

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
colour Passport size
photograph here.

APPLICATION FORM FOR ALL INDIA ENTRANCE EXAMINATION FOR POSTGRADUATE DEGREE COURSES – 2016

M.D./M.S. CLINICAL/M.Ch. NEURO SURGERY (6-Year) 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 DEGREE CERTIFICATE
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.**

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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IMPORTANT NOTE:

Candidates should complete the check list and submit it with application.

CHECK LIST

Application form duly filled in (only self attested photocopies to be submitted)	Enclosed Put a tick (✓)
Photocopy of the Degree Examination Mark Statements(MBBS/BDS) (First year to Final year)	<input type="checkbox"/>
Provisional Pass/Degree Certificate	<input type="checkbox"/>
Attempt Certificate	<input type="checkbox"/>
Internship and Conduct Certificate issued by the Head of the Institution last studied	<input type="checkbox"/>
Registration certificate with any state Medical/Dental councils	<input type="checkbox"/>
Transfer Certificate/Migration Certificate/Proof of Date of Birth	<input type="checkbox"/>
Hall Ticket duly filled in with photograph affixed and signed - Original, Duplicate and Attendance Sheet	<input type="checkbox"/>
Demand Draft for Rs.500/- drawn in favour of "Sri Ramachandra University" towards application & examination fee	<input type="checkbox"/>

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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 (AS PER PROVISIONAL/DEGREE CERTIFICATE IN BLOCK LETTERS)	:	Dr.
b) Expand the initials	:	
c) Complete address (with District, State & PINCODE) to which communication is to be sent	:	
d) Phone No. with STD Code	:	Residence : Mobile :
e) E-mail ID	:	
2. a) Father's Name	:	
b) Mother's Name	:	
c) Husband's Name	:	
3. Sex	:	Male <input type="checkbox"/> Female <input type="checkbox"/>
4. a) Date of birth and age	:	
b) Place of birth, District and State	:	Age:
5. Nationality and Religion	:	

6. Community (Self attested Photocopy of Community certificate should be enclosed for SC/ST/BC/OBC)	:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">SC</td> <td style="width: 25%;">ST</td> <td style="width: 25%;">BC / OBC</td> <td style="width: 25%;">Others</td> </tr> </table>	SC	ST	BC / OBC	Others																
SC	ST	BC / OBC	Others																			
7. Qualifying examination passed. (Self attested Photocopy of the Degree certificate and Statement of Marks of all examinations to be enclosed)	:	Name of Degree : University Regn.No: Month : Year :																				
8. a) Name and address of the Medical College where qualified	:																					
b) Whether the College and course is recognised by the MCI / DCI.	:	<table style="width: 100%; text-align: center;"> <tr> <td style="width: 50%; border: 1px solid black; padding: 5px;">Recognised</td> <td style="width: 50%; border: 1px solid black; padding: 5px;">Not Recognised</td> </tr> </table>	Recognised	Not Recognised																		
Recognised	Not Recognised																					
9. Name of the University which awarded the MBBS/ BDS Degree	:																					
10. a) Whether the candidate has passed all the examinations in the first attempt	:	Yes <input type="checkbox"/> No <input type="checkbox"/>																				
b) If no, how many attempts were made to pass	:	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th style="width: 33%;">MBBS Exam.</th> <th style="width: 16.5%;">No. of attempts</th> <th style="width: 16.5%;">BDS Exam.</th> <th style="width: 34%;">No. of attempts</th> </tr> </thead> <tbody> <tr> <td>I – year</td> <td></td> <td>I – year</td> <td></td> </tr> <tr> <td>II – year</td> <td></td> <td>II–year</td> <td></td> </tr> <tr> <td>Final year Part - I</td> <td></td> <td>III-year</td> <td></td> </tr> <tr> <td>Final year Part - II</td> <td></td> <td>IV-year</td> <td></td> </tr> </tbody> </table>	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	
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 / I - BDS					
II - MBBS / II - 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 (Self attested photocopy of Internship Completion Certificate should be enclosed)	:	From_____To_____
b) If Internship is not yet completed (Applicable for MD/MS/M.Ch.(Neuro Surgery 6-year) (i) Undergoing from which date (ii) Probable date of completion (Enclose a certificate as specified in page No.13 of 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.

I further declare that I have read the prospectus furnished with the application form fully and understood the contents therein clearly and I hereby undertake to abide by the conditions prescribed therein.

Place:

Signature of the candidate

Date:



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Original

HALL TICKET FOR ALL INDIA ENTRANCE EXAMINATION FOR POSTGRADUATE M.D. /M.S. CLINICAL/M.Ch. NEURO SURGERY (6-Year) / M.D. NON-CLINICAL / M.D.S. DEGREE COURSES - 2016

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

(same as in Column 1(c) of application)

Name : Dr.....

Address:.....

.....

State : Pin code:

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Phone /Mobile:

.....

(Signature of the candidate)

Affix your latest
Passport size
colour 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	COURSES	DATE	TIME
Group-A	M.D./M.S. CLINICAL /M.Ch. NEURO SURGERY(6-Year) DEGREE COURSES	06-12-2015 (Sunday)	10.00 a.m. to 1.00 p.m.
Group-C	M.D.S. DEGREE COURSES		
Group-B	M.D. NON-CLINICAL DEGREE COURSES	06-12-2015 (Sunday)	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 by the University in the Examination Hall.

(Turn over for instructions)

INSTRUCTIONS TO CANDIDATES

- 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 in the attendance sheet and also affix left hand thumb impression to record their presence.
- The OMR answer sheet of the candidates 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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ATTENDANCE SHEET

**FOR ALL INDIA ENTRANCE EXAMINATION FOR POSTGRADUATE M.D./M.S. CLINICAL/
M.Ch. NEURO SURGERY (6-Year)/ M.D. NON-CLINICAL and M.D.S. DEGREE COURSES - 2016**

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

Name : Dr.....
(Name in block letters)

.....
(Signature of the Candidate)

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

THE FOLLOWING DETAILS TO BE FILLED IN THE EXAMINATION HALL IN THE PRESENCE OF HALL SUPERINTENDENT AND CHIEF SUPERINTENDENT

REGISTRATION No. :		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Question Book No.:		OMR Sheet No.:							
<div style="border: 1px solid black; width: 100%; height: 100%;"></div> <p>Left Thumb impression of the Candidate (To be affixed in the Exam Hall only)</p>		<p>Signature of the Candidate (To be signed in the Exam Hall only)</p>							
<p>Signature of Hall Superintendent (Name in Block letters)</p>		<p>Signature of Chief Superintendent</p>							