

9. DATE OF BIRTH

DATE		MONTH	YEAR

10. COMMUNITY (ENCIRCLE A CODE)

O.C	B.C	B.CM	MBC/DC	S.C	SCA	S.T
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)

H.S.E.	SSCE/CBSE	I.S.C.E.	OTHERS
1	2	3	4

14. MEDIUM OF INSTRUCTION  
(ENCIRCLE A CODE)

ENGLISH	TAMIL	OTHERS
1	2	3

15. PARTICULARS OF PASSING THE  
QUALIFYING EXAMINATION (+2)

	FIRST ATTEMPT
REG. NO.	
MONTH & YEAR	

16. MARKS OBTAINED IN THE FOURTH  
OPTIONAL SUBJECT

SUBJECT	MAXIMUM MARKS	MARKS OBTAINED

17. 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			Y1	Y	$Y = \frac{Y1+Y2}{2}$
CHEMISTRY			Y2		
BIOLOGY			X	X	X
BOTANY			Z1	Z	$Z = \frac{Z1+Z2}{2}$
ZOOLOGY			Z2		
TOTAL MARKS					(X + Y) or (Z+Y)

18. IF YOU HAVE BEEN / OR PRESENTLY A STUDENT OF A PROFESSIONAL COLLEGE IN TAMILNADU / OTHER STATE FURNISH PARTICULARS. IF NOT, WRITE - N.A ( NOT APPLICABLE)

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

10 MARKS OBTAINED IN SELECT SCIENCE SUBJECTS IN THE QUALIFYING EXAMINATION) IN THE FIRST ATTEMPT

SUBJECT	MAXIMUM MARKS	MARKS OBTAINED	%of Marks
PHYSICS			
CHEMISTRY			
BIOLOGY			
BOTANY			
ZOOLOGY			

11. MENTION THE COMMON APPLICATION FORM NUMBER \_\_\_\_\_

12. SPECIFY THE CODE NUMBER AND NAME OF THE SPECIAL CATEGORY 

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 \_\_\_\_\_

13. HAVE YOU ENCLOSED THE SUPPORTING DOCUMENTS AS REQUIRED IN THE PROSPECTUS (✓ IN THE RELEVANT BOX)

YES	NO

**14. JOINT DECLARATION BY THE APPLICANT AND THE PARENT/GUARDIAN**

I ..... Son /Daughter/ ward of ..... an applicant seeking admission under special category in MBBS / BDS Course\* 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. I and my Son / Daughter / ward hereby declare that we have not claimed false nativity or community

.....  
Signature of the parent/guardian

.....  
Signature of the Candidate

PLACE :

DATE :

**\* STRIKE OUT WHICHEVER IS NOT APPLICABLE.**

Note : Evidence for the claim of Special Category and the copies of +2 Mark Sheet, Community Certificate and Transfer Certificate etc., should be enclosed.

5m naseem



# ADMISSION TO MBBS / BDS COURSE 2009 - 2010 SESSION

## COMMON APPLICATION FORM (GENERAL CATEGORY)

### SELECTION COMMITTEE

### DIRECTORATE OF MEDICAL EDUCATION

**RANDOM NUMBER**

(To be assigned by Selection Committee)

**APPLICATION REGISTRATION NUMBER**

(To be allotted by Selection Committee)

1. +2 EXAMINATION 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  
 (TO BE ATTESTED BY  
 GRADE A/B OFFICERS OF  
 CENTRAL / STATE  
 GOVERNMENTS)

PIN

Contact Phone NO. (With STDCode).....

Mobile No. ....

4. NAME OF THE PARENT / GUARDIAN

.....

5. SEX  
(En circle A Code)

MALE	FEMALE
1	2

6. NATIONALITY  
(En circle A Code)

INDIAN	OTHERS
1	2

7. NATIVITY

7A. DETAILS OF NATIVITY ( En circle a Code )

TN	OTHERS
1	2

Nativity Tamilnadu and studied VIIIStd to +2 in Tamilnadu	Nativity Tamilnadu but studied VIIIStd to +2 in other state	Nativity other state but studied VIIIStd to +2 in Tamilnadu	Nativity other state but studied VIIIStd to +2 in other state	Nativity Tamil Nadu but studied partly in Tamilnadu	Nativity other state but studied partly in Tamilnadu
1	2	3	4	5	6

8. SCHOOL (S) OF STUDY ( EVIDENCE TO BE PRODUCED FROM THE SCHOOLS STUDIED)

STANDARAD STUDIED	NAME AND ADDRESS OF SCHOOL	PINCODE Number	NAME OF THE STATE OF SCHOOL
VIII STD			
IX STD			
X STD			
X1 & XII STD/ EQUIVALENT			

19(a) IF CLAIMING FOR SPECIAL CATEGORIES \ HAVE YOU APPLIED IN THE FORM PRESCRIBED FOR SPECIAL CATEGORY (PUT )

YES	NO

(b) IF YES, SPECIFY THE SPECIAL CATEGORY APPLICATION FORM NUMBER (Maximum of three special categories only permissible)

