



Application No. _____

**ADMISSION TO PARAMEDICAL MULTIPURPOSE HOSPITAL WORKER COURSE 2017-2018 SESSION
APPLICATION FORM
SELECTION COMMITTEE, DIRECTORATE OF MEDICAL EDUCATION
KILPAUK, CHENNAI - 10.**

A.R. No.

(To be assigned by Selection Committee)

SSLC Examination / Equivalent
Register Number Year and Month

REGISTER NUMBER							

YEAR		

MONTH	

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(a). Nationality

INDIAN	OTHERS
1	2

6(b). 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

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

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

Studied from VI Std to X Std in Tamil Nadu	Studied from VI Std to X Std in Other State
1	2

13) 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	VI STD				
2	VII STD				
3	VIII STD				
4	IX STD				
5	X				

* Refer Annexure VIII B for District Code

14. No. of Appearance in S.S.L.C. Examination

15. Marks obtained in the SSLC / Equivalent Qualification Exam :

SUBJECT	Maximum Marks	Marks Obtained

Weighted Total for a maximum of 100 = $\frac{\text{Total Marks Obtained}}{\text{Total Maximum Marks}} \times 100$

= .

16. Present Occupation :
(Please Tick ✓)

TN GOVT. SERVICE	NON - SERVICE
<input type="checkbox"/>	<input type="checkbox"/>

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

Date	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

16(b) If in Govt. Service, necessary Service Proforma Enclosed : YES NO

17(a) If claiming for Orthopaedically Physically Disabled Category (Please Tick ✓) YES NO

17(b) If Yes, whether necessary certificates enclosed ? YES NO

18. Medium of Instruction (Encircle a code)

ENGLISH	TAMIL	OTHERS
1	2	3

19. Mother Tongue (with Code) Refer Annexure VIII B for District Code

20. District Code (as given in the Prospectus)

NATIVE DISTRICT	DISTRICT IN WHICH SCHOOL STUDIED
<input type="text"/>	<input type="text"/>

➤
Signature of Parent / Guardian :

➤
Signature of Candidate :

DECLARATION BY THE APPLICANT & PARENT

I (Name in Full & in Block Letters) Son / Daughter / Ward of an applicant for Multi Purpose Hospital Worker Course 2017-2018 session hereby solemnly declare that I have not claimed Dual Nativity in this regard and I belong to (Community and subcaste I also declare that the information and the statements given in the application and 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, besides making me liable for criminal prosecution.

I (Name in Full & in Block Letter) Father / Mother / Guardian of an applicant for Multi Purpose Hospital Worker Course 2017-2018 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 Parent / Guardian :

➤

Signature of Candidate :

Place :

Date :

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) :

FORMAT

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

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
MULTI PURPOSE HOSPITAL WORKER 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>										
Mobile : <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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										

Paste here firmly your recent Photograph 4cm x 5 cm
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6a. Nationality

1. Indian	2. Others
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 6b. 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 VI-Std to X-Std in	
	1. Tamil Nadu	2. Other State

14. No. of Attempts <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 40px; height: 20px;"></td></tr></table>		15. Marks scored in SSLC Examination	Maximum Marks	Marks Obtained

16. Are you working in TN. Govt. Service	1. Yes	2. No
16a. Date of entry into the Regular Govt. Service		
16b. If yes, Necessary Service Proforma Enclosed	1. Yes	2. No

17. Are you Orthopaedically Physically Disabled	1. Yes	2. No
17a. If yes, Necessary Certificates Enclosed	1. Yes	2. No

18. Medium of Instruction	1. English	2. Tamil	3. Others
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19. Mother Tongue

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20. District Code	Native District	School District

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

மடிக்காதீர்கள்
DO NOT FOLD



REGD. POST/SPEED POST/ COURIER SERVICE
APPLICATION FORM FOR
ADMISSION TO PARAMEDICAL MULTI PURPOSE HOSPITAL WORKER COURSE
IN GOVERNMENT MEDICAL INSTITUTIONS 2017-2018 SESSION

Application No:

10th REGISTRATION NUMBER

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YEAR OF PASSING 10th EXAM

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

SPECIAL CATEGORY	YES	NO
Orthopaedically Physically Disabled (Lower Limbs only (Put ✓))		

SERVICE	NON SERVICE

From: (Candidate's Mailing Address)

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

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.