

THE TAMIL NADU Dr.M.G.R. MEDICAL UNIVERSITY

69, ANNA SALAI, GUINDY, CHENNAI -600 032

ADMISSION TO POST GRADUATE DIPLOMA IN PUBLIC HEALTH JOURNALISM 2018-2019

APPLICATION FORM

DETAILS OF FEE PAYMENT (TO BE FILLED BY CANDIDATE)	
Name of the Bank	
Branch	
DD Number / Date	
Amount (Rs)	
DD/Challan should be enclosed	

FOR OFFICE USE ONLY
Form No.:
Eligible / Not Eligible
Verified by:

1. Name in Block Letters :
(Initials at the end)
2. Date of Birth and Age :
(Proof to be enclosed)
3. Address for Communication :
(with Mobile No./Email)
4. Permanent Address :
(with Mobile No./Email)
5. State of Domicile :
6. Sex :
7. Nationality and Religion :
8. Community :
(Proof to be enclosed)
9. Name of Parent / Guardian / :
Husband

Paste a
self-signed
Passport size
Photograph

Do not staple

10. Academic Qualifications: (Enclose photocopies)

S.No	Examination passed	Institution	University/ Year of passing	% of Mark Obtained
1	Matriculation			
2	Higher Secondary			
3	U.G. Degree			
4	P.G. Diploma			
5	P.G. Degree			

11.Details of Work Experience in Journalism:

[Enclose Experience Certificate(s) in Original]

Duration	Organization / Magazine worked for	Designation

11. Whether Eligibility Certificate obtained :
(Enclose photocopy)

12. Whether Migration Certificate obtained :
(Enclose photocopy)

DECLARATION BY THE APPLICANT

I _____ (Name in Block letters)

Son/Daughter/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.

Place:

Date:

Signature of the Applicant

CHECKLIST FOR ENCLOSURES

S.No.	Name of the Document	Whether enclosed
1	Document for age proof (Photocopy)	
2	Community certificate (Photocopy)	
3	Document for Academic Qualification (Photocopy)	
4	Experience certificate (Original)	
5	Eligibility certificate (Original)	
6	Migration certificate (Original)	
7	DD / Challan for fee (Original)	
8	Passport Size Photo x 2 numbers. (One affixed in Application, another enclosed in a separate envelope)	

Signature of the Applicant

INSTRUCTIONS

1. The cost for Processing/Registration of application etc. is Rs.750/- 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 favor of the **Registrar, The Tamil Nadu Dr. M.G.R. Medical University** on any one of the Nationalized Bank, payable at Chennai (or) through a challan of the Indian Overseas Bank Branch available in this University Building.
4. Fees once paid will not be refunded under any circumstances.
5. University has right to revise the tuition fee and other regulations from time to time.
