



APPLICATION FORM
ADMISSION TO MDS COURSE IN GOVERNMENT / SELF-FINANCING DENTAL COLLEGES
2009-10

1. Entrance Examination Registration Number (will be assigned by the Selection Committee Office)
2. Registration No.(A.R.No.) (To be filled in by the office)
3. Name (in Capital letters with initials at the end) : Dr. _____
- 4a. Mailing Address : _____

_____ Pin _____

- b. Contact Telephone No. with STD Code c.Mobile Number d.E. Mail

5. Date and Place of Birth : _____

6. Sex (“✓”) : (a) MALE _____ (b) FEMALE _____

7. Domicile a. Nationality, : a. _____

b. Nativity (“✓”) : b.

Tamil Nadu	Others
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8. Religion : _____

9. (a)Community (b)Sub Caste with Code No. : a. _____ b. _____

10. Qualification :

Course	Name of the College Studied	College code	State Quota	All India Quota	Management Quota	Other State	Name of the University
BDS							
MDS							

11. Date of Completion of CRRI Training : _____
12. Total number of completed years after CRRI as on 31-03-2009 (weightage restricted to a maximum of 10) : _____
13. Is the College in which BDS studied recognized by Dental Council of India (“✓”) : _____ YES / NO _____
- 14a. Permanent Dental Council Registration Number : _____
- b. Name of the State Dental Council in which registered : _____
15. Whether you have completed / acquired / discontinued any MDS COURSE (evidence to be produced) : _____

16. Marks obtained in Final BDS examination and number of attempts for passing final BDS examinations. :

Total Maximum Mark	Total Marks obtained	No. of Attempts

17. Present Occupation (Refer Prospectus) (“✓”) : _____ SERVICE / PRIVATE _____
18. Are you applying under Physically Handicapped Category : _____ YES / NO _____

Date :

Signature of the Candidate.

DECLARATION

I Dr. _____ do hereby solemnly and sincerely affirm that the statement made and information furnished in my application form and also in all the enclosures thereto submitted by me are true. Should it however be found that any information furnished therein is untrue in particulars, I realize that I am liable for criminal prosecution and agree to forego my seat in the College at any stage.

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 : _____
4. Total Service as on 31-03-2009 : _____
5. Whether selected by TNPSC (or) other agency (specify) : _____
6. Name of the appointing authority : _____
7. Service Status (Temporary / Probationer/Approved Probationer) : _____
8. Status of the Institution (State / Local Bodies) : _____

9. Complete service particulars till date (may be furnished in a separate sheet in the format \duly signed by the forwarding authority) :

Sl. No.	POST	PLACE	FROM	TO

10. Service particulars if worked / working in region :

- a) Hilly Area :
b) Rural Area:

Sl. No.	POST	PLACE	FROM	TO

11. Whether the candidate is under any subsisting contractual obligation, if so give details. : _____
12. Whether the candidate is working under the control of DME/DMS/DPH/OTHERS : _____
13. Station in which the candidate is presently working and address. : _____

Date : _____
Office Seal : _____

Signature of the Forwarding Officer with seal
Office Phone/Fax No.:

**SELECTION COMMITTEE
DIRECTORATE OF MEDICAL EDUCATION
CHENNAI-600 010**

Entrance Examination

MDS COURSE 2009-2010

Identification – cum – Attendance Slip

Name : Dr.....

Entrance Examination RegistrationNo. :

Centre :

Affix
Passport Size
Photograph
duly attested by
a Gazetted
Officer

Date of Entrance Examination : **22-02-2009**

Time : 10.00 A.M. to 1.00 P.M.

Specimen Signature
of the Candidate :

(For use at Examination Centre only)
ATTENDANCE SLIP

SIGNATURE OF THE
CANDIDATE WITH DATE

.....
Signature of the
Invigilator

.....
Signature of the
Hall Superintendent

DIRECTORATE OF MEDICAL EDUCATION, CHENNAI-10
ENTRANCE EXAMINATION HALL TICKET (Office Use)
MDS COURSE (2009-2010)

Affix
Passport Size
Photograph
duly attested
by
a Gazetted
Officer

Entrance Examination Registration Number :

Centre :

Name (Block Letters) : Dr.....

Address :
.....
.....

Pin code

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Date of Examination : 22-2-2009
10 a.m. to 1.00 p.m.

Secretary
Selection Committee

DIRECTORATE OF MEDICAL EDUCATION, CHENNAI-10
ENTRANCE EXAMINATION HALL TICKET
MDS COURSE (2009-2010)
(DUPLICATE)

Affix
Passport Size
Photograph
duly attested
by
a Gazetted
Officer

Entrance Examination Registration Number :

Centre :

Name (Block Letters) : Dr.....

Address :
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Pin code

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Date of Examination : 22-2-2009
10 a.m. to 1.00 p.m.

Secretary
Selection Committee

DIRECTORATE OF MEDICAL EDUCATION, CHENNAI-10
ENTRANCE EXAMINATION HALL TICKET
MDS COURSE (2009-2010)
(CANDIDATE COPY)

Affix
Passport Size
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by
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Entrance Examination Registration Number :

Centre :

Name (Block Letters) : Dr.....

Address :
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Pin code

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Date of Examination : 22-2-2009
10 a.m. to 1.00 p.m.

Secretary
Selection Committee

INSTRUCTIONS

1. Candidates with valid Hall Tickets only will be allowed to enter the Campus, 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 in side the Campus of the Examination Centres.	6. No candidate will be permitted to enter the Examination Hall 30 minutes after the commencement of the Examination
2. Report at the Examination Hall 30 minutes before the commencement of the examination.	7. No candidate will be allowed to leave the Examination Hall before the end of One Hour 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 and it should be produced on Demand.	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 the Answer Sheet provided therein.
4. The candidates are advised to preserve the Hall Ticket till allotment and joining at the college is over.	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 pagers, cellular phones or electronic diary inside the Hall except the Hall Ticket without envelope.	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. He/She will not be considered for valuation. Further he/she will not be allowed to apply for the P.G.Courses for Two Years. The decision of the Hall Superintendent in this connection shall be final. SECRETARY SELECTION COMMITTEE 162, PERIYAR E.V.R. HIGH ROAD, KILPAUK, CHENNAI-600 010.

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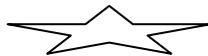
**SELECTION COMMITTEE
DIRECTORATE OF MEDICAL EDUCATION
CHENNAI - 600 010**

MDS COURSE 2009-2010

CHECK LIST

S.No.	ITEM
1.	PROSPECTUS
2.	APPLICATION FORM
3.	HALL TICKET
4.	IDENTIFICATION – CUM – ATTENDANCE SLIP
5.	ACKNOWLEDGEMENT CARD
6.	LARGE SIZE COVER (FOR DESPATCH OF APPLICATION BY THE CANDIDATE)
7.	O.M.R. SHEET/SCRUTINY FORM FOR DOWNLOADED APPLICATION

*(Note: Candidates are requested to verify whether all enclosures are available as per
checklist)*



A.R.No.:

ACKNOWLEDGEMENT CARD

Subject : Admission to M.D.S. COURSE 2009-2010 Session

Your application for admission to the above course has been received and is under scrutiny. You will receive the Hall Ticket with Entrance Examination Number separately for the Entrance Examination to be held at Chennai on 22-2-2009 at 10.00 a.m. Till you get the Entrance Examination Number, you should write only the A.R.No. given on the top of this card when you correspond.

Office Seal
with
Date

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

N.B. (To be submitted along with the Application Form with Candidate's complete address on reverse and Postal Stamp of Rs.6.00 affixed. Do not stitch the card to the application)