

DD No.	Name of Bank & Branch	Date	Amount

APPLICATION FORM

ADMISSION TO POST GRADUATE DEGREE IN HOMOEOPATHY [M.D(HOMOE)]
IN SELF-FINANCING INSTITUTION

(NOTE : ALL PAGES SHOULD BEAR CANDIDATE'S FULL SIGNATURE)

2012-2013.

Application No. :

Space for photograph (To be attested by Grade "A" / "B" officers of Central / State Govt.
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1. Name of the candidate :
(as in certificate)

2. Father's Name :

3. Date of Birth :

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4. Sex (please tick) :

M	F
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5. Nationality :

6. Nativity:
Nativity Certificate to be produced :
(Not required if the candidate has
studied from 9th std. to BHMS
course in Tamil Nadu)

7. Community (please tick) :

OC	BC	BCM	MBC/DC	SC	SCA	ST
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8. NAME OF THE CASTE AND SL.NO. :

9. Mother Tongue :

10. Languages Known : 1. 2. 3. 4.
- 11.(a). Mailing Address (Residential) :
- (b). Office Address, if any : Mobile Nos.
- 12.(a). Qualification :
- (b). College from which passed and Affiliating University. :
- (c) Month and Year of Passing the Final Year (Class if any in which passed) :
- (d). Registration No. of the Final Year Examination in each attempt. :
- (e). Date of completion of the Internship (Enclose proof) :
13. Medical Registration Number allotted by CCH / TNHMC (Details to be furnished in application or to produce before counselling) :
14. Nature of employment held subsequent to passing of BHMS/ equivalent course with duration. :
- Whether Service candidate or Non Service candidate (Refer Para IV of the Prospectus)

**Signature of the candidate.
(Both Service & Non Service Applicants)**

FOR SERVICE CANDIDATE ONLY

15. Date of first appointment in
Tamil Nadu Medical Service :

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16. Service Status (please tick) : Probationer Approved Probationer

17. Whether selected by Tamil Nadu
Public Service Commission and year
of publication of results :

18. Date of Joining in Service as TNPSC
Candidate :

19. Date of Regularisation. :

20. Date of Completion of Probation. :

21. Total Service as on 31.03.2012 : Year Month Days

22. Whether any disciplinary proceedings :
are pending against the candidate
if so, present stage.

23. Details of contractual obligation to the :
Government if any.

Place:

Date:

**Signature of the candidate.
(only service applicants)**

DECLARATION BY THE CANDIDATE - I

IS/o.....do hereby solemnly and sincerely affirm that the statements made and information furnished in my Application Form as also in all the enclosures thereto submitted by me are true to the best of my knowledge and belief.

Should it however be found that any information furnished therein is untrue. I realize that I will be liable for criminal prosecution and agree to forego without demand, my seat in the College at any stage.

Station:

Date :

Signature of the candidate.

II

I have not undergone the Post Graduate Degree in Homoeopathy Medicine in anyone of the disciplines and discontinued the course on my own accord (or) on any other grounds after 6 months from the date of joining the course.

Station:

Date :

Signature of the candidate.

ANNEXURE - I

CERTIFICATE OF NATIVITY OF TAMIL NADU

Certified that Dr.

S/o. D/o. W/o. Thiru.....

an applicant for admission to Post Graduate studies is a permanent resident of
..... in the

Taluk.....

District.....

State.....

Signature of the Village Administrative Officer.

Office Seal:

Signature:

Name and Designation:

Station:

Dare:

The certificate should be obtained from an Officer of the Revenue Department not Lower in rank than that of a Deputy Tahsildar in the Taluk concerned as per the Instructions.

INSTRUCTIONS FOR NATIVITY CERTIFICATE :

1. This Certificate should be issued by an officer of the Revenue Department not below the rank of Tahsildar in the Taluk concerned.
2. This Certificate should not be issued by the Special Tahsildars, Deputy Tahsildars such as Loans, Land Acquisition, Election, Excise and HQs, Deputy Tahsildars, Special Deputy Collectors, Assistant Commissioner of Agricultural Income, Excise, Elections etc.
3. This Certificate should be signed also by the Village Administrative Officer.
4. The Certificate should bear the stamp of the office of the Officer signing the Certificate.
5. Any foreign national irrespective of the period of study in the State will not become eligible to apply for this course. No certificate of Nativity in the State of Tamil Nadu, should therefore be issued to Nationals of other countries for this purpose.
6. The certifying officers should insist upon clear proof of the Nativity of the Parent or Guardian of the candidate and satisfy themselves on the genuineness of the residential qualification.

