



Application No:

ADMISSION TO PARA MEDICAL COURSES 2016-2017 SESSION COMMON APPLICATION FORM SELECTION COMMITTEE, DIRECTORATE OF MEDICAL EDUCATION

KAN	NDOM NOME	BER:		AR NO.										
		(To be assigr	ed by	the Se	election C	ommitte	ee)						
1.	+2 Examina Register / R	•	alent r, Year and M	lonth	REGI	STER / RC	DLL NUME	BER	YEAR		MON'	TH		
2.	Name in Blo	ock Letters	(Initial at the	end)	:						1			
								SPACE FOR DTOGRAPH WITH AME AND DATE						
3.	Address for	Communic	cation :					(T	O BE ATT Y GRADE	EST	ED			
								CI	OFFICER ENTRAL/	S OF	E TE			
									SOVERNI	/IEN	Γ)			
	PIN CODE		5. Sex :	(En	circle a c	ode))							
	Land line Ph	none No :.			MALE					FEMALE TRA		NDER		
	Mobile No.						1		2		3			
4.	Name of Pa	rent / Guai	rdian	:			6. Natio	nality	: (Encirc	de a	code)	1		
							AN	OTHERS						
							1		2					
7.	Nativity: (Encircle a	code)	7 a.	Detail			code which is applicable							
	Tamil Nadu	Others				ied from V 2 in Tamil			died from VIII Std to in Other State					
	1	2				1			2					
7 b.	If you have	completed	your plus 2/	equiva	L lent sc	hooling in	n Tamil I	∖ Nadu,	encircle	a cc	ode:	l		
	Government	Govt.Aided	Corporation	Muni	cipality	KVS	CBSE	P	vt.School	Oth	ners (Sp	ecify)		
	1	2	3		4	5	6		7		8			
8.	School(s) of	study (Ev	idence to be	produ	ced fro	m the sc	hools st	udied):					
SI. No.	STANDARD S	STUDIED	YEAR OF PASSING	N/	ME & Al	DDRESS C	F SCHO	OL	* DISTRI WITH CO		STA	TE		
1.	VIII STD			ļ										
2.	IX STD			ļ										
3.	X STD			-										
4.	XISTD/FO	 												

^{*} Refer Annexure VIII for District Code

9.	Date of Birth:										10. Community (Encircle a code)												
	DA	ΤE	M	ГЙОІ	ГН	Y	EAF	۲ _			OC		ВС	ВСМ		MBC / D	NC	SC	S	CA	ST		
Į											1		2	2A		3		4		ŀΑ	5		
11. Name of the Caste :												12.	С	as	te Code	e:							
						F	Refe	er L	ist (of C	Commu	uni	ities	(For "(C	" use c	ode	500)					
13.	 Qualifying Examination : (Encircle a code) 										13	a.	Part	iculars	of	passin	g th	e Qua	lifying	Exar	ninatio		
	Н	SE	SS	SCE/	CBS	Ε	IS	SCE	<u> </u>	OTH	HERS	$\rceil[$	DETA	ILS	1s	st Attemp	t	2 nd Attempt		3 rd Attemp			
		1		2	2			3			4		REG.	No.			_						
												<u> </u>	MON YEAF										
14. Religion : with code																							
15 a				∟ otair	ned i	n S	cier	nce	sul	ojec	cts in th	ne	Qual	⊐ ifying E	Ξxa	aminatio	n ir	n the F	irst A	ttemp	t only:		
SU	IBJE	СТ			XIMU ARK				RKS		PERC OF N		NTAGE RKS	WEIGHTED TOTAL MARKS					METHOD OF CALCULATION				
PHYSICS									•	Y 1	1						١	′1+`	12				
CHEMISTRY								\top	,	 Y 2	2			Y =			_	2					
BIC	LOG	SY Y										Х				X =				X			
во	TAN'	Y										Z 1	I			Z =			Z	ː 1 + Z	2		
ZO	OLO	GY										Z 2	2			Z =			2				
MA	THE	MATIO	CS									W	,	W=			=			W			
то	TAL	MAR	KS																	′) or (′ (W +	Z + Y) Y)		
15.b	Ма	ırks o	btai	ined	l in tl	ne F	oui	rth	Opt	iona	al Sub	jec	ot:	SUBJE	CT		XIM ARK		MARKS OBTAINED				
15.0	:. Ма	arks c	bta	inec	d in E	Engl	ish							SUBJE	CT		XIM ARK			ARKS AINE	D		
16.a			_		•			_			ave you ory (P			d in the	Э	•		YES	S	NC			
b.	If Y	'es, s	pec	ify t	he S	Spec	ial	Ca	tego	ory	with co	od	e nun	nbers		S.No	Coc	le No	Spe	cial Ca	ategory		

