

DD No.	Name of Bank & Branch	Date	Amount

**APPLICATION FORM FOR
ADMISSION TO POST GRADUATE DEGREE IN HOMOEOPATHY
M.D (HOMOEOPATHY) IN SELF-FINANCING INSTITUTION
2014-2015. SESSION**

Application No. :

Space for photograph
(To be attested by Grade
"A" / "B" officers of
Central / State Govt.

1. Name of the candidate :
(as in Degree certificate)

Phone number: (land line):

Cell No. :

E mail id:

2. Father's Name :

3. Date of Birth :

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4. Sex (please tick) :

M	F
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5. Nationality :

6. Nativity :

Nativity Certificate to be produced :
(Not required if the candidate has
studied from 9th std. to BHMS
course in Tamil Nadu)

7. Community (please tick) :

OC	BC	BCM	MBC/DC	SC	SCA	ST
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8. Name of the Caste and Code.no. :

9. Mother Tongue :

10. Languages Known : 1. _____ 2. _____
3. _____ 4. _____

11.(a). Mailing Address (Residential) :

_____ Land line No. _____

_____ Mobile No. _____

_____ E-mail I.D: _____

Pincode : _____

(b). Office Address, if any :

_____ Land line No. _____

_____ Mobile No. _____

_____ E-mail I.D: _____

Pincode : _____

12.(a). Qualification :

(b). College from which passed and
Affiliating University. :

(c) Month and Year of Passing the Final :
Year (Class if any in which passed)

(d). Registration No. of the Final Year :
Examination in each attempt.

(e). Date of completion of the Internship :
(Enclose proof)

13. Medical Registration Number :
allotted by CCH / TNHMC
(Details to be furnished in application or to produce before counselling)
- 14 (a). Nature of employment held :
subsequent to passing of BHMS/
equivalent course with duration.
- 14 (b) Whether Service candidate or
Non Service candidate
(Refer Para 55 of the Prospectus)

Signature of the Candidate.
(Both Service & Non Service Applicants)

FOR SERVICE CANDIDATE ONLY

15. Date of first appointment in

Tamil Nadu Medical Service :

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16. Service Status (please tick) : Probationer / Approved Probationer

17. Whether selected by Tamil Nadu Public Service Commission and if yes year of publication of results :

18. Date of Joining in Service as TNPSC Candidate :

19. Date of Regularisation. :

20. Date of Completion of Probation. :

21. Total Service as on 31.03.2014 Year Month Days

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22. Whether any disciplinary proceedings are pending against the candidate if so, present stage. :

23. Details of contractual obligation to the Government if any. :

Signature of the candidate.

Place:

(only service applicants)

Date:

DECLARATION BY THE CANDIDATE - I

IS/o,/ D/o

do hereby solemnly and sincerely affirm that the statements made and information furnished in my Application Form as also in all the enclosures thereto submitted by me are true to the best of my knowledge and belief.

Should it however be found that any information furnished therein is untrue, I realize that I will be liable for criminal prosecution and agree to forego without demand, my seat in the College at any stage.

Station :

Date :

Signature of the candidate.

II

I have not undergone the Post Graduate Degree in Homoeopathy Medicine in any one of the disciplines and discontinued the course on my own accord (or) on any other grounds after 6 months from the date of joining the course.

Station :

Date :

Signature of the candidate.

ANNEXURE - I

CERTIFICATE OF NATIVITY OF TAMIL NADU

Certified that Dr.

S/o./ D/o., Thiru.....

an applicant for admission to Post Graduate studies is a NATIVE of

..... TalukDistrict.....
State

Signature of the Village Administrative Officer.

Office Seal:

Signature:

Name and Designation:

Station :

Date :

The certificate should be obtained from an Officer of the Revenue Department not Lower in rank than that of a Deputy Tahsildar in the Taluk concerned as per the Instructions.

ANNEXURE II
SERVICE PROFORMA

The service particulars of Dr.

S/o., / D/o., Thiru.

who is an applicant for admission to M.D., Homoeopathy Course 2014-2015 session are hereby furnished.

1. Designation of the Present Post.
2. Service Status (Tick Appropriate Box) :

Probationer	Approved Probationer	Undertaking/ Organisation	Panchayat Union Service	Govt. Service Govt. of India / Govt. of Tamil Nadu

3. Date of First Appointment
TNPSC/ GOI/Panchayat :
4. Duration of Service as on 31.03.2014
5. Details of posts held and place of service

POST HELD	Nature of Service	PLACE	DURATION	
			FROM	TO

(If space is not sufficient, separate sheet indicating the above particulars should be enclosed with the signature and office seal of the competent forwarding authority)

6. If the candidate is under any subsisting Contractual obligation to the Govt. for any reason then the details.
7. Are there any Criminal Proceedings, Inquiry or Disciplinary Proceedings pending or Contemplated against the candidate. If so, application should not be forwarded.

8. Whether the candidate has produced an undertaking as mentioned in Prospectus Clause 55, Sub Clause (a & b)
9. Whether the Candidate has worked in a hilly area? If so, the details like duration of service, places of posting etc. may be furnished. The leave if any, without Casual Leave, shall be excluded from the duration of service

Station:

Signature:

Date:

Office Seal:

Note: All applicants should obtain service certificate from the competent authority. Applications without Service Particulars duly authenticated by the competent authority are liable for rejection.

