

ADMISSION TO MBBS/BDS COURSES 2018-2019 SESSION
COMMON APPLICATION FORM FOR GOVERNMENT MEDICAL / DENTAL COLLEGES AND
GOVERNMENT SEATS IN SELF-FINANCING MEDICAL / DENTAL COLLEGES,
SELECTION COMMITTEE, DIRECTORATE OF MEDICAL EDUCATION, KILPAUK, CHENNAI – 10.

A. R. No.	
(To be assigned by the Selection Committee)	

1)	+2 Examination / Equivalent Register Number, Year & Month	REGISTER NUMBER	YEAR	MONTH

2)	2018 UG NEET DETAILS	:	NEET REGISTER NO.	NEET ROLL NO.	NEET SCORE	SPACE FOR PHOTOGRAPH WITH NAME & DATE	
2 A)	CANDIDATE AADHAR NO.	:					
3)	Name in Block Letters (Initials at the end)	:					
4)	Name of the Parent/Guardian	:					
5)	Gender (Encircle a Code)	:	MALE	FEMALE	TRANSGENDER		
			1	2	3		
6)	Nationality (Encircle a Code)	:	INDIAN	OTHERS	7) Nativity (Encircle a Code)	TAMIL NADU	OTHERS
			1	2		1	2
7a)	Details of Education (Encircle a Code)	:	Studied from 6 th Std to 12 th Std in Tamil Nadu			Studied from 6 th Std to 12 th Std in Other State	
			1			2	
7b) If you have completed your +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	6 th Std				
2	7 th Std				
3	8 th Std				
4	9 th Std				
5	10 th Std				
6	11 th Std				
7	12 th Std / Equivalent				

* Refer Annexure XV for District code

9	DATE OF BIRTH	:	DATE	MONTH	YEAR

10	COMMUNITY	:	OC	BC	BCM	MBC	SC	SCA	ST
			1	2	2A	3	4	4A	5

11	NAME OF THE CASTE	:				
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12	CASTE CODE	:			
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13	Qualifying Examination (Encircle a code)	:	HSC	SSCE/CBSE	ISCE	OTHERS
			1	2	3	4

13 a)	No. of Attempts	:	1 st Attempt	2 nd Attempt	3 rd Attempt
	REG. No.	:			
	YEAR	:			

14	RELIGION NAME	:				
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RELIGION CODE					

15 Marks obtained in select Science subjects in the Qualifying Examination in First Attempt only:-					
SUBJECT	MAXIMUM MARKS	MARKS OBTAINED	% OF MARKS	WEIGHTED TOTAL MARKS	METHOD OF CALCULATION
PHYSICS			Y1	Y	Y = Y1 + Y2 ----- 2
CHEMISTRY			Y2		
BIOLOGY			X	X	X
BOTOANY			Z1	Z	Z = Z1 + Z2 ----- 2
ZOOLOGY			Z2		
TOTAL MARKS					(X + Y) OR (Z + Y)

15 a) Fourth Optional Subject :	SUBJECT	MAXIMUM MARKS	MARKS OBTAINED

16) Are you undergoing or completed a Degree / Diploma /Professional course in Tamil Nadu ? If yes Furnish particulars. If No write NOT APPLICABLE :-			
NAME OF THE COURSE	MONTH & YEAR		NAME & PLACE OF COLLEGE
	FROM	TO	
MBBS (or) Equivalent			
BDS			
B.E., (or) B.Tech			
_____ (Others mention here)			

17 a) Whether you come under the following special category ? If Yes, fill the column.

Sl. No.	SPECIAL CATEGORY	CODE NO	WRITE YES OR NO	WHETHER EVIDENCE PRODUCED OR NOT
1)	EX-SERVICEMEN	01		
2)	EMINENT SPORTS PERSON	02		
3)	ORTHOPAEDICALLY PHYSICALLY DISABLED	03		

18 a)	Are you a FIRST GRADUATE in your family ? (Tick in appropriate Box) (If yes, Annexure XIV a & b to be enclosed)	YES	NO
18 b)	Has your brother / sister availed first graduate fee concession for studying professional courses ? (Tick in appropriate Box)	YES	NO

19	Medium of Instruction : (Encircle a code)	ENGLISH	TAMIL	OTHERS
		1	2	3

20	Mother Tongue		CODE	
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21. Occupation of Parent / Guardian (Encircle a code) :-

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

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

<Rs. 5000	Rs.5001 – 10000	Rs. 10001-20000	Rs. 20001-30000	Rs. 30001-40000	Rs. 40001-50000	> Rs. 50001
1	2	3	4	5	6	7

23. Civic status of your Native Place (Encircle a code)

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

25) ADDRESS FOR COMMUNICATION :-

.....
.....
.....
.....
PIN CODE
MOBILE
LAND LINE NO.
E-MAIL ID :

Signature of Parent / Guardian

Signature of Candidate

Place :

Date :

DECLARATION BY THE APPLICANT & PARENT

I (Name in Full & in Block Letters) Son / Daughter / Ward of, an applicant for MBBS / BDS 2018-2019 session hereby solemnly declare that I have not claimed Dual Nativity in this regard and I belong to (Community) and sub-caste I 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 MBBS / BDS course 2018-2019 session.

