



**ADMISSION TO PARAMEDICAL COURSE 2015-2016 SESSION
COMMON APPLICATION FORM
SELECTION COMMITTEE, DIRECTORATE OF MEDICAL EDUCATION**

RANDOM NUMBER : A.R. No.

(To be assigned by the Selection Committee)

1. +2 Examination/ Equivalent Register Number, Year and Month

REGISTER NUMBER										YEAR			MONTH	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Name in Block Letters (Initial at the end) :

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3. Address for Communication :

.....
.....
.....

SPACE FOR
PHOTOGRAPH WITH
NAME AND DATE
(TO BE ATTESTED
BY GRADE A / B
OFFICERS OF
CENTRAL / STATE
GOVERNMENTS)

PIN CODE

Land line Phone No :

Mobile No.

5. Sex : (Encircle a code)

MALE	FEMALE
1	2

4. Name of Parent / Guardian :

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6. Nationality : (Encircle a code)

INDIAN	OTHERS
1	2

7. Nativity :
(Encircle a code)

TN	Others
1	2

7 a. Details of Education: (Encircle the code which is applicable)

Studied from VIII Std to + 2 in Tamil Nadu	Studied from VIII Std to + 2 in Other State
1	2

7 b. If you have completed your plus 2/ equivalent schooling in Tamil Nadu encircle a code:

Government	Govt.Aided	Corporation	Municipality	KVS	CBSE	Pvt.School	Others(Specify)
1	2	3	4	5	6	7	8

8. School(s) of study (Evidence to be produced from the schools studied):

Sl. No.	STANDARD STUDIED	YEAR OF PASSING	NAME & ADDRESS OF SCHOOL	* DISTRICT WITH CODE	STATE
1.	VIII STD				
2.	IX STD				
3.	X STD				
4.	XI STD				
5.	XII STD/EQUIVALENT				

9. Date of Birth :

DATE			MONTH		YEAR		

10. Community (Encircle a code)

OC	BC	BCM	MBC/DC	SC	SCA	ST
1	2	2A	3	4	4A	5

11. Name of the Caste :

12. Caste Code :

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Refer List of Communities (For "OC" use code 500)

13. Qualifying Examination : (Encircle a code)

HSC	SSCE/CBSE	ISCE	OTHERS
1	2	3	4

13 a. Particulars of passing the Qualifying Examination :

DETAILS	1 st Attempt	2 nd Attempt	3 rd Attempt
REG NO			
MONTH & YEAR			

14. Religion with code :

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15a. Marks obtained in select Science subjects in the Qualifying Examination in the First Attempt only:

SUBJECT	MAXIMUM MARKS	MARKS OBTAINED	PERCENTAGE OF MARKS	WEIGHTED TOTAL MARKS	METHOD OF CALCULATION
PHYSICS			Y 1	Y =	$Y = \frac{Y_1 + Y_2}{2}$
CHEMISTRY			Y 2		
BIOLOGY			X	X =	X
BOTANY			Z 1	Z =	$Z = \frac{Z_1 + Z_2}{2}$
ZOOLOGY			Z 2		
MATHEMATICS			W	W =	W
TOTAL MARKS					(X+Y) or (Z+Y) or (W+Y)

15.b Marks obtained in the Fourth Optional Subject :

SUBJECT	MAXIMUM MARKS	MARKS OBTAINED

15.c. Marks obtained in English

MAXIMUM MARKS	MARKS OBTAINED

16.a.If claiming for Special Categories, have you applied in the Form prescribed for Special Category (Please Tick)

YES	NO

b. If Yes, specify the Special Category with code numbers (Maximum of three special categories only permissible)

S.No	Code No	Special Category
I		
II		

17 a. Educational status of the family (if admitted will you be the First Graduate in the Family ?) (Refer Annexure XV a & b) (Please Tick):

YES	NO

b. Has your brother/ sister availed first graduate fee concession for studying professional courses (Please Tick)

YES	NO

18. Medium of Instruction : (Encircle a code)

ENGLISH	TAMIL	OTHERS
1	2	3

19. Mother Tongue with code :

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20. Occupation of Parent / Guardian (Encircle a code) :

STATE GOVT	CENTRAL GOVT	PROFESSIONAL	INDUSTRY	BUSINESS	AGRI-CULTURE	PRIVATE ORGANISATION	SMALL TRADE	OTHERS
1	2	3	4	5	6	7	8	9

21. Average monthly income of Parent/ Guardian : (Encircle a code):

< ₹ 3000	₹ 3001-5000	₹ 5001-8000	₹ 8001-12000	₹ 12001-17000	₹ 17001- 21000	> ₹ 21000
1	2	3	4	5	6	7

22. Civic status of your Native place (Encircle a code):

CORPORATION	MUNICIPALITY	TOWNSHIP	TOWN PANCHAYAT	VILLAGE PANCHAYAT	OTHERS
1	2	3	4	5	6

23. Civic status of your School place (Encircle a code):

CORPORATION	MUNICIPALITY	TOWNSHIP	TOWN PANCHAYAT	VILLAGE PANCHAYAT	OTHERS
1	2	3	4	5	6

24. District Code (as given in the Prospectus):

24, a, NATIVE DISTRICT	24, b, DISTRICT CODE IN WHICH XII / EQUIVALENT STUDIED (As entered in column 8 under SI No. 5)

Signature of Parent / Guardian
Date :

Signature of Candidate
Date :

DECLARATION BY THE APPLICANT & PARENT

I(Name in Full & in Block Letters) Son / Daughter / Ward of an applicant for Paramedical courses 2015-2016 session hereby solemnly declare that I have not claimed Dual Nativity in this regard and I belong to(Community) and subcasteI also declare that the information and the statements given in the application, OMR sheet and enclosures are true, correct & complete. I further declare that if it is found otherwise, I will be liable to forfeit the seat and / or be removed from the rolls of the Institution at whatever stage of study, I may be, besides making me liable for criminal prosecution.

I further declare that I have not claimed the marks obtained in HSC/ equivalent examination under improvement scheme for seeking admission to Paramedical courses 2015-2016 session.

I(Name in Full & in Block Letters) Father/ Mother / Guardian of an applicant for Paramedical courses 2015-2016 session hereby solemnly declare that I am fully aware of the above declaration & the particulars furnished are correct. I declare that if it is found otherwise my ward will be liable to forfeit the seat and also be liable for criminal prosecution.

Signature of the Parent/ Guardian

Signature of the Candidate

Place :

Date :