



Application No. _____

**ADMISSION TO PARAMEDICAL DIPLOMA IN MEDICAL RECORD SCIENCE 2017-2018 SESSION
APPLICATION FORM
SELECTION COMMITTEE, DIRECTORATE OF MEDICAL EDUCATION
KILPAUK, CHENNAI - 10.**

A.R. No.

(To be assigned by Selection Committee)

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

2. Address for Communication :
.....
.....
.....

PINCODE

Land line Phone No. :

Mobile No.

3. Name of Parent / Guardian :

4. Religion

5. Mother Tongue

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

6 Nationality

INDIAN	OTHERS
1	2

6a.. Nativity

Tamil Nadu	Others
1	2

7. Sex

Male	Female	Trans-gender
1	2	3

8. Date of Birth

Date	Month	Year

9. Community

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

10. Name of the Caste

11, Cast Code

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

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

Studied from HSC to Degree in Tamil Nadu	Studied from HSC to Degree in Other State

12. (a) School(s) / College of of study (Evidence to be produced from the schools studied) :

STANDARD STUDIED	NAME & ADDRESS OF SCHOOL / COLLEGE WITH PLACE, NAME OF STATE & PINCODE
XI STD	
XII STD	
DEGREE	

13. Have you completed M.S. Office Course in Computer :

YES	NO
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14. Have you completed Certificate / Degree / Diploma in Medical Record Technician Course :

YES	NO
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15. Medium of Instruction

ENGLISH	TAMIL	OTHERS
1	2	3

16. No. of appearance in Final Year/ Final Semester

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17. Particulars of the Qualifying Examination :

Degree Reg. No.:	Month & Year

18. For Degree Courses

1st - Semester

SUBJECT	Maximum Marks	Marks Obtained

2nd - Semester

SUBJECT	Maximum Marks	Marks Obtained

3rd - Semester

SUBJECT	Maximum Marks	Marks Obtained

4th - Semester

SUBJECT	Maximum Marks	Marks Obtained

5th - Semester

SUBJECT	Maximum Marks	Marks Obtained

6th - Semester

SUBJECT	Maximum Marks	Marks Obtained

Weighted Total for a maximum of 100 = $\frac{\text{Total Marks Obtained 1st year to Final Year / Semester}}{\text{Total Maximum Marks 1st year to Final Year / Semester}} \times 100$

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19. Present Occupation :
(Please Tick ✓)

TN GOVT. SERVICE	NON - SERVICE

19(a). Date of entry into Govt. Service :

Date	Month	Year

20 If in Govt. Service, necessary Service Proforma Enclosed :

YES NO

21. Native District Code (as given in the Prospectus)
Refer Annexure VIII B

DECLARATION BY THE APPLICANT & PARENT

I, (Name in Full & in Block Letters) Son/ Daughter of hereby solemnly declare that the information furnished and the statements given in the application and OMR and the enclosures are true, correct & complete. I further declare that if it is found otherwise, I will be liable to forfeit the seat and / or removed from the rolls of the Institution at whatever stage of study. I may be besides liable for criminal prosecution.

Signature of Parent / Guardian :

Signature of Candidate :

Date

Place :

Note : The guardian can execute the above declaration only if both parents are not alive

SERVICE PROFORMA

(All the particulars should be completely filled up)

1. Name of the candidate :
2. Designation :
3. Scale of Pay :
4. Date of Entry into Government Service :
5. Date of completion of two years of Continuous Service :
6. Total Service as on 30-09-2017 :
7. Date of Retirement :
8. Name of the appointing authority :
9. Service Status (Temporary / Probationer Approved Probationer) :

10. Complete service particulars till date (may be furnished in a separate sheet in the the format duly signed by the forwarding authority) :

FORMAT

Sl.No.	Post	Institution	From	To

11. Whether any disciplinary case is pending / Contemplated / disposed off.
12. If selected, whether the applicant may be allotted for the course, without substitute, Say Yes (or) No.

Certified that the particulars furnished above have been verified with reference to the Service Register of the individual and are found to be correct. Willingness of the individual in a requisition form, duly accepting to abide by the Government norms / regulations is also enclosed.

Date :

Name & Signature of the Forwarding Officer.

Designation :

Office Seal

Institution :

FAX No. :

**ADMISSION TO PARAMEDICAL
DIPLOMA IN MEDICAL RECORD SCIENCE COURSE 2017- 2018 SESSION**

A.R.No.

(For Office Use Only)

SCRUTINY FORM

Details of Qualifying Exam

Registration Number

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Passing Month

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 Passing Year

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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

1. Name (in BLOCK LETTERS)
2. Address

Pincode : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
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6. Nationality

1. Indian	2. Others
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 6a.Nativity

1. TN	2. Others
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7. Sex

1. M	2. F
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 8. Date of Birth

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9. Community

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

 11.Caste Code

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12. Details of Education	Studied from HSC to Degree in		13. Have you completed M.S.Office in Computer	1. Yes	2. No
	1. Tamil Nadu	2. Other State		14. Have you completed Certificate / Degree / Diploma in Medical Record Technician Course	1. Yes

16. No. of Attempts		18.Total Marks scored in All Semester/Years in Qualifying Exam	Maximum Marks	Marks Obtained

19. Are you working in TN. Govt. Service	1.Yes	2.No	21. District Code	Native District
19a. Date of entry into the Regular Govt. Service				
20. If yes, Necessary Service Proforma Enclosed	1.Yes	2.No		

I sincerely affirm that the information furnished above are true.	
Station :	
Date :	
	Signature of the Candidate within the box

மடிக்காதீர்கள்
DO NOT FOLD



REGD. POST/SPEED POST/ COURIER SERVICE
APPLICATION FORM FOR
ADMISSION TO PARAMEDICAL DIPLOMA IN MEDICAL RECORD SCIENCE COURSE
IN GOVERNMENT MEDICAL INSTITUTIONS 2017-2018 SESSION

Application No:

FINAL YEAR DEGREE REGISTRATION NUMBER

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YEAR OF PASSING DEGREE EXAM

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

SERVICE	NON SERVICE

From: (Candidate's Mailing Address)

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.....
.....

PINCODE:

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CONTACT NO:

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TO

The Secretary,
Selection Committee,
No.162, Periyar E.V.R. High Road,
Kilpauk, Chennai-600 610.