

| DD No. | Name of Bank & Branch | Date | Amount |
|--------|-----------------------|------|--------|
|        |                       |      |        |

**APPLICATION FORM**

ADMISSION TO POST GRADUATE DEGREE COURSE IN HOMOEOPATHY

[M.D (HOMOEOPATHY)]

IN MINORITY SELF-FINANCING INSTITUTION

**2016-2017.**

Application No. :

|   |
|---|
| <p align="center">Space for Self –<br/>Attested passport<br/>size photograph<br/>&amp; sign across<br/>the recent photo</p> |
|---|

1. Name of the candidate :  
(as in certificate)

Phone number: (land line):

Mobile No.

E mail id:

2. Father's Name :

3. Date of Birth

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

4. Sex ( please ✓ )

|   |   |
|---|---|
| M | F |
|---|---|

5. Nationality :

6. Nativity:

Nativity Certificate to be produced :  
(Not required if the candidate has  
studied from 8<sup>th</sup> std. to BHMS  
course in Tamil Nadu)

7. Community ( please √)

|    |    |     |        |    |     |    |
|----|----|-----|--------|----|-----|----|
| OC | BC | BCM | MBC/DC | SC | SCA | ST |
|----|----|-----|--------|----|-----|----|

8. Name of the Caste :

9. Mother Tongue :

10. Languages Known ( please √) &

|   |   |   |   |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|

Mention them :

11.(a). Mailing Address (Residential) :

Land line No.

Mobile No.

E-mail I.D:

(b). Office Address, if any

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 54 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

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

17. Whether selected by Tamil Nadu

Public Service Commission and if yes, 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 31.03.2016 : 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.

**Signature of the candidate.**

**Place:**

**( only service applicants)**

**Date:**

**DECLARATION BY THE CANDIDATE - I**

I .....S/O/D/O/W/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 any one 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 native of

..... in the

Taluk.....

District.....

State.....

Signature of the Village Administrative Officer.

Office Seal:

Signature:

Name and Designation:

Station:

Date:

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.

**ANNEXURE II**  
**SERVICE PROFORMA**

The service particulars of Dr.

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

who is an applicant for admission to M.D., (Homoeopathy) Course 2016-2017 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

| Probationer | Approved Probationer | Undertaking/<br>Organisation | Panchayat<br>Union Service | Govt. Service<br>GOI / Govt. of Tamil Nadu |
|-------------|----------------------|------------------------------|----------------------------|--|
|             |                      |                              |                            |  |
|             |                      |                              |                            |  |
|             |                      |                              |                            |  |
|             |                      |                              |                            |  |

3. Date of First Appointment

TNPSC/ GOI/Panchayat :

4. Duration of Service as on 31.03.2016

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 V - clause 54..
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, except 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 31.03.2016 are not eligible to apply.



**ANNEXURE- III**

**MEDICAL CERTIFICATE FOR DIFFERENTLY ABLED  
(Minimum disability of the locomotor disorders of lower limbs  
between 40% and 70% )**

The District Medical Board of District.....do hereby certify that we have this day of .....2016 examined the candidate whose particulars are given below.

1. Name of Candidate :

2. Father's Name :

3. Sex :

4. Approximate age :

5. Identification marks. 1, :

2, :

**6. Orthopaedically Disabled :**

Nature of Physically Disabled.

7. Extent of disability (mention the % of disability)

**(Upper limb function must be normal) :**



## 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 assure 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 or 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, am 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 Self-attested Xerox certificates / documents to be furnished along with the filled in Application Form.

1. Filled in Application Form (stitch the following Self- attested photocopies of Documents to the Application Form) with Photograph.
  - a. Birth certificate.  
( H.S.C. Certificate or School Leaving Certificate or College Leaving Certificate 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.
  - h. Nativity certificate
- (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.40 /- affixed each for Sending examination marks and Hall Ticket.
  - (ii).Hall Ticket in duplicate (with recent photo)
  - (iii).Acknowledgement card with postage stamp for Rs.6 /- only affixed

**M.D(Homoeopathy) 2016- 2017 session Scrutiny Form  
(To be filled in by the candidate as per the entries made in application form)**

**Application No.**

| <b>No</b> | <b>Details</b>   |   |       |        |                       |    |     |    |
|-----------|--|---|-------|--------|-----------------------|----|-----|----|
| 1         | Name in Capital Letter   | Dr.   |       |        |                       |    |     |    |
| 2         | Mailing Address<br><br>Pin Code:   | Contact Phone No. with STD code<br><br>Mobile No.<br><br>e-mail I.D |       |        |                       |    |     |    |
| 3         | Date of Birth  | Date  | Month | Year   |                       |    |     |    |
|           |  |   |       |        |                       |    |     |    |
| 4         | Nativity   | TN  |       |        | Others                |    |     |    |
|           |  | 1   |       |        | 2                     |    |     |    |
| 5         | Mother Tongue  | Tamil   |       |        | Others                |    |     |    |
|           |  | 1   |       |        | 2                     |    |     |    |
| 6         | Community  | OC  | BC    | BCM    | MBC/DC                | SC | SCA | ST |
|           |  | 1   | 2     | 3      | 4                     | 5  | 6   | 7  |
| 7         | Service Particulars  | Service Candidate   |       |        | Non-service Candidate |    |     |    |
|           |  | 1   |       |        | 2                     |    |     |    |
| 8         | Date of Completion of CRR I Training   | Date  |       | Month  | Year                  |    |     |    |
| 9         | Total Number of years as on 31.03.2016 after completing CRR I to a maximum of 10 years   |   |       |        |                       |    |     |    |
| 10        | Medical Registration No. and Date of Registration  |   |       |        |                       |    |     |    |
| 11        | Service Status:<br>1.State Govt.<br>2.Central Govt 3.TN Govt.Undertaking/ Local Bodies in TN 4.Central Govt. Undertaking in TN |   |       |        |                       |    |     |    |
| 12        | BHMS Final Year Marks  |   |       |        |                       |    |     |    |
| 13        | Years served in the Hill Area  | Years   |       | Months | Days                  |    |     |    |

|    |  |                 |  |
|----|--|-----------------|--|
|    | (Excluding leave other than C.L.)  |                 |  |
| 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.  
Remarks

Signature

Date

**ENTRANCE EXAMINATION HALL TICKET  
POST GRADUATE M.D (HOMOEOPATHY) COURSE 2016-2017  
(OFFICE USE ONLY)**

**Name in Block letter : Dr.**

**Entrance Examination Number:**

**Centre: Government Siddha Medical College, Chennai-106**

**Date of Examination: 31-07-2016**

**Time : 9.30 a.m. to 1.00 p.m.**

Affix self attested  
passport size  
photograph same photo  
as in application form

**Signature of the Candidate:**

**Secretary,  
Selection Committee**

-----  
**ENTRANCE EXAMINATION HALL TICKET  
POST GRADUATE M.D (HOMOEOPATHY) COURSE 2016-2017**

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as in application form

**Signature of the Candidate:**

**Secretary,  
Selection Committee**

COMMISSIONERATE OF INDIAN MEDICINE AND HOMOEOPATHY,  
ENTRANCE EXAMINATION FOR ADMISSION TO THE POST GRADUATE  
COURSE IN HOMOEOPATHY

2016- 2017 SESSION

**Identification slip**

Candidate to sign here

Application No.

Name and Address

of the candidate:

Candidate's signature at the time of Examination:

Signed before me, identification verified by me with reference to Hall Ticket

Affix Self-Attested  
passport size  
photo.

Signature of the Invigilator.