



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

POST GRADUATE DEGREE COURSE IN EPIDEMIOLOGY - 2026-2027

Please put a \surd mark in an appropriate course
{The cost of application is 885/- - per course}

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

APPLICATION FORM

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

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 :
E-mail id :

4. Permanent Address :

Paste a
self-attested recent
Passport size
Photograph

Do not Staple

5. State of Domicile :

6. Sex :

7. Nationality and Religion :

8. Community :
(Proof to be enclosed)

9. Name of Parent / Guardian / Husband:

10. Academic Qualifications:

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 (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 :
Other than The Tamil Nadu Dr. MGR
Medical University Candidates
(enclose photocopy)

13. Whether Migration Certificate obtained :
Other than The Tamil Nadu Dr. MGR
Medical University Candidates
(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 **per 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 a challan of the Indian Overseas Bank Branch located in this University Premises.
4. Fees once paid will not be refunded under any circumstances.
5. If a candidate discontinues the course after one month of joining, he/she is liable to pay the second-year fees also.
6. University has right to revise the tuition fee/exam fee from time to time.
7. **Intimations/Communications to the candidates about the entrance examination, interview, sending of hall ticket will be communicated through email. Hence the candidates are requested to check their email regularly. The university will not be responsible if the candidates failed to check emails and for other consequences thereof.**

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) - 2026-2027

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	

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