

SRI RAMACHANDRA UNIVERSITY

(Declared under Section 3 of the UGC Act, 1956) Accredited by NAAC with 'A' Grade Porur, Chennai - 600 116.

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APPLICATION FORM FOR ALL INDIA ENTRANCE EXAMINATION FOR POSTGRADUATE DEGREE COURSES – 2014

M.D./M.S. CLINICAL/M.Ch. NEURO SURGERY (6 Years) DEGREE COURSES : (GROUP-A)M.D. NON-CLINICAL DEGREE COURSES: (GROUP-B)M.D.S. DEGREE COURSES: (GROUP-C)

NAME OF THE CANDIDATE (AS PER CERTIFICATES IN BLOCK LETTERS) :....

GROUP APPLIED FOR (A or B or C) : Group:.....

IF A CANDIDATE IS APPLYING FOR MORE THAN ONE GROUP, SEPARATE APPLICATION FORM SHOULD BE SUBMITTED FOR EACH GROUP.

Details of Application & Examination fee (Demand Draft for Rs.500/- should be enclosed along with application form)	D.D. No :
	Date :
	Bank Name:
	Branch:

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(**Note**: Please fill in each column in your own handwriting and put a tick mark ($\sqrt{}$) wherever necessary and strike off the portion not applicable. Incomplete application form will be rejected summarily).

1.	a) Name of the Candidate (AS PER CERTIFICATES IN BLOCK LETTERS)	:	Dr.
	b) Expand the initials	:	
	c) Complete Address with State & PIN CODE to which communication is to be sent	:	
	d) Phone No. with STD Code	:	Residence :
			Mobile :
	e) E-mail	:	
2.	a) Father's / Husband's Name	:	
	b) Mother's Name	:	
3.	Sex	:	Male Female
4.	a) Date of birth and age	:	
	b) Place of birth, District and State	:	
5.	Nationality and Religion	:	
6.	Community (Photocopy to be enclosed for SC/ST/OBC)	:	SC ST OBC Others

7. Qualifying examination passed. (Photocopy of the Degree	:	Name of Degre	e:		
certificate and Statement of Marks of all examinations to be enclosed)		University Regn	.No:		
		Month	:		
		Year	:		
8. a) Name and address of the Medical College where qualified	:				
 b) Whether the College and course is recognized by the MCI / DCI. 	:	Recognised	No	t Recognise	d
9. Name of the University which awarded the MBBS/ BDS Degree	:				
 a)Whether the candidate has passed all the examinations in the first attempt 		Yes / No			
b)If no, how many attempts were made to pass	:[MBBS Exam	No. of	BDS	No. of
			attempts	Exam	attempts
		I – year		I – year	
		II – year		II-year	
	ŀ	Final year part I		III-vear	

Final year part II

IV-year

Course	Subject(s)	Marks Secured	Maximum Marks	Month & Year of	No. of attempts
ŭ				Passing	
S					
BDS					
S /					
MBBS					
н					
BDS					
/ BI					
MBBS					
ΔB					
Ħ					
1/					
PART DS					
SS PA BDS					
MBBS III BD					
L N					
FINAL					
Ħ					
PART					
S PA BDS					
4BB IV					
AL N					
FINAL MBBS					
	GRAND TOTAL			Percentag Marks	e of

11. Marks Secured in (MBBS / BDS) Degree Course:

12.	a) Period during which Internship was completed (Attested copy of Internship Completion Certificate should be enclosed)	:	From	_To
	 b) If Internship is not yet completed 	:		
	(i) Undergoing from which date	:		
	 (ii) Probable date of completion (Enclose a certificate as specified in the prospectus) 	:		
13.	Details of Permanent Registration with the MCI / DCI incorporating MBBS / BDS qualification (Photocopy to be enclosed)	:	State:	
			Regn. No.:	
			Date:	

