

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

APPLICATION FOR ADMISSION TO MASTER IN MEDICINE (FAMILY MEDICINE)
THROUGH DISTANCE EDUCATION PROGRAMME

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

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

Demand Draft No:

Date of Payment:

Amount Rs.

FOR OFFICE USE ONLY

Form No:

Eligible/Not eligible:

Verified by:

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)

-: 2 :-

....2

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 : (PROOF TO BE ENCLOSED)

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 of application etc., is Rs.1000/- which is not 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 payment gateway for students and others provided in the Online Remittance system in the University Website or the IOB Challon to be paid at the Tamilnadu Dr.MGR Medical University Premises. No Demand Draft / Banker's cheque will be accepted for the above amount.
4. If a Candidate discontinued the course after one month of joining, he/she is liable to pay the second year fees also.
5. This University reserves the right to revise the tuition fee from time to time.
6. Candidates who have passed the qualifying examination other than the Tamilnadu Dr.MGR Medical University, University of Madras, Bharathiar University, Bharathidasan University and Madurai Kamarajar University shall obtain Eligibility Certificate from this University by submitting the prescribed format.
