

SELECTION
COMMITTEE
APPLICATION



Application No :

**ADMISSION TO MBBS / BDS COURSE 2016-2017 SESSION
COMMON APPLICATION FORM
SELECTION COMMITTEE, DIRECTORATE OF MEDICAL EDUCATION**

RANDOM NUMBER : AR No

(To be assigned by the Selection Committee)

1. +2 Examination/ Equivalent
Register Number Year and Month

REGISTER NUMBER						YEAR			MONTH	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

2. Name in Block Letters (Initial at the end) :

.....

3. Address for Communication :

.....
.....
.....

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

PIN CODE

Land line Phone No :.....

Mobile No.

5. Sex : (Encircle a code)

MALE	FEMALE	TRANSGENDER
1	2	3

4. Name of Parent / Guardian :

.....

6. Nationality : (Encircle a code)

INDIAN	OTHERS
1	2

7. Nativity :
(Encircle a code)

TN	Others
1	2

7 a. Details of Education: (Encircle the code which is applicable)

Studied from VIII Std to + 2 in Tamil Nadu	Studied from VIII Std to + 2 in Other State
1	2

7 b. If you have completed your plus 2/ equivalent schooling in Tamil Nadu encircle a code:

Government	Govt.Aided	Corporation	Municipality	KVS	CBSE	Pvt.School	Others(Specify)
1	2	3	4	5	6	7	8

8. School(s) of study (Evidence to be produced from the schools studied):

Sl. No.	STANDARD STUDIED	YEAR OF PASSING	NAME & ADDRESS OF SCHOOL	* DISTRICT WITH CODE	STATE
1.	VIII STD				
2.	IX STD				
3.	X STD				
4.	XI STD				
5.	XII STD/EQUIVALENT				

* Refer Annexure XV for District Code

9. Date of Birth :

DATE		MONTH		YEAR			

10. Community (Encircle a code)

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

11. Caste Code :

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Refer List of Communities (For "OC" use code 500)

12. Name of the Caste :

13. Qualifying Examination : (Encircle a code)

HSE	SSCE/CBSE	ISCE	OTHERS
1	2	3	4

13 a. Particulars of passing the Qualifying

DETAILS	1 st Attempt	2 nd Attempt	3 rd Attempt
REG NO			
MONTH & YEAR			

14. Religion :
with code

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15. Marks obtained in select Science subjects in the Qualifying Examination in the First Attempt only:

SUBJECT	MAXIMUM MARKS	MARKS OBTAINED	PERCENTAGE OF MARKS	WEIGHTED TOTAL MARKS	METHOD OF CALCULATION
PHYSICS			Y 1	Y	$Y = \frac{Y 1 + Y 2}{2}$
CHEMISTRY			Y 2		
BIOLOGY			X	X	X
BOTANY			Z 1	Z	$Z = \frac{Z 1 + Z 2}{2}$
ZOOLOGY			Z 2		
TOTAL MARKS					(X+Y) or (Z + Y)

15.a Marks obtained in the Fourth Optional Subject:

SUBJECT	MAXIMUM MARKS	MARKS OBTAINED

16. Are you undergoing or completed a Professional Course in Tamil Nadu ? If Yes furnish particulars. If No write not Applicable (NA) :

NAME OF COURSE	MONTH, YEAR		NAME & PLACE OF COLLEGE
	FROM	TO	

17.a.If claiming for Special Categories, have you applied in the Form prescribed for Special Category (Please Tick)

YES	NO

b. If Yes, specify the Special Category with code numbers

S.No	Code No	Special Category
I		
II		
III		

18 a. Educational status of the family (if admitted will you be the First Graduate in the Family ?) (Refer Annexure XIV a & b) (Please Tick)

YES	NO

b. Has your brother/ sister availed first graduate fee concession for studying professional courses (Please Tick)

YES	NO

19. Medium of Instruction : (Encircle a code)

ENGLISH	TAMIL	OTHERS
1	2	3

20. Mother Tongue : with code

21. Occupation of Parent / Guardian (Encircle a code) :

STATE GOVT	CENTRAL GOVT	PROFESSIONAL	INDUSTRY	BUSINESS	AGRI-CULTURE	PRIVATE ORGANISATION	SMALL TRADE	OTHERS
1	2	3	4	5	6	7	8	9

22. Average monthly income of Parent/ Guardian : (Encircle a code):

< ₹ 5000	₹ 5001-10000	₹ 10001-20000	₹ 20001-30000	₹ 30001-40000	₹ 40001- 50000	> ₹ 50000
1	2	3	4	5	6	7

23. Civic status of your Native place (Encircle a code):

CORPORATION	MUNICIPALITY	TOWNSHIP	TOWN PANCHAYAT	VILLAGE PANCHAYAT	OTHERS
1	2	3	4	5	6

24. Civic status of your School place (Encircle a code):

CORPORATION	MUNICIPALITY	TOWNSHIP	TOWN PANCHAYAT	VILLAGE PANCHAYAT	OTHERS
1	2	3	4	5	6

25. District Code (as given in the Prospectus):

NATIVE DISTRICT	DISTRICT CODE IN WHICH XII / EQUIVALENT STUDIED (As entered in column 8 under Sl.no.5)

