

SELECTION
COMMITTEE
APPLICATION



DD No	Name of Bank / Branch	Date	Amount

APPLICATION FORM
ADMISSION TO POST GRADUATE DEGREE / DIPLOMA / 6 YEAR M.Ch (NEUROSURGERY)
COURSES IN GOVERNMENT / SELF FINANCING COLLEGES -2016-2017

AR NO

(To be assigned by the Selection Committee)

ENTRANCE EXAM NO

(To be assigned by the Selection Committee)

SPACE FOR
PHOTOGRAPH WITH
NAME AND DATE
(TO BE ATTESTED
BY GRADE A / B
OFFICERS OF
CENTRAL / STATE
GOVERNMENTS)

1.	Name (in Capital Letters with Initials at the end)	
2.	a. Mailing Address	
		Pin Code:
	b. Contact Telephone No with STD Code Mobile Number	
	c. Email ID	
3.	Date and Place of Birth	
4.	Sex (Please Tick)	1.Male <input type="checkbox"/> 2. Female <input type="checkbox"/>
5.	a. Nationality (Please Tick)	1. INDIAN <input type="checkbox"/> 2.OTHERS <input type="checkbox"/>
	b. Nativity (Please Tick)	1. TAMIL NADU <input type="checkbox"/> 2.OTHERS <input type="checkbox"/>
	c. Mother Tongue (Please refer Prospectus) <input type="checkbox"/>
6.	Religion	
7.	a. Community	
	b. Sub Caste with Code No (Please refer Prospectus)	
	c. Sl.No. & Date	
	d. Issuing Officer's Designation	
	e. Issuing Office	

8. Qualification :							
Course	Name of the College Studied with College Code	Colleges in Tamil Nadu			Colleges in Other State	Final Year University Examination 1st Appearance Register No	Name of the University
		State Quota (Please Tick)	All India Quota (Please Tick)	Self Financing Colleges (Please Tick)			
MBBS							
DIPLOMA in.....							
9.	CRRI	Date of Completion					
		Name of the Institution					
10.	Total number of completed years after CRRI as on 31.03.2016 (weightage restricted to a maximum of 10)						
11	Is the College in which Degree/ Diploma studied recognized by Medical Council of India. (Please tick)			YES / NO			
12	a. Permanent Medical Council Registration Number.						
	b. Name of the State Medical Council in which registered						
	c. Whether additional qualification is registered						
13	Number of Attempts for Passing final MBBS examination.						
14	Whether you are undergoing PG Degree / Diploma/ 6 years MCh (Neurosurgery) / any other Equivalent; If yes mention the name of the Course and Expected Date of Completion			YES		NO	
				Course		Date of Completion	
15	Whether you have completed / acquired/ discontinued any PG Degree / Diploma / 6 years MCh (Neurosurgery) / any other Equivalent; If so Mention the name & date of discontinuation/Completion of the Course. ((Completion/ discontinuation certificate to be produced)						
16	a. Present Occupation (Refer Prospectus) (Please Tick)			TN GOVERNMENT SERVICE		NON SERVICE	
	b. If working in state Government working under (Please Tick)			State Government		Local bodies	

	c. If working under state Government Selected under (Please Tick)	TNPSC	MRB		10 a (i)	Contract Medical Consultant
			Competitive Written Examination	Walk in Selection		
	d. If selected by TNPSC/MRB (Through Competitive Written Examination) state Register Number & Year of selection	Register Number		Month & Year of Selection		
17	Are you applying under Orthopaedically Physically Disabled Category (Please Tick)	YES		NO		

Date :

Signature of the Candidate

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 :**(To be filled by the forwarding authority)**

1	Name of the Medical Officer						
2	Designation						
3	Date of entry into Government Service a. under 10a (i) / as Contract Medical Consultant b. as TNPSC candidate c. as MRB candidate(Through Competitive Written Examination) d. as MRB Candidate (Walk in Selection)						
4	Total period of Regular Service as on 31.03.2016(Completed Years)						
5a.	Whether selected by TNPSC / MRB/ under 10a (i) / Contract Medical Consultant (Please Tick)	TNPSC	MRB		Selected under 10 a(i)	Contract Medical Consultant	
			Through Competitive Examination	Walk in Selection			
5b.	If selected by TNPSC /MRB(Through Competitive Written Examination) , State month & year of selection . (Proof to be enclosed)						
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			
9	Complete service particulars till date	Sl No	Post	Place	From	To	Total
10	Service Particulars if worked / working in: a. Hilly Area b. Rural Area c. Thiruvarur, Nagapattinam & Ramanathapuram Districts d. Remote / Difficult Area	Sl No	Post	Place	From	To	Total
		Hilly area					
		Rural area					
		Tvr, Nagai Ramnad Dts					
		Remote / Difficult area					
11	Whether the candidate is under any subsisting contractual obligation, if so give details.	YES / NO					
12	Present Station in which the candidate is working with address.						