	e in the Family ?)()	-			YES		NO		
	ther/ sister availed professional course)		fee con	cession		YES		NO	
18. Medium of Ins	truction : (Encircle	a code)		ENGL	₋ISH	TAMIL	ОТ	HERS	
19. Mother Tongue with code	e :			1		2		3	
20. Occupation of	Parent / Guardian	(Encircle a c	ode) :						
STATE CENTRA GOVT GOVT			USINESS _	AGRI- CULTURE		IVATE NISATION	SMALL		
1 2	3	4	5	6		7	8 9		
21. Average mont	hly income of Pare	nt/ Guardian	(Enciro	le a code):	1			
< ₹ 3000 ₹ 3	5001-5000 2 ₹ 5001-	8000 ₹ 8001	I .	₹ 12001-170 5	000	₹ 17001- 2 6	1000	> ₹ 21000 7	
22. Civic status of	your Native place	(Encircle a c	ode):						
CORPORATION	MUNICIPALITY	TOWNSHIP		OWN CHAYAT		LAGE	OTHERS		
1	2	3		4		5		6	
23. Civic status of	your School place	(Encircle a	code):		ı		ı		
CORPORATION	MUNICIPALITY	TOWNSHIP		OWN CHAYAT		LAGE CHAYAT	OTHERS		
1	2	3		4		5		6	
24. District Code (as given in the Pro	Jenectrie).					<u> </u>		
24. District Code (as giveir in the Fit	ospecius).	1	NATIVE STRICT	\ \	24. b. DISTRICT CODE IN WHICH XII / EQUIVALENT STUDIED s entered in column 8 under Sl.no.5)			
Signature of P Date :	arent / Guardian			Sign Date		of Candi	date		

DECLARATION BY THE APPLICANT & PARENT





A.R. No.	
(For Office	ce use only)

PARAMEDICAL COURSES 2016-17 SESSION SPECIAL CATEGORY FORM

Code No.	Category of Special Reservation
01	SON & DAUGHTER OF EX-SERVICEMEN
02	ORTHOPAEDICALLY PHYSICALLY DISABLED

1.	Application No.				Τ									
	(As printed in the Ap	plication Form)												
2.	Name of the Candid	ate with												
	Address													
						PIN								
	Telephone No :				Mobile	e No								
3.	Special Category applied for (Tick the relevant Box)													
			Son / Da	n / Daughter of										
	Ex-S	Servicemen		Orthopaedically Physically Disable										
	C	Code 01		Code 02										
4.	Details of DD enclos	sed												
	DD No.	Date	Amoı	unt		Details of Bank								
5.	Special Category Ce	ertificates enclose	ed :			Yes	No	7						
								\dashv						
						1	2							

Signature of the Candidate

(For Instructions see overleaf)

Instructions

- 1. The Special Category form is to be sent along with the application in the same cover.
- 2. Put / in the relevant box in the outer cover.
- 3. Candidate should enclose a DD for ₹ 100/- drawn in favour of the Secretary. Selection Committee, Kilpauk payable at Chennai. The Name of the Candidate, Application No. & Address should be written on the reverse of the DD.
- 4. Candidates should enclose an additional self addressed envelope(s) (24x12 cms) to send the special reservation counselling call letter(s).
- 5. Candidates should enclose relevant certificates obtained from the Competent Authority.
- 6. Application without a DD for ₹ 100/- and without the relevant certificates will be summarily rejected without intimation to the candidate.

