



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

**POST GRADUATE DEGREE COURSE**  
**Conducted by the Department of Epidemiology**

**Please put a  $\sqrt$  mark in an appropriate course (separate application required for each course, if candidate applies for more than one course)**

**M.Sc. (Epidemiology)  / M.Sc. (Public Health)  / M.Sc. (Biostatistics)**

**Admission for A.Y- 2024-2025**

**APPLICATION FORM**

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

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 id :

Paste a  
self-attested recent  
Passport size  
Photograph  
  
Do not Staple

4. Permanent Address :

5. State of Domicile :

6. Sex :

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				

11. Name of the Central Council :  
in which registered (if applicable)

Registration No. and Date :

12. Whether Eligibility Certificate obtained :  
(enclose photocopy)

13. Whether Migration Certificate obtained :  
(enclose photocopy)

**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) online remittance through 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. MGR Medical University**

**N0.69, Anna Salai, Guindy, Chennai -600 032.**

**In the envelope, please mention “Application for admission to M.Sc. (Epidemiology / Public Health / Biostatistics) Course -2024 – 2025”.**

**Also Send a softy copy of the application with all relevant documents to the email [epid@tnmgrmu.ac.in](mailto:epid@tnmgrmu.ac.in)**

**THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY**  
ENTRANCE EXAMINATION FOR POST GRADUATE TWO YEARS DEGREE

**M.Sc.(Epidemiology)  / M.Sc. (Public Health)  / M.Sc. (Biostatistics)  - 2024-2025**

**IDENTIFICATION CUM ADMIT CARD**

Roll No. (to be allotted by the Office)						
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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	

<b>For Use at Examination Centre only</b>		
<b>Date and Time</b>	<b>Signature of the Candidate</b>	<b>Signature of Invigilator</b>