

MQ / NRI

ADMISSION TO MBBS/BDS COURSE 2018-2019 SESSION
APPLICATION FORM FOR SEATS IN SELF-FINANCING MEDICAL / DENTAL COLLEGES
UNDER MANAGEMENT QUOTA (INCLUDING NRI QUOTA)
 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
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

SPACE FOR
PHOTOGRAPH
WITH NAME &
DATE

6)	Nationality (Encircle a Code)	:	INDIAN	OTHERS	7)	DATE OF BIRTH	:	DATE	MONTH	YEAR
			1	2						

8) Qualifying Examination (Encircle a code)		9)	No. of Attempts	:	1 st Attempt	2 nd Attempt	3 rd Attempt
HSC	1						
SSCE/CBSE	2		REG. NO.	:			
ISCE	3		YEAR	:			
OTHERS	4						

10) 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
CHEMISTRY			Y2		-----
BIOLOGY / BIO-TECHNOLOGY			X	X	X
BOTANY			Z1	Z	Z = Z1 + Z2
ZOOLOGY			Z2		-----
TOTAL MARKS					(X + Y) OR (Z + Y)

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

11) Are you undergoing or have completed a Degree / Diploma / Profession Course anywhere in India? 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)			

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

13)	RELIGION NAME	:		RELIGION CODE

14)	Mother Tongue		CODE	

COMMUNITY

1.OC	2.BC	2A.BCM	3.MBC/DNC	4.SC	4A.SCA	5.ST
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15) 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 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 COPIES OF CERTIFICATES WITH THIS APPLICATION. I HAVE READ THE PROSPECTUS THOROUGHLY AND I UNDERSTOOD ALL THE CLAUSES MENTIONED IN THE PROSPECTUS AND I NOT ELIGIBLE TO CHALLENGE ANY CLAUSE OF PROSPECTUS.

Signature of the Candidate

I (Name in Full & 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.

Place :

Signature of the Parent / Guardian

Date :

SCRUTINY FORM

1. Details of Qualifying Exam

+ 2 Roll Number

Passing Month Passing Year

UG NEET 2018 ROLL NUMBER

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

13 Qualifying Examination 1.HSC 2.SSCE/ CBSC 3. ISCE 4. OTHERS 13a. Passed all the subjects of the Qualifying Examination in Attempts No.

14. Religion

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

Are you willing to apply NRI Quota? if Yes Proof for NRI to 1. Yes 2. No

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

21. Occupation of the Parent

22. Monthly Income of Parent/Gaurdian

Civic Status 23. Native Place
 24. School Place

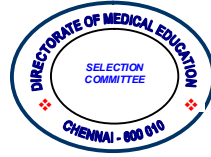
25. District code
 Native District
 School District

26. DDNo. BANK: BRANCH:

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

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

kbf/fhj hfs;
DO NOT FOLD



MQ/NRI

APPLICATION FORM FOR MBBS / BDS COURSE 2018-2019 SESSION IN SELF-FINANCING MEDICAL / DENTAL COLLEGES UNDER MANAGEMENT QUOTA IN 2018-2019 SESSION

Nationality (Encircle a Code)	INDIAN	OTHERS
	1	2

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

2018 UG NEET DETAILS	NEET REGISTER NO.	NEET ROLL NO.

From (Candidate's Mailing Address)

PIN CODE: _____

MOBILE : _____

e-mail id: _____

To

The Secretary

Selection Committee,

No. 162, Periyar E.V.R. High Road,

Kilpauk, Chennai - 600 010.