Signature of Parent / Guardian
Date :

Signature of Candidate
Date :

DECLARATION BY THE APPLICANT & PARENT

I(Name in Full & in Block Letters) Son/ Daughter / Ward of an applicant for MBBS/ BDS course 2016-2017 session hereby solemnly declare that I have not claimed Dual Nativity in this regard and I belong to(Community) and subcasteI also declare that the information and the statements given in the application, OMR sheet and enclosures are true, correct & complete. I further declare that if it is found otherwise, I will be liable to forfeit the seat and / or be removed from the rolls of the institution at whatever stage of study. I may be, besides making me liable for criminal prosecution.

I further declare that I have not claimed the marks obtained in HSC/ equivalent examination under improvement scheme for seeking admission to MBBS/ BDS course 2016-2017 session.

Signature of the Candidate

I(Name in Full & in Block Letters) Father/ Mother / Guardian of an applicant for MBBS/ BDS course 2016-2017 session hereby solemnly declare that I am fully aware of the above declaration & the particulars furnished are correct. I declare that if it is found otherwise my ward will be liable to forfeit the seat and also be liable for criminal prosecution.

Signature of the Parent/ Guardian

Place :

Date :



**M.B.B.S. / BDS 2016-17 SESSION
SPECIAL CATEGORY FORM I**

Code No.	Category of Special Reservation
01	SONS & DAUGHTERS OF EX-SERVICEMEN
03	ORTHOPAEDICALLY PHYSICALLY DISABLED

1. Application No
(As printed in the Application Form)

2. Name of the Candidate with
Address
.....
.....

PIN

Telephone No : Mobile No.

3. Special Category applied for (Tick the relevant Box)

Son / Daughter of Ex-Servicemen	Orthopaedically Physically Disabled
Code 01	Code 03

4. Details of DD enclosed

DD No.	Date	Amount	Details of Bank

5. Special Category Certificates enclosed

Yes	No
1	2

Signature of the Candidate

(For Instructions see overleaf)

Instructions

1. The Special Category form is to be sent along with the application in the same cover.
2. Put in the relevant box in the outer cover.
3. Candidate should enclose a DD for ₹ 100/- drawn in favour of the Secretary, Selection Committee, Kilpauk payable at Chennai. The Name of the Candidate, Application No. & Address should be written on the reverse of the DD.
4. Candidates should enclose an additional self addressed envelope(s) (24x12 cms) to send the special reservation counselling call letter(s).
5. Candidates should enclose relevant certificates obtained from the Competent Authority.
6. Application without a DD for ₹ 100/- and without the relevant certificates will be summarily rejected without intimation to the candidate.

Table showing the Item No., Code No., Category of the Special Category and number of seats

Code No.	Category	Number of Seats
01	Son / Daughter of Ex-servicemen*	5 MBBS 1 BDS
03	Orthopaedically Physically Disabled**	3% of the Total Seats

* G.O. (Rt) No 145, HE (J1) Dept. dt. 16.05.2008

** 3% of total seats under Single Window System

SELECTION
COMMITTEE
APPLICATION



A.R. No.
(For Office use only)

**M.B.B.S. 2016-17 SESSION
SPECIAL CATEGORY FORM II
FOR EMINENT SPORTS PERSONS**

Code No.	Category of Special Reservation
02	Eminent Sports Persons

1. Application No
(As printed in the Application Form)

2. Name of the Candidate with
Address
.....
.....
.....

PIN

Telephone No : Mobile No.
with STD Code

3. Details of DD enclosed

DD No.	Date	Amount	Details of Bank

5. Sports Certificates enclosed
(To be produced in person)

Yes	No
1	2

Signature of the Candidate

(For Instructions see overleaf)

Instructions

1. **The Special Category form of Sports Quota along with the application should be submitted in person to the Secretary, Selection Committee, Kilpauk, Chennai - 600 010 with relevant certificates as per Annexure - III b. The selection process guidelines are contained in Annexure III a. Sports evidence sent by post will be summarily rejected for consideration under this category.**
2. Put in the relevant box in the outer cover.
3. Candidate should enclose a DD for ₹ 100/- drawn in favour of the Secretary, Selection Committee, Kilpauk payable at Chennai. The Name, Application No. & Address should be written on the reverse of the DD.
4. Candidates should enclose an additional self addressed envelope(s) (24x12 cms) to send the special category counselling call letter.
5. Application without a DD for ₹ 100/- and without the relevant certificates will be summarily rejected without intimation to the candidate.

Table showing the Special Category Code No.

Name and Number of seats

Code No.	Category	Number of Seats
02	Eminent Sportsperson*	3

* G.O. (Rt) No 145, HE (J1) Dept. dt. 16.05.2008

ADMISSION TO M.B.B.S/ B.D.S COURSES 2016-2017 SESSION

SCRUTINY FORM

1. Details of Qualifying Exam

Registration Number

Passing Month Passing Year

INSTRUCTIONS TO FILL UP SCRUTINY FORM

- 1.To be filled by the candidates as per the entries made in the application form and returned
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 is required

2. NAME

3. ADDRESS

PINCODE:

Mobile No.

