

PG Admission 2008-2009 Session

P.G. Degree/ Diploma / 5 Years M.Ch.,(Neuro

Surgery) (✓) : M.D.S. (✓) :



SCRUTINY FORM
(For Downloaded Applications)

Form No.:

A. R. No. :

(To be filled in by Office)

E.E.NO.:

| Sl.No. | Details | | | | | | | OFFICE USE ONLY SCRUTINY | |
|--------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------|----------------------|------------------------|-------------|------|-----------------------------|--|
| 1. | Name in CAPITAL LETTERS | Dr. | | | | | | | |
| 2. | Mailing Address Pin Code : | Contact Phone No. with STD Code Mobile Number (if any) : | | | | | | | |
| 3. | Date of Birth | Date | Month | | Year | | | | |
| 4. | Nativity (CIRCLE THE CORRECT NUMBER) | TN | | | Others | | | | |
| | | 1 | | | 2 | | | | |
| 5. | Mother Tongue (CIRCLE THE CORRECT NUMBER) | Ta- mil | Hindi | Kan- nada | Mala- yalam | Telu- gu | Urdu | Others | |
| | | 1. | 2. | 3. | 4. | 5. | 6. | 7. | |
| 6. | Religion with Code No. | | | | | | | | |
| 7. | Community (CIRCLE THE CORRECT NUMBER) | OC | BC | BC Chris- tian | BC Muslim | MBC | SC | ST | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 8. | Sub-caste with Code No. | | | | | | | | |
| 9. | Date of Completion of CRRI Training | Date | Month | | Year | | | | |
| 10. | Total Number of years as on 31-03-2008 after completing CRRI to a maximum of 10 Years | | | | | | | | |
| 11. | Permanent Medical Registration Number Name of the State Medical Council | | | | | | | | |
| 12. | Service Particulars (CIRCLE THE CORRECT No) | Service Candidates | | | Non-Service candidates | | | | |
| | | 1 | | | 2 | | | | |
| 13. | Service Status 1. State, 2. Central, 3. TN Govt. Undertaking /Local bodies in TN, 4. Central Govt. Undertaking in TN, | (CIRCLE THE CORRECT NUMBER) | | | | | | | |
| | | 1 | 2 | 3 | 4 | | | | |
| 14. | If working in Tamil Nadu State, circle whether working under | DPH | DMS | DME | | OTHERS | | | |
| | | 1 | 2 | 3 | 4 | | | | |

| | | | | |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------|------------------|
| 15. | No.of completed years of service as on 31.03.2008. | | | |
| 16. | No.of completed years of service in Hilly Area as on 31.03.2008. | | | |
| 17. | Total Marks in Final MBBS part II / Final B.D.S. and Number of Attempts | Marks Obtained | Maximum Marks | No. of Attempts |
| | | | | |
| 18. | Are you under going any PG Degree / Diploma / MDS 5 years M.Ch., Neuro-Surgery Course at the time of applying | (CIRCLE THE CORRECT NUMBER) | | |
| | | 1 | 2 | |
| | | Yes | No | |
| 19. | Whether Completed Degree / Diploma? if yes, state the name of the course (CIRCLE THE CORRECT NUMBER) | 1 | 2 | Course name |
| | | Yes | No | |
| 20. | Whether Discontinued PG Degree / Diploma / MDS / 5 Years M.Ch., Neuro-Surgery Degree previously if yes State Course and Date of the Discontinuation (CIRCLE THE CORRECT NUMBER) | 1 | 2 | Course and Date |
| | | Yes | No | |
| 21. | Are you applying under Special Category (Physically handicapped) | 1 | 2 | |
| | | Yes | No | |
| 22. | Demand Draft Particulars | D.D. No. and Date | Amount Rs. | Name of the Bank |
| | | | | |

I sincerely affirm that the information furnished above are true.

Station :

Date :

CANDIDATE'S SIGNATURE

FOR OFFICE USE ONLY

Scrutiny Official's Name

Signature

Date

Remarks

1.