They should be particularly careful in the case of candidates whose mother tongue is not Tamil and whose place of birth is other than Tamil Nadu and who have studied BHMS outside Tamil Nadu.

7. **Residence Certificate will not be considered as Nativity Certificate.**
8. The guidelines prescribed for the issue of Nativity Certificate and they are as follows as per Letter No.RA.V(B)16932/2000, dated 3-4-2000 of the Special Commissioner and Commissioner of Revenue Administration, Chepauk, Chennai-5.
 - (i) The parents/guardians of the applicants/students or the applicants themselves should have permanently resided continuously for a period of five years in Tamil Nadu.
 - (ii) Permanently residing for a period of five years should be supported by Documentary evidence.
 - (iii) The family ration card, Electoral Roll, Census List if taken recently, documents like sale deed, tax receipt etc. relating to the property owned by either of the parents or by the applicant may be verified.
 - (iv) The Transfer Certificate issued by the School authorities where the applicant had studied last may be verified to know whether he was in the state for five years.
 - (v) Enquiry in the village / place of residence of the neighbour / Village Administrative Officers regarding continuous residing.
 - (vi) To ensure that wrong or incorrect address had not been furnished to obtain The certificate.
 - (vii) The birth place of the present, place of residence of the parent / father, \ Permanent assets, mother tongue, place of education, place of marriage of the applicant / parents, the period of stay in and outside Tamil Nadu can also be considered before issuing certificate.

ANNEXURE II

SERVICE PROPORMA

The service particulars of Dr.

S/o. D/o. W/o. Thiru.

who is an applicant for admission to M.D., Homoeopathy Course 2012-2013 session are hereby furnished.

1. Designation of the Present Post.
2. Service Status (Tick Appropriate Box)

Probationer	Approved Probationer	Panchayat Union service	GOI service	Undertakings/Organisation of GOI / GOTN.
<input type="checkbox"/>				

3. Date of First Appointment as TNPSC Selected :

4. Duration of Service as on 31.03.2012

5. Details of posts held and place of service

POST HELD	Nature of Service	PLACE	DURATION	
			FROM	TO

(If space is not sufficient, separate sheet indicating the above particulars should be enclosed with the signature and office seal of the competent forwarding authority)

6. If the candidate is under any subsisting Contractual obligation to the Govt. for any reason / details.
7. Are there any Criminal Proceedings, Inquiry or Disciplinary Proceedings pending or Contemplated against the candidate. If so, application should not be forwarded.
8. Whether the candidate has produced an undertaking as mentioned in prospectus para IV (A)

9. Whether the Candidate has worked in a hilly area? If so, the details duration of service and with the place of posting etc. may be furnished. The leave if any, without Casual Leave, shall be Excluded

Station:

Signature:

Date:

Office Seal:

Note: All applicants should obtain service certificate from the competent authority Applications without Service Particulars duly authenticated by the competent authority are liable for rejection. Candidates above 50 years as on 31.03.2012 are not eligible to apply.

ANNEXURE- III

MEDICAL CERTIFICATE FOR PHYSICALLY DISABLED

(Minimum disability of the locomotor disorders of lower limbs between 40% to 70%)

The District Medical BoardDistrict.....certify that we have this day of2012 examined the candidate whose particulars are given below.

- 1. Name of Candidate :
- 2. Father's Name :
- 3. Sex :
- 4. Approximate age :
- 5. Identification marks. :
- 6. Orthopaedically Disabled :**

Nature of Physically Disabled.