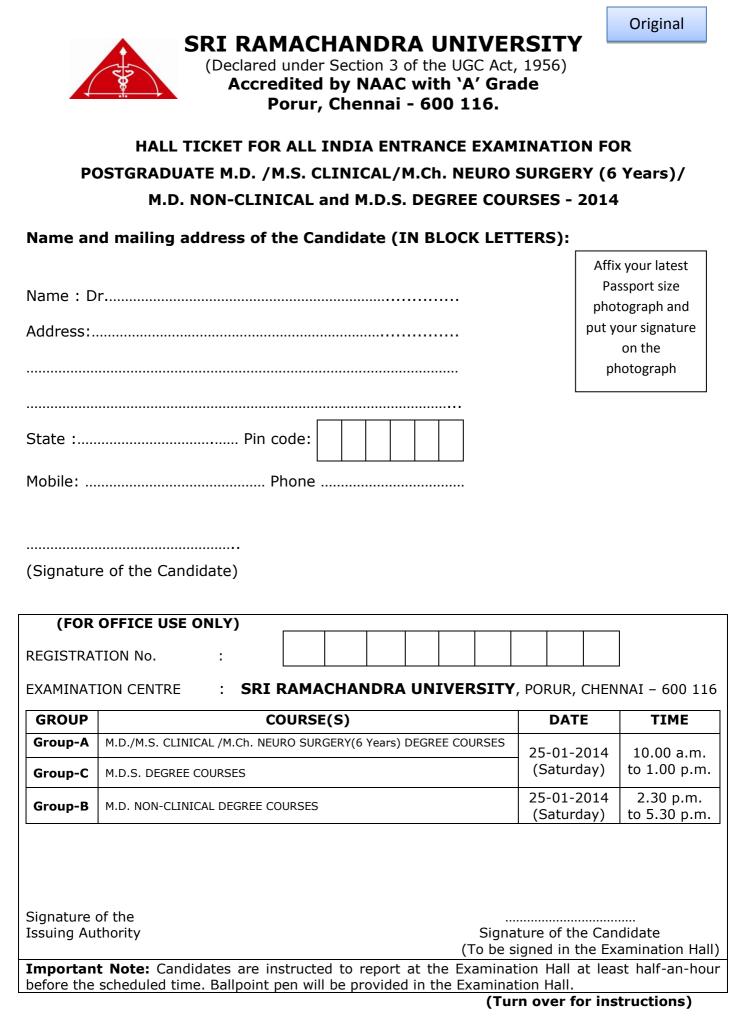
DECLARATION BY THE CANDIDATE

I declare that the information furnished by me herein are true and correct. In case any information furnished herein is found to be incorrect or any document is found to be forged, I agree to forego my claim for admission and abide by the decision of the University authorities.

Place:

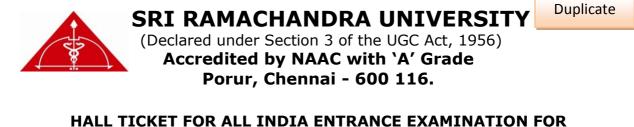
Date:

Signature of the Candidate



INSTRUCTIONS TO THE CANDIDATE

- HALL TICKET MUST BE PRODUCED AT THE TIME OF ENTRANCE EXAMINATION WITHOUT FAIL. NO CANDIDATE SHALL BE ALLOWED TO WRITE THE ENTRANCE EXAMINATION WITHOUT THE HALL TICKET.
- MERE ADMISSION TO THE ENTRANCE EXAMINATION DOES NOT CONFER ON THE CANDIDATE ANY RIGHT OF ADMISSION TO THE COURSE OF STUDY APPLIED FOR.
- Candidates will not be allowed to carry any textual material, printed or written, bits of papers or any prohibited materials such as pen, pencil, calculators, mobile phones, paging devices or any other object/device including Ballpoint pen that is likely to be of unfair assistance inside the examination hall.
- No candidate will be allowed to go outside the examination hall till completion of the first one hour duration.
- Ball point pen for shading in the OMR Answer Sheet will be provided in the Examination Hall. Hence Candidates need not bring pens to the examination hall.
- Candidates shall maintain perfect silence and attend to their papers only. Any conversation or gesticulation or disturbance in the examination hall will be deemed as misbehaviour. If any candidate is found to be misbehaving or using unfair means or resorting to impersonation, his/her candidature will be cancelled and he/she will be liable to be debarred from taking any Entrance Examination of the University.
- All candidates appearing for the All India Entrance Examination shall be required to sign the attendance register along with left hand thumb impression to authenticate their presence.
- The OMR answer sheet of the candidate should be handed over to the Hall Superintendent along with the question booklet. If any candidate fails to do so, his/her candidature shall be cancelled.



POSTGRADUATE M.D. /M.S. CLINICAL/M.Ch. NEURO SURGERY (6 Years)/ M.D. NON-CLINICAL and M.D.S. DEGREE COURSES - 2014

Name and mailing address of the Candidate (IN BLOCK LETTERS):

Name : D Address:.	Pa pho put y	Affix your latest Passport size photograph and put your signature on the photograph	
	Pin code:		
	e of the Candidate)		
REGISTRA	OFFICE USE ONLY) TION No. ION CENTRE : SRI RAMACHANDRA UNIVERSITY	, PORUR, CHEN] NAI – 600 116
GROUP	COURSE(S)	DATE	TIME
Group-A Group-C	M.D./M.S. CLINICAL /M.Ch. NEURO SURGERY(6 Years) DEGREE COURSES M.D.S. DEGREE COURSES	25-01-2014 (Saturday)	10.00 a.m. to 1.00 p.m.
Group-B	M.D. NON-CLINICAL DEGREE COURSES	25-01-2014 (Saturday)	2.30 p.m. to 5.30 p.m.
	thority Signa (To be s t Note: Candidates are instructed to report at the Examinat	ion Hall at lea	amination Hall)
	scheduled time. Ballpoint pen will be provided in the Examinat	ion Hall.	
	(Tur	n over for ins	tructions)

(Turn over for

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