

D. S. G. S.



**ADMISSION TO B.S.M.S. / B.U.M.S. / B.H.M.S. COURSES 2008 - 2009 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				YEAR								
2.	NAME IN BLOCK LETTERS (INITIAL AT THE END) :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
3.	ADDRESS FOR COMMUNICATION	<p>SPACE FOR PHOTOGRAPH (TO BE ATTESTED BY GRADE A/B OFFICERS OF CENTRAL / STATE GOVERNMENT)</p>												
													
4.	PIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
4.	NAME OF PARENT / GUARDIAN :	<p>SPACE FOR PHOTOGRAPH CANDIDATE SEEKING ADMISSION UNDER PHYSICALLY HANDICAPPED QUOTA SHOULD AFFIX FULL SIZE PHOTOGRAPH DULY EXHIBITING DEFORMITY VISIBLY.</p>												
													
5.	NATIONALITY (✓)	<input type="text"/> INDIAN <input type="text"/> OTHERS		6. NATIVITY (✓)		<input type="text"/> TAMIL NADU <input type="text"/> OTHERS								
7.	SEX (✓)	<input type="text"/> MALE <input type="text"/> FEMALE		8. DATE OF BIRTH :										
				<table border="1"><tr><td>DATE</td><td>MONTH</td><td>YEAR</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>				DATE	MONTH	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>	
DATE	MONTH	YEAR												
<input type="text"/>	<input type="text"/>	<input type="text"/>												
9.	COMMUNITY (✓)	<table border="1"><tr><td>O.C</td><td>B.C</td><td>B.C.C</td><td>B.C.M</td><td>MBC/DC</td><td>S.C</td><td>S.T</td></tr></table>						O.C	B.C	B.C.C	B.C.M	MBC/DC	S.C	S.T
O.C	B.C	B.C.C	B.C.M	MBC/DC	S.C	S.T								
10.	CASTE CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>										

11. QUALIFYING EXAMINATION (✓)

H.S.E.	S.S.C.E./ 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 (✓ IN 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 B.S.M.S.,B.U.M.S., B.H.M.S., 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.

.....
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.