Paste here firmly your recent
Passport Size Photograph
4cm x 5cm

5. Sex 1.M 2.F 3. TRANSGENDER **6.Nationality** 1. Indian 2. Others **7. Nativity** 1.TN 2. Others

7a. Details of Education 1 2 **7b. Have you Completed your +2/ equivalent schooling in TN, if Yes** 1 2 3 4 5 6 7 8

9. Date of Birth / /
11. Caste Code

10 Community 1.OC 2.BC 2A.BCM 3.MBC 4.SC 4A. SCA 5. ST **13a. Passed all the subjects of the Qualifying Examination in Attempts No.**

13. Qualifying Examination 1.HSC 2.SSCE/ CBSC 3. ISCE 4. OTHERS **14.Religion**

15. Marks in Subjects (As Entered in Application Form)

Subject	Physics	Chemistry	Biology	Botony	Zoology	Subject	Marks
Maximum Marks							
Marks Obtained							

16.Under going /Completed any professional course	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	17.Special Category	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	18a.First Graduate in Family	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	
If Yes?		If Yes?				18b. My Brother/ Sister availed First Graduate fee Concession for Studying Professional Courses		<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No
1. M.B.B.S	5. B.SC AGRI	1. Children of Ex- Service men							
2. B.D.S	6. VETERINARY	2. Eminent Sport Person							
3. BE/B.TECH	7.PARAMEDICAL	3. Orthopaedically Physically Disabled							
4. D.I.E.T	8. OTHERS								

20. Mother Tongue **21. Occupation of the Parent** **22.Monthly Income of Parent/Gaurdian**

Civic Status	23.Native Place	24. School Place	25.District code	Native District	School District
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

26.DDNo. **BANK:** **BRANCH:**

I sincerely affirm that the information furnished above are true

Station :

Place :

Signature of the Candidate within the box

மடிக்காதீர்கள்

DO NOT FOLD

REGD. POST / SPEED POST / COURIER SERVICE



APPLICATION FORM FOR ADMISSION TO
M.B.B.S. / B.D.S. COURSE IN

GOVERNMENT / SELF FINANCING COLLEGES IN TAMILNADU 2016 - 2017 SESSION

+2/ EQUIVALENT EXAM REGISTRATION NUMBER

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YEAR OF PASSING +2 EXAM

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COMMUNITY
(ENCIRCLE A CODE)

OC	BC	BCM	M.B.C/D.C	SC	SCA	ST
1	2	2A	3	4	4A	5

SPECIAL CATEGORY
(MENTION CODE NO)

YES	NO	Form No.	I	II	
		Code No.	1	3	2

Application No.

(Put ✓)

(Tick (✓) the applicable code)

From : (Candidate's Mailing Address)

.....
.....
.....
.....
.....

PINCODE

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To

The Secretary
Selection Committee,
No. 162, Periyar E.V.R. High Road,
Kilpauk, Chennai - 600 010.

Note : 1. Candidates seeking admission under Special Categories have to submit the Special Category Form along with the General Category Application in the same cover. Otherwise they will not be considered under Special Category. But candidates applying for sports category should produce sports evidence certificate in person only at selection committee.

குறிப்பு : 1. சிறப்புப் பிரிவின் கீழ் விண்ணப்பிக்கும் மாணவர்கள் அதற்கென குறிப்பிடப்பட்டுள்ள சிறப்புப் படிவங்களை பூர்த்தி செய்து, பொதுப்பிரிவு விண்ணப்பப் படிவத்துடன் ஒரே உறையில் சமர்ப்பிக்கவும். அவ்வாறு அனுப்பப்படவில்லையெனில் அவர் சிறப்புப் பிரிவிற்கு பரிசீலிக்கப்படமாட்டார். சிறப்புப் பிரிவில் விளையாட்டு வீரர் பிரிவில் விண்ணப்பிக்க விரும்புவோர், தேர்வுக்குழுவினரிடம் சென்னையில் விளையாட்டுக்குரிய சான்றிதழ்களை நேரில் சமர்ப்பிக்க வேண்டும்.

**SELECTION COMMITTEE
DIRECTORATE OF MEDICAL EDUCATION
CHENNAI 600 010
MBBS / BDS COURSE 2016 - 2017**

CHECK LIST

S. No.	ITEM
1	PROSPECTUS
2	COMMON APPLICATION FORM
3	ACKNOWLEDGEMENT CARD
4	LARGE SIZE COVER FOR DESPATCH OF APPLICATION BY THE CANDIDATE
5	TWO ENVELOPES (TO BE SELF ADDRESSED AND SUBMITTED ALONG WITH APPLICATION)
6	SPECIAL CATEGORY FORMS I & II
7	OMR SHEET

Note : Candidates are requested to verify whether all enclosures are available and bear the same serial number which will be unique for each application as per checklist.