

8.	a. UG studied at	1. TAMIL NADU				2. OTHERS					
	b. UG Details	If Studied in TN State								Other State	
		State Quota		AIQ		SF					
9.	CRRRI Date of Completion (DD/MM/YYYY)			/			/				
10	Whether you are undergoing MDS any other Equivalent course ; If yes mention the name of the Course and Expected Date of Completion	YES				NO					
		Course				Date of Completion					
11	A. Whether completed MDS Course	YES				NO					
	b. Whether discontinued MDS Course	YES	NO								
If Yes Then Date Of Discontinuation				/			/				
12	a. Service Status	SERVICE				NON SERVICE					
	b. If working in state Government working under (Please Tick)	State Government				Local bodies					
	c. If working in TN State Govt Service whether working under	DMS		DPH		DME		OTHERS			
	d. If working under state Government Selected under (Please Tick)	TNPSC				MRB					
		Competitive Written Examination		Walk in Selection		Competitive Written Examination		Walk in Selection			
	e. If selected by TNPSC/MRB (Through Competitive Written Examination)	Register Number									
		Month & Year of selection									
f. Date of Entry into Govt. Service			/			/					
13	Are you applying under Orthopaedically Physically Disabled Category?								YES	NO	

DECLARATION
To be filled in by all candidates

I, Dr _____ do hereby solemnly affirm that the statement made and information furnished in my application form and in all the enclosures thereto submitted by me are true. Should it however be found that any information furnished therein is untrue in particulars, or there has been suppression of facts I realize that I am liable for criminal prosecution and I also agree to forego my seat in the College at any time during the course of my study.

Station: _____

Date: _____

Signature of the Candidate

SERVICE PROFORMA (Page I)

1	Name of the Medical Officer																		
2.	Designation																		
2A	Present Station in which the candidate is working with address.																		
3.	Date of entry into Government Service				/			/											
4.	Date of service regularization				/			/											
5.	Whether selected by (Proof to be enclosed)	TNPSC	MRB	Whether selected/ Qualified by (Proof to be enclosed)				Through Competitive Written Examination				Walk in selection							
6	Name of the appointing authority																		
7	Service status (Please Tick)		Temporary				Probationer				Approved Probationer								
8	Status of the Institution (Please Tick)		State Government						Local Bodies										
			DME		DMS		DPH		OTHERS										
Leave Particulars																			
	Leave type	FROM										TO						TOTAL	
	MATERNITY			/		/							/		/				
	EL			/		/							/		/				
	EOL			/		/							/		/				
	OTHERS			/		/							/		/				
9.	Total period of Regular Service as on 31.03.2018 (Completed Years) Excluding Leave																		
10.	Whether the candidate is under any subsisting contractual obligation, if so give details.												1.YES			2.NO			



For Office Use only

SCRUTINY FORM

PDR NUMBER							
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First appearance of the Final BDS							
Registration Number					Year		

1. Name : Dr.

NEET MDS 2018 ROLL NO NEET Score

Aadhar No

3. Date of Birth / /

4. Sex : 1.M 2.F 3.TG

7a. Community

1. OC	2. BC	2A. BCM	3. MBC/ DNC	4. SC	4A. SCA	5. ST
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5a. Nationality 1.Indian 2.Others

5b. Nativity : 1.TN 2.Others

7b. Caste Code

8a. UG studied at 1.TN 2.Others

8b. UG studied If Studied in TN State

<input type="radio"/> 1.State Quota	<input type="radio"/> 2.AIQ	<input type="radio"/> SF	<input type="radio"/> 3.Other State
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11a. Whether completed MDS Degree 1.Yes 2.No

9. Date of Completion of CRRI Training / /

11b. Whether discontinued MDS Degree Course 1.Yes 2.No

10. Are you undergoing any MDS Degree/equivalent courses at the time of applying 1.Yes 2.No

11c. If yes mention the date of discontinuation / /

16a. Service Particulars 1. TN Govt. Service 2.Non Service

If TN Govt. Service candidate, Fill in the box below.

16b. If Service Candidate	16d. If selected by TNPSC/MRB(Through Competitive Written Examination)	TNPSC/MRB Reg.No	Month & Year of selection
<input type="radio"/> 1. State Govt <input type="radio"/> 2. Local Bodies			

16c. Selected under (Put Tick)

1. TNPSC	2. MRB	
	a. Through Competitive Written Examination	b. Walk in Selection

16e. If working in TN State Govt Service whether working under

<input type="radio"/> 1.DMS	<input type="radio"/> 2.DPH	<input type="radio"/> 3.DME	<input type="radio"/> 4.Others
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16f. Date of Entry into Govt. Service / /

16g. No. of completed Years of Service as on 31.03.2018(Categorywise)

A1	A2	A3	B	C
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

17. Are you applying under Special Category(PH) 1.Yes 2.No

Instructions to fill up scrutiny form

- To be filled by the candidate as per the entries made in the Application form.
- Use only blue color ball point pen for ticking and writing.
- Put tick mark (v) in the correct gray color boxes
- Write inside the white box, wherever writing is required.

Space for Photograph with Name & Date

I sincerely affirm that the information furnished above are true.

Candidate's Signature

₹ 3000/- Payment

DDNo. & Date

Bank Name & Branch

Fillup the Details below as in Community Certificate

Sl.No & Issued Date

District

Taluk

2a & 2b. Address: Name : Dr.

Pincode :

Mobile :

Email Id:

To be downloaded & pasted
on A4 cloth lined cover

APPLICATION FORM FOR

**ADMISSION TO MDS COURSE IN TAMILNADU GOVERNMENT DENTAL COLLEGE,
GOVERNMENT SEATS IN SELF FINANCING DENTAL COLLEGES & RAJAH MUTHIAH DENTAL COLLEGE
(ANNAMALAI UNIVERSITY) 2018-2019 SESSION**

(TICK ✓ THE RELEVANT COLUMN)

SERVICE PARTICULARS	TN. Govt. SERVICE	NON SERVICE	TNPSC		MRB	
			Through Competitive Written examination	Through Special Qualifying Examination	Through Competitive Written examination	Through Special Qualifying Examination

COMMUNITY	OC	BC	BCM	MBC/DNC	SC	SCA	ST
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B.D.S STUDIED AT

ORTHOPAEDICALLY
PHYSICALLY DISABLED

YES	NO
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From
(Candidate's Mailing Address)

To,

Dr.....
.....
.....
.....
.....
.....Pincode

The Secretary,
Selection Committee
Directorate of Medical Education,
No. 162 Periyar E.V.R. High Road,
Kilpauk, Chennai 600010