



**ADMISSION TO POST GRADUATE DEGREE / DIPLOMA COURSES
IN MANAGEMENT QUOTA SEATS IN SELF FINANCING MEDICAL COLLEGES IN TAMIL NADU
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									
	NEET PG 2019 DETAILS	ROLL NO	NEET SCORE											
	Permanent Medical Registration Number													
2.	a. Mailing Address with pin code													
	b. Contact Telephone No with STD Code/ Mobile Number													
	c. Email ID													
	Aadhar No.													
3.	Date of Birth DD/MM/YYYY			/		/								
4.	Sex (Please Tick)		1.MALE		2.FEMALE		3.TRANSGENDER							
5.	a. Nationality		1.INDIAN		2. OTHERS		b. Nativity		1.TAMIL NADU		2. OTHERS			
	c. Mother Tongue (Please Tick)		TAMIL		TELUGU		HINDI		MALAYALAM		URUDU		OTHERS	
6.	Religion (Please Tick)		HINDU		CHRISTIAN		ISLAM		JAINISM		SIKHISM		OTHERS	
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.	CRRI Date of Completion (DD/MM/YYYY)				/			/						
10	Whether you are undergoing PG Degree / Diploma/ any other Equivalent courses; 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		d. If Yes Then Date Of Discontinuation							
					/			/						
	c. Whether completed Diploma?		YES		NO		If Yes then Date of Completion							
					/			/						

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

**To be downloaded & pasted
on A4 cloth lined cover**

**APPLICATION FORM FOR
ADMISSION TO POST GRADUATE DEGREE / DIPLOMA COURSES
IN MANAGEMENT QUOTA SEATS IN SELF FINANCING MEDICAL COLLEGES
IN TAMIL NADU 2019-2020 Session**

M.B.B.S STUDIED AT
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**From
(Candidate's Mailing Address)**

To,

Dr......
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.....
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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**