Date :

Fax number of the forwarding Office }

Signature of the Forwarding Officer with office Seal and Date

Phone no of forwarding OfficerNote: the above particulars should be verified scrupulously and in the event of any false information found later, **the forwarding officer will be held responsible.****Office Seal**

ENTRANCE EXAMINATION HALL TICKET
POST GRADUATE DEGREE / DIPLOMA /
6 YEAR M.Ch.(NEUROSURGERY) COURSES 2016-2017
(OFFICE COPY)

Name (Block Letters)

Dr.

Entrance Examination
Number

Centre:

Date of Examination:

14-02-2016(Sunday) 10.00 A.M TO 1.00 P.M

Affix
Passport Size
Photograph
Same photo as in
Application form
duly attested by
a Gazetted
Officer

Secretary
Selection Committee

ENTRANCE EXAMINATION HALL TICKET
POST GRADUATE DEGREE / DIPLOMA /
6 YEAR M.Ch.(NEUROSURGERY) COURSES 2016-2017
(DUPLICATE)

Name (Block Letters)

Dr.

Entrance Examination
Number

Centre:

Date of Examination:

14-02-2016(Sunday) 10.00 A.M TO 1.00 P.M

Affix
Passport Size
Photograph
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Selection Committee

ENTRANCE EXAMINATION HALL TICKET
POST GRADUATE DEGREE / DIPLOMA /
6 YEAR M.Ch.(NEUROSURGERY) COURSES 2016-2017
(ORIGINAL)

Name (Block Letters)

Dr.

Entrance Examination
Number

Centre:

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INSTRUCTIONS

1. Candidates with Hall Tickets only will be allowed to enter the Examination hall. Self driven vehicles by candidates will alone be allowed to enter the Campus. No other person or vehicles will be allowed to enter or park inside the Campus of the Examination Centre	6. No candidate will be permitted to enter the Examination Hall 30 minutes after the commencement of the Examination
2. Report at the Examination centre 30 minutes before the commencement of the examination.	7. No candidate will be allowed to leave the Examination Hall before the end of the Examination and also without handing over the Question Paper and Answer sheet to the Invigilator.
3. No candidate shall be admitted into the Examination Hall without the Hall Ticket.	8. Enter your Entrance Examination Number given in your Hall Ticket legibly without any mistake in the specified places in the Question Paper Booklet and OMR answer sheet provided
4. Candidates are advised to preserve the Hall Ticket till allotment and joining at the college is completed.	9. Copying of any part of the question paper or taking out of the Examination Hall, the question paper or answer paper sheet is strictly prohibited.
5. No candidate shall be allowed to carry any text material printed or written, bits of paper, electronic and telecommunication devices with or without remote sensing like papers, cellular phones or electronic diary inside the Hall except the Hall Ticket	10. Candidate shall maintain strict silence. Any misconduct found out by the Hall Superintendent will result in the forfeiture of the right to continue the Examination. Further he/she will not be allowed to apply for the Courses for Two Years. <p style="text-align: center;">SECRETARY SELECTION COMMITTEE 162, PERIYAR E.V.R. HIGH ROAD, KILPAUK, CHENNAI-600 010.</p>

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**SELECTION COMMITTEE
DIRECTORATE OF MEDICAL EDUCATION
CHENNAI 600 010**

**POST GRADUATE DEGREE / DIPLOMA/
6 YEAR MCh (NEUROSURGERY) COURSES
2016-2017 SESSION**

**ENTRANCE EXAMINATION
IDENTIFICATION CUM ATTENDANCE SLIP**

NAME : DR.

ENTRANCE EXAMINATION
NUMBER:.....

CENTRE :

DATE OF ENTRANCE EXAMINATION: **14.02.2016**

TIME: 10.00 AM TO 1.00 PM

***SPECIMEN SIGNATURE
OF THE CANDIDATE :**

***(To be signed and sent to the Selection Committee)**

**Affix Passport Size
Photograph -(Same
Photograph As In
Application Form &
Hall Ticket) Duly
Attested By A
Gazetted Officer.**

(FOR USE AT EXAMINATION CENTRE ONLY)

ATTENDANCE SLIP

.....

