

SELECTION
COMMITTEE
APPLICATION



| DD No | Name of Bank / Branch | Date | Amount |
|-------|-----------------------|------|--------|
| | | | |

**APPLICATION FORM FOR
ADMISSION TO POST DOCTORAL FELLOWSHIP IN
MINIMAL ACCESS SURGERY -2016-2017**

AR NO

(To be assigned by the Selection Committee)

ENTRANCE EXAM NO

(To be assigned by
the Selection Committee)

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

| | | |
|----|--|--|
| 1. | Name (in Capital Letters with Initials at the end) | |
| 2. | a. Mailing Address | |
| | | Pin Code: |
| | b. Contact Telephone No with STD Code Mobile Number | |
| | c. Email ID | |
| 3. | Date and Place of Birth | |
| 4. | Sex (Please Tick) | 1.Male <input type="checkbox"/> 2. Female <input type="checkbox"/> |
| | a. Nationality (Please Tick) | 1. INDIAN <input type="checkbox"/> 2.OTHERS <input type="checkbox"/> |
| 5. | b. Nativity (Please Tick) | 1. TAMIL NADU <input type="checkbox"/> 2.OTHERS <input type="checkbox"/> |
| | c. Mother Tongue (Please refer Prospectus) | <input type="checkbox"/> |
| 6. | Religion | |
| 7. | a. Community | |
| | b. Sub Caste with Code No (Please refer Prospectus) | |
| | c. Sl.No. & Date | |
| | d. Issuing Officer's Designation | |
| | e. Issuing Office | |

| 8. Qualification : M.S. (General Surgery) | | | | | | |
|---|---|-----------------------------------|-------------------|---------------------------|------------------------|-----------------------------|
| Course | Name of the College Studied | Final Year University Examination | 1st Appearance | Register No | Name of the University | |
| | | | | | | |
| 9 | Is the College in which Degree/ Diploma studied recognized by Medical Council of India. (Please tick) | YES / NO | | | | |
| 10 | a. Permanent Medical Council Registration Number and date | | | | | |
| | b. Name of the State Medical Council in which registered and date | | | | | |
| | c. Whether additional qualification is registered | | | | | |
| 11 | Number of Attempts for Passing Post Graduate Degree examination. | | | | | |
| 12 | Whether you are undergoing PG Degree / Diploma/ 6 years MCh (Neurosurgery) / any other Equivalent. | YES | | NO | | |
| | | | | | | |
| 13 | a. Present Occupation (Refer Prospectus) (Please Tick) | TN GOVERNMENT SERVICE | | | NON SERVICE | |
| | b. If working in state Government working under (Please Tick) | State Government | | | Local bodies | |
| | c. If working under state Government Selected under (Please Tick) | TNPSC | MRB | | 10 a (i) | Contract Medical Consultant |
| | | Competitive Written Examination | Walk in Selection | | | |
| | d. If selected by TNPSC/MRB (Through Competitive Written Examination) state Register Number & Year of selection | Register Number | | Month & Year of Selection | | |
| | | | | | | |

Date :

Signature of the Candidate

DECLARATION

To be filled in by all candidates

I, Dr _____ do hereby solemnly affirm that the statement made and information furnished in my application form and in all the enclosures thereto submitted by me are true. Should it however be found that any information furnished therein is untrue in particulars, or there has been suppression of facts I realize that I am liable for criminal prosecution and I also agree to forego my seat in the College at any time during the course of my study.