I HAVE ENCLOSED ALL THE PHOTOCOPIES OF THE CERTIFICATES WITH THIS APPLICATION. I HAVE READ THE PROSPECTUS THOROUGHLY AND UNDERSTOOD ALL THE CLAUSES MENTIONED IN THE PROSPECTUS.

, ej t p z ggj ; J l d; v d D i l a m i d j ; J r h d w j o f s p d; e f y f i s A k;
, i z j ; J s N s d; v d W n j h p t j ; J f; n f h s; f l N w d; k w W k; 2018-19 k; M z b d;
MBBS/BDS g b g g p d; j f t y; n j h F g N g l i ; I K w w p Y k; f t d j ; J l d; g b j ; J
G h p e; J n f h z N l d; v d W c W j p a s p f; f l N w d;

Signature of the Candidate

I (Name in Full & in Block Letters) Father / Mother / Guardian of an applicant for MBBS / BDS course 2018-2019 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

Place :
Date :

Admission to M.B.B.S/ B.D.S Course 2018-2019 Session in Govt. Medical/Dental Colleges and Self financing Medical/Dental Colleges under Govt Quota

SCRUTINY FORM

1. Details of Qualifying Exam

+ 2 Roll Number

--	--	--	--	--	--	--	--

Passing Month

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Passing Year

--	--	--	--	--

UG NEET 2018 Roll NO.

--	--	--	--	--	--	--	--

INSTRUCTIONS TO FILL UP SCRUTINY FORM

- 1.To be filled by the candidates as per the entries made in the application form and returned
2. Use only Blue color Ball Point Pen for ticking and writing
3. Put tick mark (✓) in the correct Gray color boxes.
4. Write inside the white box, wherever writing is required

2. NAME

--

3. ADDRESS

PINCODE:
Mobile No.

Paste here firmly your recent
Passport Size Photograph
4cm x 5cm

5. Sex

1.M

2.F

3. TRANSGENDER

6.Nationality

1. Indian

2. Others

7. Nativity

1.TN

2. Others

7a. Details of Education

1

2

7b. Have you Completed your +2/ equivalent schooling in TN, if Yes

1

2

3

4

5

6

7

8

9. Date of Birth

		/			/			
--	--	---	--	--	---	--	--	--

11. Caste Code

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10 Community

1.OC

2.BC

2A.BCM

3.MBC

13a. Passed all the subjects of the Qualifying Examination in Attempts No.

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4.SC

4A. SCA

5. ST

13. Qualifying Examination

1.HSE

2.SSCE/ CBSC

3. ISCE

4. OTHERS

14.Religion

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15. Marks in Subjects (As Entered in Application Form)

Subject	Physics	Chemistry	Biology	Botony	Zoology	Subject	Marks
Maximum Marks							
Marks Obtained							

16.Under going /Completed any professional course

1. Yes

2. No

If Yes?

1. M.B.B.S

5. B.SC AGRI

2. B.D.S

6. VETERINARY

3. BE/B.TECH

7.PARAMEDICAL

4. D.I.E.T

8. OTHERS

17.Special Category

1. Yes

2. No

If Yes?

1. Children of Ex- Service men

2. Eminent Sport Person

3. Orthopaedically Physically Disabled

18a.First Graduate in Family

1. Yes

2. No

18b. My Brother/ Sister availed First Graduate fee Concession

1. Yes

2. No

19. Medium of Instruction

1.ENGLISH

2. TAMIL

3. OTHERS

20. Mother Tongue

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21. Occupation of the Parent

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22.Monthly Income of Parent/Gaurdian

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Civic Status

23.Native Place

24. School Place

25.District code

Native District

School District

26.DDNo.

BANK:

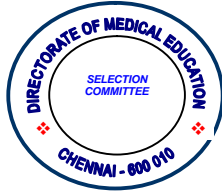
BRANCH:

I sincerely affirm that the information furnished above are true

Station :

Place :

Signature of the Candidate within the box



A. R. No.	
(for Office use only)	

MBBS / BDS 2018-2019 SESSION

SPECIAL CATEGORY FORM – I

CODE NO.	CATEGORY OF SPECIAL RESERVATION
01	SON / DAUGHTER OF EX-SERVICEMEN
03	ORTHOPAEDICALLY PHYSICALLY DISABLED

1. Application No.
(As printed in the Prospectus)

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2. Name of the Candidate with Address

PIN
MOBILE :

3. Special Category applied for
(Encircle a Code)

SON / DAUGHTER OF EX-SERVICEMEN	ORTHOPAEDICALLY PHYSICALLY DISABLED
01	03

4.	Details of Demand Draft enclosed	Demand Draft No.	Date	Amount	Details of Bank
				Rs. 100/-	

5. Whether Special Category Certificates are enclosed or not? (Encircle a Code)

YES	NO
01	03

SIGNATURE OF THE CANDIDATE

(For Instructions see overleaf)

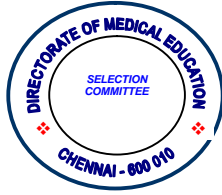
INSTRUCTIONS

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

Table showing the Item No., Code No., Category of the Special Category and Number of seats.

