

BY REGISTERED POST / SPEED POST / COURIER SERVICE

**FILLED IN APPLICATION FOR ADMISSION TO THE  
M.D. (HOMOEOPATHY) COURSE, 2014-2015 SESSION**

**TO**

**THE SECRETARY,  
SELECTION COMMITTEE,  
OFFICE OF THE COMMISSIONER OF INDIAN  
MEDICINE AND HOMOEOPATHY,  
ARUMBAKKAM, CHENNAI 600 106  
TAMI NADU**

**FROM:**

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