SELECTION COMMITTEE APPLICATION

DD No	Name of Bank / Branch	Date	Amount

APPLICATION FORM

ADMISSION TO MDS 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 ☐ 2. Female ☐
5.	a. Nationality (Please Tick)	1. INDIAN ☐ 2.OTHERS ☐
	b. Nativity (Please Tick)	1. TAMIL NADU ☐ 2.OTHERS ☐
	c. Mother Tongue (Please refer Prospectus)	…… ☐
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)				
BDS								

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 studied recognized by Dental Council of India. (Please tick)		YES / NO	
12	a. Permanent Dental Council Registration Number.			
	b. Name of the State Dental Council in which registered			
13	Number of Attempts for Passing final BDS examination.			
14	Whether you are undergoing MDS / any other Equivalent; If yes mention the name of the Course and Expected Date of Completion		YES	NO
15	Whether you have completed / acquired/ discontinued any MDS / 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.								

(To be furnished in a separate sheet in the format duly signed by the forwarding authority)

Date :
Fax number of the forwarding Office } Signature of the Forwarding Officer with office Seal and Date
Phone no of forwarding Officer

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**.

Office Seal

ENTRANCE EXAMINATION HALL TICKET
MDS COURSES 2016-2017
(OFFICE COPY)

Name (Block Letters) Dr.

Entrance Examination Number

Centre:

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

DIRECTORATE OF MEDICAL EDUCATION SELECTION COMMITTEE 2016 - 2017 CHENNAI - 600010

Secretary
Selection Committee

Date of Examination: **14-02-2016(Sunday) 10.00 A.M TO 1.00 P.M**

ENTRANCE EXAMINATION HALL TICKET
MDS COURSES 2016-2017
(DUPLICATE)

Name (Block Letters) Dr.

Entrance Examination Number

Centre:

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

DIRECTORATE OF MEDICAL EDUCATION SELECTION COMMITTEE 2016 - 2017 CHENNAI - 600010

Secretary
Selection Committee

Date of Examination: **14-02-2016(Sunday) 10.00 A.M TO 1.00 P.M**

ENTRANCE EXAMINATION HALL TICKET
MDS COURSES 2016-2017
(ORIGINAL)

Name (Block Letters) Dr.

Entrance Examination Number

Centre:

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

DIRECTORATE OF MEDICAL EDUCATION SELECTION COMMITTEE 2016 - 2017 CHENNAI - 600010

Secretary
Selection Committee

Date of Examination: **14-02-2016(Sunday) 10.00 A.M TO 1.00 P.M**

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. SECRETARY SELECTION COMMITTEE 162, PERIYAR E.V.R. HIGH ROAD, KILPAUK, CHENNAI-600 010.

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SELECTION COMMITTEE
DIRECTORATE OF MEDICAL EDUCATION
CHENNAI 600 010

MDS COURSE
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 MDS COURSE

2016 - 2017 SESSION
SCRUTINY FORM

AR No

For Office Use only

Instructions to fill up scrutiny form

1. To be filled by the candidates as per the entries made in the Application form.

2. Use only blue color ball point pen for ticking and writing.

3. Put tick mark (√) in the correct gray color boxes

4. Write inside the white box, wherever writing isrequired.

PDR NUMBER

First appearance of the Final BDS Registration Number

Year

1.Name :

3.Date of Birth

4. Sex : 1.M 2.F

7a. Community

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

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: 1.State Quota 2.AIQ SF; 3.Other State

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

9.Date of Completion of CRRI Training

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

13. No. of Attempts in Final BDS

14. Are you undergoing any MDS Degree/equivalent courses at the time of applying 1.Yes 2.No

15a. Whether completed MDS Degree 1.Yes 2.No

15b. Whether discontinued MDS Degree Course 1.Yes 2.No

15c. If yes mention the date of dicontinuation

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

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

16b.If Service Candidate: 1. State Govt 2. Local Bodies

16d. If selected by TNPSC/MRB(Through Competetive Written Examination)

TNPSC/MRB Reg.No

Month & Year of selection

16c. Selected under (Put Tick)

1.TNPSC 2.MRB (a.Through Competetive Written Examination b.Walk in Selection) 3.10a(i) 4.CMC

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

1.DMS 2.DPH 3.DME 4.Others

16f. Date of Entry into Govt. Service

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

Rural Areas | Hilly Areas | **Remote /Difficult areas** | **Tiruvarur, Nagai, Ramnad Dts**

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

17. Are you applying under Special Category(PH) 1.Yes 2.No

2a & 2b. Address:

Name : Dr.

Pincode :

Mobile :

Email Id:

₹ 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
MDS COURSES
2016 – 2017 SESSION

(TICK √ THE RELEVANT COLUMN)

SERVICE PARTICULARS	TN. Govt. SERVICE	NON SERVICE

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

COMMUNITY	OC	BC	BCM	MBC/DNC	SC	SCA	ST

B.D.S STUDIED AT

……

ORTHOPAEDICALLY PHYSICALLY DISABLED

YES	NO

From
(Candidate's Mailing Address)

Dr……

……

……

……

……..**Pincode** ……

Phone/mobile……

To,

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