

DD No.	Name of Bank & Branch	Date	Amount

APPLICATION FORM

ADMISSION TO POST GRADUATE DEGREE COURSE IN HOMOEOPATHY

[M.D (HOMOEOPATHY)]

IN SELF-FINANCING INSTITUTION

2015-2016.

Application No. :

<p>Space for Self – Attested photograph</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

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4. Sex (please √)

M	F
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5. Nationality :

6. Nativity:

Nativity Certificate to be produced :
(Not required if the candidate has
studied from 9th std. to BHMS
course in Tamil Nadu)

7. Community (please √)

OC	BC	BCM	MBC/DC	SC	SCA	ST
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8. Name of the Caste and Sl.no. :

9. Mother Tongue :

10. Languages Known (please √) &

1	2	3	4
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Mention them :

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

Land line No.

Mobile Nos.

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

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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 31.03.2015 : 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

IS/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 anyone 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 2015-2016 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/ Organisation	Panchayat Union Service	Govt. Service GOI / Govt. of Tamil N

3. Date of First Appointment

TNPSC/ GOI/Panchayat :

4. Duration of Service as on 31.03.2015
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 31.03.2015 are not eligible to apply.

ANNEXURE- III

**MEDICAL CERTIFICATE FOR PHYSICALLY CHALLENGED
(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 of2015 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) :

**8. Whether the candidate is fit to undergo
Post Graduate Degree Course : YES / NO.**

(The Medical Board should satisfy itself that all the criteria mentioned in the foot note are met with before giving the fitness)

Signature of the Applicant	Members 1	Signature of Chairman
	2	of the
		Medical Board.

PLACE: 1. Designation :

DATE : 2. Office Stamp :

NOTE : 1. Upper limbs should be normal.
2. The above certificate should be issued only by the District Medical Board of the area concerned constituted for the purpose after due physical examination by Board.

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 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.6.00 affixed each for Sending examination marks and intimation letter
 - (ii). Hall Ticket in duplicate (with recent photo)

M.D(Homoeo) 2015- 2016 session Scrutiny Form

(To be filled in by the candidate as per the entries made in application form)

Application No.

No	Details							
1	Name in Capital Letter	Dr.						
2	Mailing Address Pin Code:	Contact Phone No. with STD code Mobile No. 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 31.03.2015 after completing CRR I to a maximum of 10 years							
10	Medical Registration No. and Date of Registration							
11	Service Status: 1.State Govt. 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 (Excluding leave other than C.L.)	Years	Months	Days		
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

**HALL TICKET
(ORIGINAL)**

Affix
Passport size photo
with Self- attestation

Entrance Examination
For M.D (Homoeopathy) Course 2015-16
Name and Address of the candidate:

Dr.

Date of Examination: 16-08-2015
Time : 9.30 a.m. to 1.00 p.m.

Venue: Govt. Siddha Medical College,
Chennai 600 106.

Entrance Examination Number:

Signature of the Candidate:

**HALL TICKET
(DUPLICATE)**

Affix
Passport size photo

Entrance Examination
For M.D (Homoeopathy) Course 2015-16

Name and Address of the candidate:

Dr.

Date of Examination 16-08-2015

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

Venue: Govt. Siddha Medical College,
Chennai 600 106.

Entrance Examination Number

Signature of the Candidate:
at the time of entrance examination:

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

2015- 2016 SESSION

Identification slip

Candidate to sign here

Affix Self-Attested
passport size photo.

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

Signature of the Invigilator.