Signature of the Invigilator

.....

Signature of the Candidate with date



**ADMISSION TO PG DEGREE / DIPLOMA /
6 YEARS M.Ch NEURO SURGERY COURSES
2016 - 2017 SESSION
SCRUTINY FORM**

AR No

For Office Use only

Instructions to fill up scrutiny form

- To be filled by the candidates as per the entries made in the Application form.
- Use only blue color ball point pen for ticking and writing.
- Put tick mark (v) in the correct gray color boxes
- Write inside the white box, wherever writing is required.

PMR NUMBER							
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First appearance of the Final MBBS Part II							
Registration Number					Year		

1. Name :

3. Date of Birth / /

7a. Community

1. OC	2. BC	2A. BCM	3. MBC/ DNC	4. SC	4A. SCA	5. ST
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4. Sex : 1.M 2.F

5a. Nationality 1.Indian 2.Others

5b. Nativity : 1.TN 2.Others

7b. Caste Code

8a. UG studied at 1.TN 2.Others

8b. UG studied

If Studied in TN State			3. Other State
<input type="checkbox"/> 1. State Quota	<input type="checkbox"/> 2. AIQ	<input type="checkbox"/> SF	

8c. UG Studied College Code (Refer Annexure-I in Prospectus)

9. Date of Completion of CRR1 Training / /

10. Total No. of completed years after CRR1 as on 31.03.2016 (Weightage restricted to a maximum of 10)

13. No. of Attempts in Final MBBS Part II

14. Are you undergoing any PG Degree/Diploma/6 Yrs M.Ch NeuroSurgery/MDS/equivalent courses at the time of applying

<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No
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15a. Whether completed PG Degree /DNB 1. Yes 2. No

15b. Whether completed Diploma 1. YES 2. NO

No. of Years		Date of Completion	
1	2		

15c. Whether discontinued PG Degree /Diploma Course 1. Yes 2. No

15d. If yes mention the date of discontinuation / /

16a. Service Particulars 1. TN Govt. Service 2. Non Service

If TN Govt. Service candidate, Fill in the box below.

16b. If Service Candidate	16d. If selected by TNPSC/MRB(Through Competitive Written Examination)	TNPSC/MRB Reg.No	Month & Year of selection
<input type="checkbox"/> 1. State Govt <input type="checkbox"/> 2. Local Bodies			

16c. Selected under (Put Tick)

<input type="checkbox"/> 1. TNPSC	<input type="checkbox"/> 2. MRB		<input type="checkbox"/> 3.10a(i)	<input type="checkbox"/> 4. CMC
	a. Through Competitive Written Examination	b. Walk in Selection		

16e. If working in TN State Govt Service whether working under

<input type="checkbox"/> 1. DMS	<input type="checkbox"/> 2. DPH	<input type="checkbox"/> 3. DME	<input type="checkbox"/> 4. Others
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16f. Date of Entry into Govt. Service / /

16g. No. of completed Years of Service as on 31.03.2016

Rural Areas	<input type="text"/>	Hilly Areas	<input type="text"/>	Remote /Difficult areas	<input type="text"/>	Tiruvarur, Nagai, Ramnad Dts	<input type="text"/>
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17. Are you applying under Special Category(PH) 1. Yes 2. No

2a & 2b. Address:

Name : Dr.

Pincode :

Mobile :

Email Id:

Space for Photograph with Name & Date

(To be attested by grade A/B officers of Central / State Governments)

I sincerely affirm that the information furnished above are true.

Candidate's Signature

₹ 3000/- DD Details of

DD No. & Date

Bank Name & Branch

Fillup the Details below as in Community Certificate

Community

Sl.No & Issued Date

District of Issuing Office

To be downloaded & pasted on
A4 cloth lined cover

**APPLICATION FORM FOR
POST GRADUATE DEGREE / DIPLOMA / 6 YEAR M.Ch (NEUROSURGERY)
2016 – 2017 SESSION**

(TICK ✓ THE RELEVANT COLUMN)

SERVICE PARTICULARS	TN. Govt. SERVICE	NON SERVICE

TNPSC	MRB		10a(i)	CMC
	Through Competitive Written examination	Walk in Selection		

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

ORTHOPAEDICALLY PHYSICALLY DISABLED	YES	NO
--	-----	----

From
(Candidate's Mailing Address)

Dr.....
.....
.....
.....
.....
.....Pincode
Phone/mobile.....

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