

**EXCEPT DIPLOMA
IN**



Application No. _____

**ADMISSION TO PARAMEDICAL CERTIFICATE / DIPLOMA COURSES 2017-2018 SESSION
(EXCEPT DIPLOMA IN OPTOMETRY COURSE)**

APPLICATION FORM

**SELECTION COMMITTEE, DIRECTORATE OF MEDICAL EDUCATION
KILPAUK, CHENNAI - 10.**

A.R. No. _____

(To be assigned by the Selection Committee)

1. + 2 Examination / Equivalent
Register / Roll Number Year and Month
(2016 Students enter Roll Number /
others enter Register Number)

REGISTER / ROLL NUMBER						

YEAR		

MONTH	

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

3. Address for Communication :
.....
.....
.....

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

PINCODE

Land line Phone No. :

Mobile No.

5. Sex : (Encircle a code)

MALE	FEMALE	TRANSGENDER
1	2	3

4. Name of Parent / Guardian
.....

6. Nationality : (Encircle a code)

INDIAN	OTHERS
1	2

7. Nativity (Encircle a code)

Tamil Nadu	OTHERS
1	2

- 7a. 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

- 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				

* Refer Annexure VIII B for District Code

9. Date of Birth :

DATE		MONTH		YEAR			

10. Community (Encircle a code) :

OC	BC	BCM	MBC/DNC	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

13a. Particulars of Passing the Qualifying Examination

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

13 (b) Have you completed M.S. Office Course in Computer ?
(For Medical Record Technician Course)

YES

NO

14. Religion with code :

Refer Annexure VIII A

15 a. Marks obtained in the HSC / Equivalent Qualifying Examination :

SUBJECT	MAXIMUM MARKS	MARKS OBTAINED	PERCENTAGE OF MARKS	WEIGHTED TOTAL MARKS	METHOD OF CALCULATION
PHYSICS			Y1 =	Y =	$Y = \frac{Y1 + Y2}{2}$
CHEMISTRY			Y2 =		
BIOLOGY			X1 =	X =	$X = \frac{X1}{2}$
BOTANY			Z1 =	Z =	$Z = \frac{Z1 + Z2}{4}$
ZOOLOGY			Z2 =		
TOTAL MARKS					(X+Y) or (Z+Y)

15 b. Marks obtained in HSC / Equivalent Qualifying Examination - Except Tamil & English :
(Vocational Medical Laboratory Assistant Course) :

SUBJECT	MAXIMUM MARKS	MARKS OBTAINED	PERCENTAGE OF MARKS	WEIGHTED TOTAL MARKS	METHOD OF CALCULATION
PHYSICS / CHEMISTRY			Y1 =	Y =	$Y = \frac{Y1}{2}$
Foundation Course			X1 =	X =	$X = \frac{X1+X2+X3}{6}$
Medical Laboratory Assistant : Theory			X2 =		
Practical			x3 =		
TOTAL MARKS					(Y + X)

16. (a) Present Occupation (Please Tick ✓)	TN GOVT. SERVICE	NON-SERVICE

16. (b) Date of entry into Govt. Service :	Date	Month	Year

16. (c) If in Govt. Service, necessary Service Proforma Enclosed ?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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17. (a) If claiming for Orthopaedically Physically Disabled Category (Please Tick ✓)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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17. (b) If Yes, whether necessary certificates enclosed ?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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18. Medium of Instruction : (Encircle a code)	ENGLISH	TAMIL	OTHERS
	1	2	3

19. Mother Tongue (with Code) : Refer Annexure VIII A

20. District Code (as given in the Prospectus)	NATIVE DISTRICT	DISTRICT IN WHICH SCHOOL STUDIED

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 Paramedical Certificate / Diploma 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 further declare that I have not claimed the marks obtained in HSC / equivalent examination under improvement scheme for seeking admission to Paramedical Certificate / Diploma courses 2017-2018 session.

I (Name in Full & in Block Letter) Father / Mother / Guardian of an applicant for Paramedical Certificate / Diploma 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) :
10. Complete service particulars till date (may be furnished in a separate sheet in the format duly signed by the forwarding authority) :
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.

FORMAT

Sl.No.	Post	Institution	From	To

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.

Name & Signature of the Forwarding Officer.

Date :

Designation :

Office Seal

Institution :

FAX No. :

**ADMISSION TO PARAMEDICAL
CERTIFICATE/DIPLOMA COURSES 2017 - 2018 SESSION**

A.R.No.

(For Office Use Only)

SCRUTINY FORM

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. Details of Qualifying Exam

Registration/
Roll Number

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Passing Month

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Passing Year

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2. Name (In BLOCK LETTERS)
3. Address

Pincode :									
Mobile :									

Paste here firmly your recent Photograph
4cm x 5 cm

5. Sex **1. M** **2. F** 6. Nationality **1. Indian** **2. Others** 7. Nativity **1. TN** **2. Others**

7a. Details of Education **1** **2** 9. Date of Birth

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10. Community

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

 12. Caste Code

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13. Qualifying Examination

1. HSC	2. SSCE/ CBSE	3. ISCE	4. OTHERS
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 13a. No. of Attempts

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 13b. Have you completed M.S. Office in Computer

1. Yes	2. No
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14. Religion

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15. Marks in Subjects

Subject	Maximum Marks	Marks Obtained

16. Are you working in TN. Govt. Service	1. Yes	2. No
16b. Date of entry into the Regular Govt. Service		
16c. 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.

Station :

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Date :

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Signature of the Candidate within the box

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மடிக்காதீர்கள்
DO NOT FOLD



REGD. POST/SPEED POST/ COURIER SERVICE
APPLICATION FORM FOR
ADMISSION TO PARAMEDICAL CERTIFICATE/DIPLOMA COURSES
(Except Diploma in Optometry course)
IN GOVERNMENT MEDICAL INSTITUTIONS 2017-2018 SESSION

Application No:

+2 REGISTRATION NUMBER

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YEAR OF PASSING +2th EXAM

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COMMUNITY	OC	BC	BCM	MBC/ DNC	SC	SCA	ST
(ENCIRCLE A CODE)	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.