



**ADMISSION TO POST DOCTORAL FELLOWSHIP COURSE IN MINIMAL ACCESS SURGERY  
2020-2021SESSION**

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 SS 2020 Details M.Ch(Surgical Gastroentrology) .		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. Qualification MBBS	1.TAMIL NADU				2. OTHERS					
	b. MS/DNB(General Surgery )	If Studied in TN State						Other State			
		State Quota		AIQ		SF					
9	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							
					/			/			
10	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							
					/			/			
11	Service Status ( if Service Candidate then furnish the service proforma)	SERVICE				NON SERVICE					
	Date of Entry into Govt. Service			/			/				
12	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>				
9.	<b>Total period of Regular Service as on 30.06.2019 (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>		

Date :  
 Fax number of the forwarding Office }  
 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.