

SELECTION  
COMMITTEE  
APPLICATION



Application No :

**ADMISSION TO MBBS / BDS COURSE 2015-2016 SESSION  
COMMON APPLICATION FORM  
SELECTION COMMITTEE, DIRECTORATE OF MEDICAL EDUCATION**

RANDOM NUMBER :

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AR No

(To be assigned by the Selection Committee )

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

REGISTER NUMBER							

YEAR		

MONTH	

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 <sup>st</sup> Attempt	2 <sup>nd</sup> Attempt	3 <sup>rd</sup> 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	$Y = \frac{Y1 + Y2}{2}$
CHEMISTRY			Y 2		
BIOLOGY			X	X	X
BOTANY			Z 1	Z	$Z = \frac{Z1 + Z2}{2}$
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 2015-2016 session hereby solemnly declare that I have not claimed Dual Nativity in this regard and I belong to .....(Community) and subcaste .....I 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 2015-2016 session.

Signature of the Candidate

I .....(Name in Full & in Block Letters) Father/ Mother / Guardian of ..... an applicant for MBBS/ BDS course 2015-2016 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 :

SELECTION  
COMMITTEE  
APPLICATION



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

**M.B.B.S. / BDS 2015-16 SESSION**  
**SPECIAL CATEGORY FORM I**

Code No.	Category of Special Reservation
<b>01</b>	<b>SONS &amp; DAUGHTERS OF EX-SERVICEMEN</b>
<b>03</b>	<b>ORTHOPAEDICALLY PHYSICALLY DISABLED</b>

1. Application No   
(As printed in the Prospectus)

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
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

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APPLICATION



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

**M.B.B.S. 2015-16 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 Prospectus)

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



**REGD. POST / SPEED POST / COURIER SERVICE**

மடிக்காதீர்கள்

**DO NOT FOLD**

**APPLICATION FORM FOR ADMISSION TO  
M.B.B.S. / B.D.S. COURSE IN  
GOVERNMENT / SELF FINANCING COLLEGES IN TAMILNADU 2015 - 2016 SESSION**

+2 EXAM REGISTRATION NUMBER

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YEAR OF PASSING +2 EXAM

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COMMUNITY  
(ENCIRCLE A CODE)

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

SPECIAL CATEGORY  
(MENTION CODE NO)

YES	NO

(Put ✓)

Form No.  
Code No.

I	II	
1	3	2

Tick(✓) the  
Applicable Code

**Application No.**

From : (Candidate's Mailing Address)

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

To

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

PINCODE

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PHONE NO:

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**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**

குறிப்பு :1 சிறப்பு பிரிவின் கீழ் விண்ணப்பிக்கும் மாணவர்கள் அதற்கென குறிப்பிடப்பட்டுள்ள சிறப்பு படிவங்களை பூர்த்தி செய்து , பொதுப்பிரிவு விண்ணப்படிவத்துடன் ஒரே உறையில் சமர்ப்பிக்கவும் அவ்வாறு அனுப்பப்படவில்லையெனில் அவர் சிறப்பு பிரிவிற்கு பரிசீலிக்கப்படமாட்டார்