

6. ACADEMIC QUALIFICATIONS

| SL.NO | EXAMINATION PASSED | INSTITUTION | UNIVERSITY/YEAR OF PASSING | % OF MARK |
|-------|--------------------|-------------|----------------------------|-----------|
| 1 | U.G. DEGREE | | | |
| 2 | P.G. DIPLOMA | | | |
| 3 | P.G. DEGREE | | | |

a) NAME OF THE COUNCIL

: IN WHICH REGISTERED

b) REGISTRATION NO. AND DATE

:

7. 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

c) NO. OF YEARS OF SERVICE IN :
GOVT/ PRIVATE HOSPITAL

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 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 MAYBE, BESIDES MAKING BE LIABLE FOR CRIMINAL PROSECUTION.

PLACE:

SIGNATURE OF THE APPLICANT

DATE :

INSTRUCTIONS

1. The Registration and course materials etc. fee of Rs.15,000/- prescribed 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.MGR Medical University** on any one of the Nationalised Bank, payable at Chennai (or) through a challan of the Indian Overseas Bank Branch available in this University Building.
4. A self-addressed envelope, sufficiently stamped should be enclosed for sending the intimation by Speed Post.
5. Fees once paid will not be refunded under any circumstances.
6. This University reserves the right to revise the Registration fee from time to time.
7. First 20 candidates will be enrolled by the Selection Committee headed by the Vice-Chancellor.