

M.D(Homoeopathy) 2012- 2013 session Scrutiny Form
(To be filled in by the candidate as per the entries made in application form)

Application No.

| No | Details | | | | | | | |
|----|--|---|--------|------|-----------------------|----|-----|----|
| 1 | Name in Capital Letter | Dr. | | | | | | |
| 2 | Mailing Address Pin Code: | Contact Phone No. with STD code Mobile No. e-mail I.D | | | | | | |
| 3 | Date of Birth | Date | Month | Year | | | | |
| 4 | Nativity | TN | | | Others | | | |
| 5 | Mother Tongue | Tamil | | | Others | | | |
| 6 | Community | OC | BC | BCM | MBC | SC | SCA | ST |
| 7 | Service Particulars | Service Candidate | | | Non-service Candidate | | | |
| 8 | Date of Completion of CRR I Training | Date | Month | Year | | | | |
| 9 | Total Number of years as on 31.03.2012 after completing CRR I to a maximum of 10 years | | | | | | | |
| 10 | Medical Registration No. and Date of Registration | | | | | | | |
| 11 | Service Status: 1.State Govt. 2.Central Govt 3.TN Govt.Undertaking/ Local Bodies in TN 4.Central Govt. Undertaking in TN | | | | | | | |
| 12 | BHMS Final Year Mark | | | | | | | |
| 13 | Years served in the Hill Area (Excluding leave other than C.L.) | Years | Months | Days | | | | |
| 14 | Whether Discontinued PG Degree Previously, if yes, State Branch and Date of the Discontinuation. | Branch and Date | | | | | | |

I sincerely affirm and state that the information furnished above are true and correct to the best of my knowledge and belief.

Station:

Date: _____ CANDIDATE'S SIGNATURE.

Office Use Only.

Scrutinising Officer.

Signature

Date

Remarks