

E.E. Regn. No. :
(To be filled by Office)



SRI RAMACHANDRA UNIVERSITY

(Declared under Section 3 of the UGC Act, 1956)

Accredited by NAAC with 'A' Grade

Porur, Chennai - 600 116.

Affix your latest
Passport size
photograph here.

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 : Group:.....
(A or B or C)

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

<p>Details of Application & Examination fee</p> <p>(Demand Draft for Rs.500/- should be enclosed along with application form)</p>	<p>D.D. No :.....</p> <p>Date :.....</p> <p>Bank Name:.....</p> <p>Branch:.....</p>
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**APPLICATION FORM FOR ALL INDIA ENTRANCE EXAMINATION
FOR POSTGRADUATE DEGREE COURSES - 2014**

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

1. a) Name of the Candidate : Dr.
(AS PER CERTIFICATES
IN BLOCK LETTERS)

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
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7. Qualifying examination : Name of Degree :
 passed. (Photocopy of the Degree
 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 : Recognised Not Recognised
 course is recognized by the
 MCI / DCI.

9. Name of the University which :
 awarded the MBBS/ BDS
 Degree

10. a) Whether the candidate has : Yes / No
 passed all the examinations in
 the first attempt

b) If no, how many attempts :
 were made to pass

MBBS Exam	No. of attempts	BDS Exam	No. of attempts
I - year		I - year	
II - year		II-year	
Final year part I		III-year	
Final year part II		IV-year	

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

Course	Subject(s)	Marks Secured	Maximum Marks	Month & Year of Passing	No. of attempts
I MBBS / BDS					
II MBBS / BDS					
FINAL MBBS PART I / III BDS					
FINAL MBBS PART II / IV BDS					
GRAND TOTAL				Percentage of Marks	

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



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Original

HALL TICKET FOR ALL INDIA ENTRANCE EXAMINATION FOR 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 : Dr.....

Address:.....

.....

.....

State :..... Pin code:

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Mobile: Phone

.....

(Signature of the Candidate)

Affix your latest
Passport size
photograph and
put your signature
on the
photograph

(FOR OFFICE USE ONLY)

REGISTRATION No. :

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EXAMINATION CENTRE : **SRI RAMACHANDRA UNIVERSITY, PORUR, CHENNAI - 600 116**

GROUP	COURSE(S)	DATE	TIME
Group-A	M.D./M.S. CLINICAL /M.Ch. NEURO SURGERY(6 Years) DEGREE COURSES	25-01-2014 (Saturday)	10.00 a.m. to 1.00 p.m.
Group-C	M.D.S. DEGREE COURSES		
Group-B	M.D. NON-CLINICAL DEGREE COURSES	25-01-2014 (Saturday)	2.30 p.m. to 5.30 p.m.

Signature of the
Issuing Authority

.....
Signature of the Candidate
(To be signed in the Examination Hall)

Important Note: Candidates are instructed to report at the Examination Hall at least half-an-hour before the scheduled time. Ballpoint pen will be provided in the Examination Hall.

(Turn over for instructions)

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.



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Duplicate

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Name : Dr.....

Address:.....

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State :..... Pin code:

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Mobile: Phone

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(Signature of the Candidate)

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