



**THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY
No.69, ANNA SALAI, GUINDY, CHENNAI –600 032.**

**POST GRADUATE DIPLOMA IN MEDICAL JOURNALISM
(PGDMJ) - 2024-25**

APPLICATION FORM

Details of payment (To be filled in by the Candidate)	For office use only
Name / Place of the Bank: Demand Draft.: (D.D. / Receipt No. of online payment should be enclosed) Date of Payment: Amount Rs.:	Form No. Eligible / Not Eligible: Verified by:

1. Name of the candidate in Block Letters
(& Initials at the end) :

2. Date of Birth and Age :
(Proof to be enclosed)

3. Address for Communication (with phone/mobile No./Email ID):

Mobile No. :

e-mail :

4. Permanent Address:

Paste a
self-attested recent
Passport size
Photograph.

Do not Staple

5. State of Domicile :

6. Gender :

7. Nationality and Religion:

8. Community :

(Proof to be enclosed)

9. Name of Parent / Guardian / Husband:

Mobile No. :

e-mail :

10. Academic Qualifications:

S. No	Examination passed	School/College/ Institution	State Board/ CBSE/University	Year of passing	% of Mark/ Grade Obtained
1	Matriculation				
2	Higher Secondary				
3	U.G. Degree				
4	P.G. Diploma (If any)				
5	P.G. Degree (if any)				

11. Any other relevant information:

12. Details of Experience in Journalism (if any):

DECLARATION BY THE APPLICANT

I _____ (Name in full and in Block letters)
son/Daughter/Ward/Wife of _____ hereby solemnly declare that all the
information furnished and the statements given in the above application and the enclosures are
true, correct and complete to the best of my knowledge and belief.

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 may be, besides making be liable for
criminal prosecution.

I also declare that I had read all the instruction in the application/prospectus
carefully and I will abide by the regulations/instructions of the University.

Place:

Date:

Signature of the Applicant

INSTRUCTIONS

1. The cost for Processing/Registration of application etc. is Rs.885/- 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. M.G.R. Medical University** payable at Chennai (or) through online payment in University website
4. Fees once paid will not be refunded under any circumstances.
5. Completed Application form in all respects should be sent to the below postal address

The Head & Professor

Department of Epidemiology,

The Tamil Nadu Dr.M.G.R. Medical University

No.69, Anna Salai, Guindy, Chennai - 600 032

In the envelope, please mention ‘Application for admission to POST GRADUATE DIPLOMA IN MEDICAL JOURNALISM (PGDMJ) - 2024-25; also send a soft copy of the application with all relevant documents to the email epid@tnmgrmu.ac.in

6. If the candidate discontinues the course after one month of joining, he/she is liable to pay the second-year fees also.
7. University has right to revise the tuition fee/exam fee from time to time.
8. **Intimations/Communications to the candidates about the entrance examination, sending of hall tickets etc will be made only through email. Hence the candidates are requested to check their email regularly. The University will not be responsible if the candidates failed to check the emails mentioned in this application and for other consequences thereof.**

THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY
ENTRANCE EXAMINATION FOR
POST GRADUATE DIPLOMA IN MEDICAL JOURNALISM
(PGDPHJ) - 2024-25

IDENTIFICATION CUM ADMIT CARD

Roll No. (to be allotted by the Office)							
---	--	--	--	--	--	--	--

Name of Candidate (in BLOCK Letters)	Paste a self-attested recent Passport size Photograph Do Not Staple
Specialty (in BLOCK Letters)	
Signature of the candidate	

For Use at Examination Centre only		
Date and Time	Signature of the Candidate	Signature of Invigilator