



**ADMISSION TO POST GRADUATE DEGREE / DIPLOMA COURSES
IN MANAGEMENT QUOTA(INCLUDING NRI) SEATS IN SELF FINANCING MEDICAL COLLEGES IN
TAMIL NADU 2018-2019 Session**

DD. No	Name of Bank / Branch	Date	Amount

A.R.NO.

(To be assigned by the Selection Committee)

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***Please Tick relevant field**

1.	Name (in Capital Letters with Initials at the end)	Dr.		SPACE FOR PHOTOGRAPH WITH NAME AND DATE
	NEET PG 2018 DETAILS	ROLL NO	NEET SCORE	
	Permanent Medical Registration Number			
	Are you willing to apply to NRI Quota? If yes, Proof for NRI Should be attached		1.YES 2.NO	
2.	a. Mailing Address with pin code			
	b. Contact Telephone No with STD Code/ Mobile Number			
	c. Email ID			
	Aadhar No.			
3.	Date of Birth DD/MM/YYYY			
4.	Sex (Please Tick)			
	1.MALE	2.FEMALE	3.TRANSGENDER	
5.	a. Nationality	1.INDIAN 2. OTHERS	b. Nativity	
			1.TAMIL NADU 2. OTHERS	
	c. Mother Tongue (Please Tick)	TAMIL TELUGU HINDI MALAYALAM URUDU OTHERS		
6.	Religion (Please Tick)	HINDU CHRSTIAN ISLAM JAINISM SIKHISM OTHERS		
8.	a. UG studied at	1.TAMIL NADU	2. OTHERS	
	b. UG Details	If Studied in TN State		
		State Quota AIQ SF	Other State	
9.	CRRRI Date of Completion (DD/MM/YYYY)			
10.	Whether you are undergoing PG Degree / Diploma/ any other Equivalent courses; If yes mention the name of the Course and Expected Date of Completion		YES	NO
			Course	Date of Completion
11.	a. Whether completed PG Degree /DNB	YES	NO	
	b. Whether discontinued PG Degree / Diploma Course	YES	NO	d. If Yes Then Date Of Discontinuation
	c. Whether completed Diploma?	YES	NO	If Yes then Date of Completion

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



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TAMIL NADU 2018-2019 Session

AR No

SCRUTINY FORM

PMR NUMBER									
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First appearance of the Final MBBS Part II									
Registration Number							Year		

NEET PG2018 ROLL NO		NEET Score	
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Aadhar No:

1.Name :

3.Date of Birth / /

8a. UG studied at	1.TN	2.Others	Willing to apply to NRI quota? If yes then Proof for NRI should be enclosed	1.Yes	2.No

8b. UG studied	If Studied in TN State			3.Other State
	1.State Quota	2.AIQ	SF	

9.Date of Completion of CRRI Training / /

11a. Whether completed PG Degree /DNB	1.Yes	2.No
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11b. Whether completed Diploma	1.YES	2.NO	No. of Years		Date of Completion
			1	2	

11c. Whether discontinued PG Degree /Diploma Course	1.Yes	2.No
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11d. If yes mention the date of discontinuation / /

2a & 2b. Address:

Pincode :	<input type="text"/>
Mobile :	<input type="text"/>
Email Id:	<input type="text"/>

Space for Photograph with Name & Date

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

4. Sex :	1.M	2.F	3.TG
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5a. Nationality	1.Indian	2.Others
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5b. Nativity :	1.TN	2.Others
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10. Are you undergoing any PG Degree/Diploma Equivalent courses at the time of applying	1.Yes	2.No
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I sincerely affirm that the information furnished above are true.

Candidate's Signature

₹ 5000/-Payment Details

DD No. & Date

Bank Name & Branch

To be downloaded & pasted
on A4 cloth lined cover

**APPLICATION FORM FOR
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IN TAMIL NADU 2018-2019 Session**

M.B.B.S STUDIED AT

WILLING TO APPLY TO NRI
QUOTA

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

Phone/mobile.....