- 7. Extent of disability (mention the % of disability)
(Upper limb function must be normal) :

**(2) Whether the candidate is fit to undergo
Post Graduate Degree Course : YES / NO.**

(The Medical Board should satisfy itself that all the criteria mentioned in the foot note are met with before giving the fitness)

Signature of the Applicant

Members

Signature of Chairman of the
Medical Board.

PLACE:

1. Designation :

DATE :

2. Office Stamp :

FOOT NOTE : 1. Upper limbs should be normal.

(2) The above certificate should be issued only by the District Medical Board or the area concerned constituted for the purpose after due physical examination by Board.

Ref.No. 3714/P&DII/2012

Ref: M.D. (Homoeopathy) 2012-2013 Admission

Application No.
(assigned by this office)

INTIMATION LETTER

Your application for admission to **M.D (Homoeopathy) course 2012-2013 session** is prima facie in order. You should appear in the Entrance Examination at the venue and on the date and time specified in the prospectus (**15-05--2012 - 9.30 A.M.)** Bring a blue ball pen. Also bring photo identification by way of **Voter Identification Card, Ration Card, Driving License, Service identity Card or Passport.**

Secretary,
Selection Committee,
Indian Medicine and Homoeopathy
Department, , Chennai 106

To

Dr.

ANNEXURE IV

DISCIPLINE DECLARATION BY THE CANDIDATE

I _____ undersigned, a student selected for admission in the _____ course in _____ College do hereby agree to conform from this date if I am admitted there to the rules and regulations including those relating to the Hostel laid down or to be laid down hereafter by the Principal for the time being of the college for the due maintenance of ;discipline at the ;said college and I assured that I will not join any agitation/strike of any kind during the course of study. I further agree to make good when called upon to do so to the Government of Tamil Nadu any damage to furniture, apparatus or other articles which may be caused by any carelessness, negligence wantonly on my part.

2. I will not indulge or participate in any kind of ragging and if found to have indulged in ragging in the past or noticed later, an aware that I will be removed from the roll of the institution at whatever stage of study and criminal action will be taken against me.

Signature of Candidate's Parent/Guardian

Signature of the Candidate

CHECK LIST

Candidates are requested to check the list of attested Xerox certificates / documents to be furnished along with the filled in Application Form.

1. Filled in Application Form (stitch the following attested photocopies of Documents to the Application Form) with Photograph.
 - (2) Birth certificate.

(H.S.C. Certificates or School Leaving Certificates or College Leaving Certificates to be furnished.)
 - b. Community Certificate obtained only from the competent authority.
 - c. BHMS / equivalent and First Year to Final Year Mark Sheets.
 - d. Internship Completion Certificate or Certificate from the Principal.
 - e. BHMS/ equivalent Degree/Provisional Pass Certificate issued by the University.
 - f. Medical Registration Certificate.
 - g. Two recent Conduct Certificates in original issued by Group A or B Officers of Government of Tamil Nadu or Government of India.
- (2) Medical Certificate for Physically Disabled candidate.

Submit the following enclosures along with the filled in Application Form. Do Not stitch the following with the application form. Use GEM CLIP for attachment to the application form.

- (i). Two Self addressed envelopes with postage stamp for Rs.6.00 affixed each for sending examination marks.and intimation letter
- (ii). Identification slip in duplicate (with recent photo)
- (2) Nativity certificate

**DIRECTORATE OF INDIAN MEDICINE AND HOMOEOPATHY
ENTRANCE EXAMINATION FOR ADMISSION TO THE POST GRADUATE
COURSE IN HOMOEOPATHY
2012- 2013 SESSION**

Identification slip

Candidate to sign here:

Affix passport size photo. To be attested by Grade "A" / "B" officers of Central / State Govt. Attesting officer to sign across the recent photo and over the paper and then affix office stamp

Application No.

**Name and Address
of the candidate:**

**DIRECTORATE OF INDIAN MEDICINE AND HOMOEOPATHY
ENTRANCE EXAMINATION FOR ADMISSION TO THE POST GRADUATE
COURSE IN HOMOEOPATHY
2012- 2013 SESSION**

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Application No.

**Name and Address
of the candidate:**

**Signed before me, identification verified by me with reference to
(Details of supportive document)**

Signature of the Invigilator.