

THE TAMILNADU DR. MGR MEDICAL UNIVERSITY, NO.69, ANNA SALAI, GUINDY,  
CHENNAI – 600 032

APPLICATION FOR ADMISSION TO PG DIPLOMA IN HEALTH SCIENCES IN FAMILY  
MEDICINE THROUGH DISTANCE EDUCATION PROGRAMME

Details for Payment of Fee  
(To be filled in by the Applicant)

FOR OFFICE USE ONLY

Form No:

Eligible/Not eligible:

Verified by:

Name & Place of the Bank  
(DD/Challan should be enclosed)  
NEFT/RTGS

Demand Draft No:

Date of Payment:

Amount Rs.

Paste a  
self-signed  
Passport size  
Photograph  
  
Do not Staple

1. NAME IN BLOCK LETTERS :  
(INITIAL AT THE END)
2. DATE OF BIRTH & AGE :  
(PROOF TO BE ENCLOSED)
3. ADDRESS FOR COMMUNICATION :  
(WITH PHONE/MOBILE/E-MAIL/FAX)
4. PERMANENT ADDRESS :  
(WITH PHONE/MOBILE/E-MAIL/FAX)
5. SEX : MALE/FEMALE :

6. NATIONALITY AND RELIGION :

7. COMMUNITY :  
(PROOF TO BE ENCLOSED)

8. ACADEMIC QUALIFICATIONS :

SL.NO	EXAMINATION PASSED	INSTITUTION	UNIVERSITY/YEAR OF PASSING	% OF MARK OBTAINED
1	U.G. DEGREE			
2	P.G. DIPLOMA			
3	P.G. DEGREE			

a) NAME OF THE COUNCIL :  
IN WHICH REGISTERED

b) REGISTRATION NO. AND DATE :

9. WHETHER ELIGIBILITY CERTIFICATE :  
OBTAINED(ENCLOSE XEROX COPY)

10. WHETHER MIGRATION CERTIFICATE :  
OBTAINED(ENCLOSE XEROX COPY)

11. WHETHER THE APPLICANT HAS :  
POSSESSED CLINICAL EXPERIENCE  
IF SO FURNISH THE FOLLOWING  
DETAILS

I) CLINICAL EXPERIENCE

a) NO. OF YEARS OF PRIVATE :  
PRACTICE

b) NO. OF YEARS IN RURAL SERVICE :  
(FURNISH DOCUMENTARY EVIDENCE)

c) NO. OF YEARS OF SERVICE IN GOVT/ :  
PRIVATE HOSPITAL (FURNISH  
DOCUMENTARY EVIDENCE)

II. FOR TEACHING FACULTIES ONLY

- a) NAME OF THE INSTITUTION :  
AT PRESENT WORKING
- b) PRESENT POSITION HELD :
- c) NUMBER OF YEARS OF TEACHING :  
EXPERIENCE

DECLARATION BY THE APPLICANT

I HEREBY DECLARE THAT ALL THE PARTICULARS FURNISHED BY ME IN THE APPLICATION FORM ARE TRUE TO THE BEST OF MY KNOWLEDGE.

I FURTHER DECLARE THAT IF IT IS FOUND OTHERWISE, I AM LIABLE TO FORFEIT THE SEAT AND OR BE REMOVED FROM THE ROLLS OF THE INSTITUTION AT WHATEVER STAGE OF STUDY I MAYBE, BESIDES MAKING BE LIABLE FOR CRIMINAL PROSECUTION.

PLACE:

SIGNATURE OF THE APPLICANT

DATE :

INSTRUCTIONS

1. The cost for Processing/Registration of application etc. is Rs.1000/- which is non-refundable.
2. All columns in the application must be filled up legibly and signed only by the candidate.
3. The said fee should be paid in the form of an account payee Demand Draft drawn in favour of the Registrar, The Tamil Nadu Dr.MGR Medical University on any one of the Nationalist Bank, payable at Chennai (or) through a challan of the Indian Overseas Bank Branch available in this University Building.
4. A self-addressed envelop, sufficiently stamped should be enclosed for sending the intimation for the Entrance Examination by Speed Post.
5. Fees once paid will not be refunded under any circumstances.
6. If a Candidate discontinues the course after one month of joining or after ----- whichever is earlier, he/she is liable to pay the second year fees also.
7. This University reserves the right to revise the tuition fee from time to time.
8. The Eligibility Certificate (if the candidate passed MBBS Degree from any other University other than the Tamil Nadu Dr. MGR Medical University, Guindy,Chennai -32, Madras University, Bharathidasan University, Tiruchirapally, Madurai Kamaraj University, should obtain from this University.