S.I.	Forn.No.	Spl.Cat.CodeNo.
i		
ii		
iii		

(20) RELIGION :

(21) MOTHER TONGUE :

(22) NATIVE DISTRICT CODE (AS GIVEN IN PROSPECTUS)

(23) CIVIC STATUS OF YOUR **NATIVE PLACE AND SCHOOL PLACE** (ENCIRCLE A CODE)

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

(24) OCCUPATION OF PARENT / GUARDIAN (ENCIRCLE A CODE)

STATE GOVERNMENT	CENTRAL GOVERNMENT	PROFESSIONAL	INDUSTRY	BUSINESS	AGRICULTURE	PRIVATE ORGANISATION	SMALL TRADE	OTHERS
1	2	3	4	5	6	7	8	9

(25) AVERAGE MONTHLY INCOME OF PARENT / GUARDIAN (ENCIRCLE A CODE)

BELOW Rs.3000	Rs.3001-5000	Rs.5001-8000	Rs.8001-12000	Rs.12001-17000	Rs.17001-21000	ABOVE Rs.21000
1	2	3	4	5	6	7

(26) EDUCATIONAL STATUS OF THE FAMILY :  
IF ADMITTED WILL YOU BE THE FIRST GRADUATE IN THE FAMILY(REFER INSTRUCTIONS)

(ENCIRCLE A CODE)

YES	NO
1	2

Signature of The Parent / Guardian

Signature of The Candidate

Date :

Date :

## 27 DECLARATION BY THE APPLICANT

I .....(Name in full and in Block Letters) SON / DAUGHTER WARD of ..... an applicant for MBBS/BDS course 2009-10 session hereby solemnly declare that I have not claimed any dual Nativity in this regard and I belong to ..... (Community) and the Sub Caste is ..... I also declare that the information and the statements given in the application, OMR Sheets and enclosures are true, correct and complete. I further declare that if it is found other wise, 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.

2. I Further declare that i have not claimed the marks obtained in HSE / equivalent examination under improvement scheme for seeking admission to MBBS / BDS course for 2009-2010 session.

**PLACE :**

**SIGNATURE OF THE APPLICANT**

**DATE :**

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## 28 DECLARATION BY THE APPLICANT / GUARDIAN

I.....(Name in full and in Block Letters) Father / Mother/ Guradian of .....hereby solemnly declare that the Community and the Nativity claimed by my Son / Daughter / Ward Thiru / Selvi / .....are correct and he / she has not produced any false certificate in this regard and not claiming nativity in any other state. I also declare that the information and the statements given in the application, OMR Sheets andthe enclosures are true, correct and complete. I further declare that if it is found otherwise, my ward willbe liable to forefit the seat and / or be removed from the rolls of the institution at whatever stage of study, I and of ward may be besides making me liable for criminal prosecution.

2. I Further declare that my son / daughter / ward has not claimed the marks obtained in HSE / equivalent examination under improvement scheme for seeking admission to MBBS /BDS course for 2009-2010 session.

**PLACE :**

**SIGNATURE OF THE PARENT / GUARDIAN**

**DATE :**

- 
1. The Guardian can execute the above declaration only if both parents are not alive.
  2. Strike which ever not applicable.

5m naseem



TO BE FILLED IN BY THE CANDIDATES CLAIMING SEATS RESERVED FOR SPECIAL CATEGORIES  
(ONE APPLICATION HAS TO BE USED FOR ONE SPECIAL CATEGORY)

**SELECTION COMMITTEE**  
**DIRECTORATE OF MEDICAL EDUCATION**  
**M.B.B.S/B.D.S COURSE ADMISSION 2009-2010 SESSION**

**SPECIAL CATEGORY APPLICATION FORM**

**RANDOM NUMBER**

(to be assigned by Selection Committee)

**APPLICATION REGISTRATION NUMBER**

(To be entered by Selection Committee)

1. +2EXAMINATION 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  
(TO BE ATTESTED BY  
GRADE A/B OFFICERS OF  
CENTRAL / STATE  
GOVERNMENTS)

PIN

Contact Mobile No.....  
Phone.....

4. NAME OF PARENT / GUARDIAN  
.....

5. NATIONALITY  
(ENCIRCLE A CODE)

INDIAN	OTHERS
1	2

6. NATIVITY  
(ENCIRCLE A CODE)

TN	OTHERS
1	2

7. SEX  
(ENCIRCLE A CODE)

MALE	FEMALE
1	2

8. DATE FO BIRTH

DATE	MONTH	YEAR

9.COMMUNITY, (ENCIRCLE A CODE)

OC	BC	BCM	M.B.C./D.C.	SC	SC(A)	S. T.
1	2	2A	3	4	4A	5

SPACE FOR PHOTOGRAPH  
CANDIDATE SEEKING ADMISSION UNDER  
PHYSICALLY HANDICAPPED QUOTA SHOULD  
AFFIX FULL SIZE PHOTOGRAPH DULY  
EXHIBITING DEFORMITY VISIBLY