Table showing the Code No. and the Special Category

Code No.	Category
01	SON / DAUGHTER OF EX-SERVICEMEN
03	ORTHOPAEDICALLY PHYSICALLY DISABLED

	ADMISSIO	N TO PA	ARAME	DIC	AL COURSES 2	016-2017	SESSI	ON											
				RUTI	NY FORM				-										
1	Details of Qual	ifying Ex	xam					i		т.					RUTINY FORM				
	Registration/ Roll No.											i by the co			e entries mad	ie iii tile			
	KOII NO.				- 	-			1	<u> </u>	•				cking and wor	king.			
	Passing	Pa	assing \	/ear					2	, , , , , , , , , , , , , , , , , , , ,									
	Month			cu.					3.	3. Write inside the white box, wherever writing is required									
2	NAME																		
3	ADDRESS																		
'								irmly your red 4cm x 5cm w ie & date											
			PIN	ICO	DE:														
	Me	obile No).																
4	Name of the pa	arent / g	guardia	ın															
5	Sex 1.M	2.F :	3.TG	6	Nationality	1. Ind	ian	2.	Others		7	Nativity		1.TN	2. Others				
8	Details of Educ	ation	1	2					ed you ooling ir			1	2	3 4 5	6 7 8				
9	Date of Birth		/		/														
10	Community	-		2.BC	2A.BCM SCA 5.ST	3.	MBC		11	N	ame of t	he Caste:							
		4	SC	4A.3	CA 5.51				12	Са	ste Code								
13	Qualifying	,	2.55	CE/						Cu	sic couc								
	Examination	1.HSC	СВ	-	3.ISCE 4.0	thers			13.	a	Pa	assed all t	the su	bjects of Qua	lifying				
					•							Examina	tion 8	& No.of Atten	npts				
									1/1	R۵	ligion								
1 E N	larks in subject	s (As on	torod i	n An	nlication For	m)				ive	ilgion								
15.10		s (As en			•			_		I _					Option Subjec	Ī			
	Subject		Physic	:S	Chemistry	Biolo	gy	В	otany	Z	oology	Math	ıs	English	Subject	Marks			
	Maximum Mar	ks																	
	Marks Obtaine	d																	
16a.	Special		1	ı	17a.First Gr	aduata in	1		ı	7	10 N	/ledium o	t I						
10a.	Category	'es	No		Fami		Ye	es	No			struction	"	1.English	2. Tamil	3.Others			
	16B. If Y	es?]		17b. Has yo	ur brothe	r/ siste	er av	ailed fii	st			1	19.Mother 1	Tongue				
1. Cł	nildren of Ex-Se	rviceme	n		graduate						Yes	No							
2. Pł	nysically Disable	ed			p	rofession	al cour	ses											
20	Occupation of							1		22	2 Native	23. Sch	001	-	Native	School			
	the Parent				Monthly inco				Civic		Place	Place		24. Disti	rict District	District			
		•		P	arent/ Gaurd	ian			Status					Code					
			Ţ			·		•											
		Leinco	roly aff	irm	that the infor	mation fo	ırnich	nd ak	novo ar	. tri									
		3	. C.y all		and the iiiiOi			.u al	JUVE all										
		Station	n:																
		Date:								Signature of the Candidate within the box									

மடிக்காதீர்கள் DO NOT FOLD



APPLICATION FORM FOR ADMISSION TO

PARAMEDICAL COURSES IN

GOVERNMENT / SELF FINANCING COLLEGES IN TAMILNADU 2016-2017 SESSION

(B.Pharm. / B.Sc. Nursing / B.P.T. / B.A.S.L.P / B.Sc. in Radiology & Imaging Technology / B.Sc. Radio Therapy Technology / B.Sc. Cardio - Pulmonary Perfusion Technology / B.O.T. / B.Sc. Optometry

+2 EXAM REGISTRATION / ROLL NUMBER								Υ	EAR OF PASSING	6 +2 EXAM			
COMMUNITY (ENCIRCLE A CODE)	OC 1	BC 2	BCM 2A	MBC/DNC 3	SC 4	SCA 4A	ST 5						
SPECIAL CATEGORY	YES (Pu	NO t √)				А	pplic	ation No).				
From :(Candidate's Mailing Add					S N	The Secretary Selection Co No. 162, Periy Kilpauk, Che	mmittee ar E.V.R	. Hi	_	ıd,			

Note: 1. Candidates seeking admission under special categories have to submit the Special Category form along with the General Category Application in the same Cover. Otherwise they will not be considered under Special Category.

குறிப்பு : 1. சிறப்பு பிரிவின் கீழ் விண்ணப்பிக்கும் மாணவர்கள் அதற்கென குறிப்பிடப்பட்டுள்ள சிறப்புப் படிவங்களை பூர்த்தி செய்து, பொதுப்பிரிவு விண்ணப்பப் படிவத்துடன் ஒரே உறையில் சமர்ப்பிக்கவும். அவ்வாறு அனுப்பப்படவில்லையெனில் அவர் சிறப்பு பிரிவிற்கு பரிசீலிக்கப்படமாட்டார்.