Station: _____

Date: _____

Signature of the Candidate

SERVICE PROFORMA :**(To be filled by the forwarding authority)**

| | | | | | | | |
|-----|--|------------------|---|----------------------|------------------------|-----------------------------|-------|
| 1 | Name of the Medical Officer | | | | | | |
| 2 | Designation | | | | | | |
| 3 | Date of entry into Government Service a. under 10a (i) / as Contract Medical Consultant b. as TNPSC candidate c. as MRB candidate(Through Competitive Written Examination) d. as MRB Candidate (Walk in Selection) | | | | | | |
| 4 | Total period of Regular Service as on 30.06.2016(Completed Years) | | | | | | |
| 5a. | Whether selected by TNPSC / MRB/ under 10a (i) / Contract Medical Consultant (Please Tick) | TNPSC | MRB | | Selected under 10 a(i) | Contract Medical Consultant | |
| | | | Through Competitive Written Examination | Walk in Selection | | | |
| 5b. | If selected by TNPSC /MRB(Through Competitive Written Examination) , State month & year of selection . (Proof to be enclosed) | | | | | | |
| 6 | Name of the appointing authority | | | | | | |
| 7 | Service status (Please Tick) | Temporary | Probationer | Approved Probationer | | | |
| 8 | Status of the Institution (Please Tick) | State Government | | | Local Bodies | | |
| | | DME | DMS | DPH | | | |
| 9 | Complete service particulars till date | Sl No | Post | Place | From | To | Total |
| 10 | Whether the candidate is under any subsisting contractual obligation, if so give details. | YES / NO | | | | | |
| 11 | Present Station in which the candidate is working with address. | | | | | | |

Date :

Fax number of the }
forwarding Office }

Signature of the Forwarding Officer with office Seal and Date

Phone no of forwarding OfficerNote: the above particulars should be verified scrupulously and in the event of any false information found later, **the forwarding officer will be held responsible.****Office Seal**

(To be furnished in a separate sheet in the format duly signed by the forwarding authority)

ENTRANCE EXAMINATION HALL TICKET
**POST DOCTORAL FELLOWSHIP IN
MINIMAL ACCESS SURGERY COURSE 2016-2017**
(OFFICE COPY)

Name (Block Letters)

Dr.

Entrance Examination
Number

Centre:

Date of Examination: **04-09-2016(Sunday) 10.00 A.M TO 11.30 A.M**

Affix
Passport Size
Photograph
Same photo as in
Application form
duly attested by
a Gazetted
Officer

**Secretary
Selection Committee**

ENTRANCE EXAMINATION HALL TICKET
**POST DOCTORAL FELLOWSHIP IN
MINIMAL ACCESS SURGERY COURSE 2016-2017**
(DUPLICATE)

Name (Block Letters)

Dr.

Entrance Examination
Number

Centre:

Date of Examination: **04-09-2016(Sunday) 10.00 A.M TO 11.30 A.M**

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**Secretary
Selection Committee**

ENTRANCE EXAMINATION HALL TICKET
**POST DOCTORAL FELLOWSHIP IN
MINIMAL ACCESS SURGERY COURSE 2016-2017**
(ORIGINAL)

Name (Block Letters)

Dr.

Entrance Examination
Number

Centre:

Date of Examination: **04-09-2016(Sunday) 10.00 A.M TO 11.30 A.M**

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INSTRUCTIONS

| | |
|--|---|
| 1. Candidates with Hall Tickets only will be allowed to enter the Examination hall. Self driven vehicles by candidates will alone be allowed to enter the Campus. No other person or vehicles will be allowed to enter or park inside the Campus of the Examination Centre | 6. No candidate will be permitted to enter the Examination Hall 30 minutes after the commencement of the Examination |
| 2. Report at the Examination centre 30 minutes before the commencement of the examination. | 7. No candidate will be allowed to leave the Examination Hall before the end of the Examination and also without handing over the Question Paper and Answer sheet to the Invigilator. |
| 3. No candidate shall be admitted into the Examination Hall without the Hall Ticket. | 8. Enter your Entrance Examination Number given in your Hall Ticket legibly without any mistake in the specified places in the Question Paper Booklet and OMR answer sheet provided |
| 4. Candidates are advised to preserve the Hall Ticket till allotment and joining at the college is completed. | 9. Copying of any part of the question paper or taking out of the Examination Hall, the question paper or answer paper sheet is strictly prohibited. |
| 5. No candidate shall be allowed to carry any text material printed or written, bits of paper, electronic and telecommunication devices with or without remote sensing like papers, cellular phones or electronic diary inside the Hall except the Hall Ticket | 10. Candidate shall maintain strict silence. Any misconduct found out by the Hall Superintendent will result in the forfeiture of the right to continue the Examination. Further he/she will not be allowed to apply for the Courses for Two Years. |
| | SECRETARY SELECTION COMMITTEE 162, PERIYAR E.V.R. HIGH ROAD, KILPAUK, CHENNAI-600 010. |

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