Candidates above 50 years as on 31.03.2014 are not eligible to apply.

ANNEXURE- III

MEDICAL CERTIFICATE FOR PHYSICALLY DISABLED

(Minimum disability of the locomotor disorders of lower limbs between 40% to 70%)

The District Medical Board of.....District, certify that we have this day of2014 examined the candidate whose particulars are given below.

1. Name of Candidate :

2. Father's Name :

3. Sex :

4. Approximate age :

5. Identification marks. :

6. Orthopaedically Disabled :

Nature of Physically Disabled.

7. Extent of disability (mention the % of disability)

(Upper limb function must be normal) :

**8. Whether the candidate is fit to undergo
Post Graduate Degree Course : YES / NO.**

(The Medical Board should satisfy itself that all the criteria mentioned in the foot note are met with before giving the fitness)

Signature of the Applicant

Members

Signature of Chairman of the
Medical Board.

PLACE:

1. Designation :

DATE :

2. Office Stamp :

FOOT NOTE : (1) Upper limbs should be normal.

(2) The above certificate should be issued only by the District Medical Board or the area concerned constituted for the purpose after due physical examination by Board.

ANNEXURE IV

DISCIPLINE DECLARATION BY THE CANDIDATE

I undersigned, a student selected for admission in the course in Saradha Krishna Homoeopathy Medical College do hereby agree to conform from this date if I am admitted there to the rules and regulations including those relating to the Hostel laid down or to be laid down hereafter by the Principal for the time being of the college for the due maintenance of discipline at the said college and I assure that I will not join any agitation/strike of any kind during the course of study. I further agree to make good when called upon to do so to the Management, any damage to furniture, apparatus or other articles which may be caused by any carelessness, negligence or wantonly on my part.

2. I will not indulge or participate in any kind of ragging and if found to have indulged in ragging in the past or noticed later, am aware that I will be removed from the roll of the institution at whatever stage of study and criminal action will be taken against me.

Signature of Candidate's Parent/Guardian

Signature of the
Candidate

CHECK LIST

Candidates are requested to check the list of attested Xerox certificates / documents to be furnished along with the filled in Application Form.

1. Filled in Application Form (stitch the following attested photocopies of Documents to the Application Form) with Photograph.
2. Birth certificate.
(H.S.C. Certificate or School Leaving Certificate or College Leaving Certificate to be furnished.)
3. Community Certificate obtained only from the competent authority.
4. BHMS / equivalent and First Year to Final Year Mark Sheets.
5. Internship Completion Certificate or Certificate from the Principal to that effect.
6. BHMS/ equivalent Degree/Provisional Pass Certificate issued by the University.
7. Medical Registration Certificate.
8. Two recent Conduct Certificates in original issued by Group A or B Officers of Government of Tamil Nadu or Government of India.
9. Medical Certificate for Physically Disabled candidate.
Submit the following enclosures along with the filled in Application Form. Do Not stitch the following with the application form. Use GEM CLIP for attachment to the application form.
10. Two Self addressed envelopes with postage stamp for Rs.6.00 affixed each for Sending Examination mark and Intimation letter
11. Hall Ticket in duplicate (with recent photo)
12. Nativity certificate
13. Demand Draft for the value of Rs.2000/- only by all Candidates (except for those belonging to SC/SCA/ST)

M.D(Homoeopathy) 2014- 2015 session Scrutiny Form

(To be filled in by the candidate as per the entries made in application form)

Application No. :

No	Details							
1	Name in Capital Letter	Dr.						
2	Mailing Address	Contact Phone No. with STD code Mobile No. e-mail I.D						
	Pin Code:							
3	Date of Birth	Date	Month	Year				
4	Nativity	TN			Others			
		1			2			
5	Mother Tongue	Tamil			Others			
		1			2			
6	Community	OC	BC	BCM	MBC	SC	SCA	ST
		1	2	3	4	5	6	7
7	Service Particulars	Service Candidate			Non-service Candidate			
		1			2			
8	Date of Completion of CRR I Training							
9	Total Number of years as on 31.03.2014 after completing CRR I to a maximum of 10 years							
10	Medical Registration No. and Date of Registration							
11	Service Status: 1.State Govt. 2.Central Govt 3.TN Govt.Undertaking/ Local Bodies in TN 4.Central Govt. Undertaking in TN							
12	BHMS Final Year Aggregate Marks							
13	Years served in the Hilly Area (Excluding leave other than C.L.)							
14	Whether Discontinued PG Degree Previously, if yes, State Branch and Date of the Discontinuation.	Branch of Study and Date						

I sincerely affirm and state that the information furnished above are true and correct to the best of my knowledge and belief.

Station:

Date:

CANDIDATE'S SIGNATURE.

Office Use Only.

Scrutinising Officer.

Signature

Date

Remarks :

COMMISSIONERATE OF INDIAN MEDICINE AND HOMOEOPATHY
ENTRANCE EXAMINATION FOR ADMISSION TO THE POST GRADUATE COURSE
IN HOMOEOPATHY
2014- 2015 SESSION
Identification slip

Candidate to sign here

Affix passport size photo. To be attested by Grade A / B officers of Central / State Govt.

Application No. :

Name and Address of the candidate:

Candidate's signature at the time of Examination:

Signed before me, identification verified by me with reference to Hall Ticket

Signature of the Invigilator.