்பு மதிப்பெண் சான்றிதழ்
- 3) 12^{ம்} வகுப்பு மதிப்பெண் சான்றிதழ்
- 4) பள்ளி மாற்றுச் சான்றிதழ்
- 5) சாதி சான்றிதழ்
- 6) தமிழ்நாட்டை பூர்வீகமாக கொண்ட பூர்வீக சான்றிதழ் (தேவைப்பட்டால் மட்டும்)
- 7) தமிழ்நாட்டை பூர்வீகமாக கொண்டதற்கான சான்றிதழ் மற்றும் அதற்கான ஆதாரங்கள் (ரேஷன் கார்டு, ஆதார் கார்டு மற்றும் பல ஆகியவற்றின் நகல்கள்) (தேவைப்பட்டால் மட்டும்)
- 8) முதல் பட்டதாரிக்கான சான்றிதழ் (தேவைப்பட்டால் மட்டும்)
- 9) சிறப்பு பிரிவினற்கான விண்ணப்பம் (தேவைப்பட்டால் மட்டும்)
- 10) 6^{ம்} வகுப்பு முதல் 12^{ம்} வகுப்பு வரை தமிழ்நாட்டில் படித்ததற்கான ஆதாரம்.

Signature of the Candidate

குறிப்பு :Original Paramedical விண்ணப்பம், தேவையான அனைத்து சான்றிதழ்களின் நகல்கள் மற்றும் OMR SHEET ஆகியவற்றை ஒன்றாக இணைத்து **Stapler Pin அடிக்க கூடாது** என்று அறிவுறுத்தப்படுகிறார்கள்.

NOTE : While submitting the copies of the certificates along with OMR sheet, it is instructed “NOT TO STAPLE”