



**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) 2019-2020 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 2019 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 Sl.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/DNB / Diploma Course	YES				NO					
	If Yes Name of the Course										
	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	<b>Name of the Medical Officer</b>																		
2.	<b>Designation</b>																		
2A	<b>Present Station in which the candidate is working with address.</b>																		
3.	<b>Date of entry into Government Service</b>				/			/											
4.	<b>Date of service regularization</b>				/			/											
5.	<b>Whether selected by (Proof to be enclosed )</b>	<b>TNPSC</b>	<b>MRB</b>	<b>Whether selected/ Qualified by (Proof to be enclosed )</b>					<b>Through Competitive Written Examination</b>					<b>Through Special Qualifying Examination</b>					
6	<b>Name of the appointing authority</b>																		
7	<b>Service status ( Please Tick )</b>		<b>Temporary</b>					<b>Probationer</b>					<b>Approved Probationer</b>						
8	<b>Status of the Institution (Please Tick )</b>		<b>State Government</b>							<b>Local Bodies</b>									
			<b>DME</b>	<b>DMS</b>	<b>DPH</b>					<b>OTHERS</b>									
<b>Leave Particulars</b>																			
	<b>Leave type</b>	<b>FROM</b>										<b>TO</b>							<b>TOTAL</b>
	<b>MATERNITY</b>			/			/						/			/			
	<b>EL</b>			/			/						/			/			
	<b>EOL</b>			/			/						/			/			
	<b>OTHERS</b>			/			/						/			/			
9.	<b>Total period of Regular Service as on 31.03.2019 (Completed Years) Excluding Leave</b>																		
10.	<b>Whether the candidate is under any subsisting contractual obligation, if so give details.</b>												<b>1.YES</b>			<b>2.NO</b>			

**Incentive Marks Particulars(Refer Prospectus for Categories) Page II**

<b>PLACE</b>	<b>FROM ( DD/MM/YYYY)</b>	<b>TO ( DD/MM/YYYY)</b>	<b>TOTAL</b>	<b>CATEGORY (hilly/plain/ Remote/ Rural)</b>

Date \_\_\_\_\_ :  
Fax number of the }  
forwarding Office }

Signature of the Forwarding Officer with office Seal and Date

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

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)  
2019-2020 SESSION**

(TICK ✓ THE RELEVANT COLUMN)

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

<b>COMMUNITY</b>	<b>OC</b>	<b>BC</b>	<b>BCM</b>	<b>MBC/DNC</b>	<b>SC</b>	<b>SCA</b>	<b>ST</b>
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<b>M.B.B.S STUDIED AT</b> ..... .....
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**From** (Candidate's Mailing Address) **To,**

**Dr.**.....

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.....**Pincode** .....

**Phone/mobile**.....

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