



**ADMISSION TO BSMS / BAMS / BUMS / BNYS / BHMS COURSES 2015 - 2016 SESSION.
SPECIAL CATEGORY APPLICATION FORM**

**SELECTION COMMITTEE,
DIRECTORATE OF INDIAN MEDICINE AND HOMOEOPATHY.**

RANDOM NUMBER

(TO BE ENTERED BY THE OFFICE)

APPLICATION NUMBER

1. +2 EXAMINATION REGISTER NUMBER AND YEAR :

REGISTER NUMBER

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YEAR

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2. NAME IN BLOCK LETTERS (Initial at the end) :

.....

3. ADDRESS FOR COMMUNICATION :

.....

.....

.....

.....PIN

CONTACT PHONE No.

4. NAME OF PARENT / GUARDIAN :

.....

5. NATIONALITY (✓)

INDIAN	OTHERS
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6. NATIVITY (✓)

TAMIL NADU	OTHERS
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7. SEX (✓)

MALE	FEMALE
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8. DATE OF BIRTH :

DATE	MONTH	YEAR

9. COMMUNITY (✓)

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10A. CASTE CODE :

(Refer List of Communities appended in the Prospects)

10B. NAME OF THE CASTE :

SPACE FOR
PHOTOGRAPH
(TO BE SELF ATTESTED)

SPACE FOR PHOTOGRAPH
CANDIDATE SEEKING ADMISSION
UNDER PHYSICALLY DISABLED
QUOTA SHOULD AFFIX FULL SIZE
PHOTOGRAPH DULY EXHIBITING
DEFORMITY VISIBLY.

11. QUALIFYING EXAMINATION (✓)

H.S.E.	S.S.C.E.of CBSE	I.S.C.E	OTHERS
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13. MARKS OBTAINED IN THE RELEVANT SCIENCE SUBJECTS IN THE QUALIFYING EXAMINATION IN THE FIRST ATTEMPT.

12. PARTICULARS OF PASSING THE QUALIFYING EXAMINATION (+2)

	FIRST ATTEMPT
REG.NO.	
MONTH & YEAR	

SUBJECT	MAXIMUM MARKS	MARKS OBTAINED
PHYSICS		
CHEMISTRY		
BIOLOGY		
BOTANY		
ZOOLOGY		
SIDDHA		

14. WEIGHTED TOTAL MARKS FOR A MAXIMUM OF 200

15. MENTION THE COMMON APPLICATION FORM NUMBER

16. SPECIFY THE CODE NO.AND NAME OF THE SPECIAL CATEGORY

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17. HAVE YOU ENCLOSED THE SUPPORTING DOCUMENTS AS REQUIRED IN THE PROSPECTUS (✓ THE RELEVANT BOX)

YES	NO

18. JOINT DECLARATION BY THE APPLICANT AND THE PARENT / GUARDIAN*

I,..... son / daughter / ward of..... an applicant seeking admission under special category in **BSMS / BAMS / BUMS / BNYS / BHMS** Courses * and I,the Parent / Guardian* of hereby solemnly declare that the information furnished and the documents submitted are true, correct and complete. We further declare that if it is found otherwise, we are ready to forfeit the selection whatever may be the stage of study, besides making us liable for criminal prosecution. I well aware of the fact that if the information given by me is proved false/not true, I will have to face the punishment as per the law, Also, all the benefits availed by me shall be summarily withdrawn.

.....
Signature of the Parent / Guardian*

.....
Signature of the Candidate

PLACE :

DATE :

*Strike whichever is not applicable

Note : Evidence for the claim of Special Category and the copies of +2 Mark Sheet, Community Certificate, Transfer Certificate etc., should be enclosed.