CODE NO.	CATEGORY OF SPECIAL RESERVATION	Number of seats
01	SONS & DAUGHTERS OF EX-SERVICEMEN	5
03	ORTHOPAEDIALY PHYSICALLY DISABLED	5% of the Total seats

- G. O. (Rt) No. 145, HE (J1) Dept., Dated 16-05-2008
- 5% of the Total seats under Single Window systems.



A. R. No.	
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MBBS / BDS 2018-2019 SESSION

SPECIAL CATEGORY FORM – II

CODE NO.	CATEGORY OF SPECIAL RESERVATION
02	Eminent Sports Persons

1. Application No.
(As printed in the Prospectus)

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2. Name of the Candidate with Address

PIN
MOBILE :

3.	Details of Demand Draft enclosed	Demand Draft No.	Date	Amount	Details of Bank
				Rs. 100/-	

5. Whether Sports Certificates are enclosed or not? (Encircle a Code)
(To be produced in person)

YES	NO
01	02

SIGNATURE OF THE CANDIDATE

(For Instructions see overleaf)

INSTRUCTIONS

1. The Special Category form of Sports Quota along with the application should be submitted in person to The Secretary, Selection Committee, Kilpauk, Chennai – 10. With relevant certificates as per Annexure – III(b). The selection process guidelines are contained in Annexure III(a). **Sports evidence sent by post will be summarily rejected for consideration under this category.**
2. Candidate should enclose a DD for Rs. 100/- drawn in favour of “The Secretary, Selection Committee, Kilpauk” Payable at Chennai . The Name of the candidate Application No. & Address with mobile number Should be written on the reverse of the DD.
3. Candidates should enclose an additional self addressed envelope(s) (24x12 cms) to send the special reservation counseling call letter(s).
4. Candidates should enclose relevant certificates obtained from the competent authority.
5. Application without a DD for Rs. 100/- and without the relevant certificates will be summarily rejected without intimation to the candidate.

Table showing the Item No., Code No., Category of the Special Category and Number of seats.

CODE NO.	CATEGORY OF SPECIAL RESERVATION	Number of seats
02	Eminent Sportsperson	3

- G. O. (Rt) No. 145, HE (J1) Dept., Dated 16-05-2008

REGD. POST / SPEED POST/COURIER SERVICE /BY PERSON

kbffhj mfs;
DO NOT FOLD



NEET 2018 ROLL NUMBER	
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GQ

**APPLICATION FORM FOR ADMISSION TO MBBS / BDS COURSE IN
GOVERNMENT COLLEGES & GOVERNMENT QUOTA SEATS IN SELF-FINANCING COLLEGES
IN TAMIL NADU 2018-2019 SESSION**

Qualifying Examination (Encircle a code)			
STATE BOARD	SSCE/CBSE	ISCE	OTHERS
HSC			
1	2	3	4

COMMUNITY (ENCIRCLE A CODE)						
OC	BC	BCM	MBC/DNC	SC	SCA	ST
1	2	2A	3	4	4A	5

IF SPECIAL CATEGORY :-

Sl. No.	SPECIAL CATEGORY	CODE NO	WRITE YES OR NO	WHETHER SPECIAL CATEGORY FORM ENCLOSED OR NOT
1)	EX-SERVICEMEN	01		
2)	EMINENT SPORTS PERSON	02		
3)	ORTHOPAEDICALLY PHYSICALLY DISABLED	03		

From : (Candidate's Mailing Address)

PIN CODE

To

The Secretary
Selection Committee,
No. 162, Periyar E.V.R. High Road,
Kilpauk, Chennai – 600 010.

Note: 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. But candidates applying for Sports Category should produce Sports evidence certificate in person only at the Selection committee.

Fwgg rpwg ghrtid; fb; tiz z ggrrfFk; khz thfs; mj wnf d Fwgggl ggl Lss rpwgGg; gbtqfi s Ghj j p nraJ> nghJggghT tiz z ggg; gbtj :Jl d; xNu ci way; rkhggrrfTk; mt;thW mDgggl tyi ynady; mth rpwgGg; ghrtpwF ghrrlypfFggI khI hh; rpwgGg; ghrtiy; tpi sahl L tth; ghrtiy; tiz z ggrrfF tUkGNthh> Nj hTfFOt;pdhl k; nr di day; tpi sahl LfFhpa rhdwj ofi s Nehiy; rkhggrrfF Ntz Lk;