

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 HIGHER SPECIALITY D.M. / M.Ch. DEGREE COURSES – 2015**

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

GROUP APPLIED FOR :.....

NAME OF THE COURSE OPTED FOR :

***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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(**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 & PIN CODE) 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	:					
5. Nationality and Religion	:					
6. Community (Self attested Photocopy should be enclosed for SC/ST/OBC)	:	<table border="1"><tr><td>SC</td><td>ST</td><td>BC / OBC</td><td>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 PG Degree : University Regn. No : Month : Year :
8. a) Name and address of the Medical College where qualified	:	UG PG
b) Whether the College and course is recognised by the Medical Council of India.	:	<input type="checkbox"/> Recognised <input type="checkbox"/> Not Recognised
9. Name of the University which awarded the Degree	:	
a) MBBS	:	
b) Postgraduate	:	

10. Marks Secured in MD / MS Degree Course:

Course	Subject(s)	Marks Secured	Maximum Marks	Month & Year of Passing	No. of attempts
I MD/MS					
FINAL MD/MS					
GRAND TOTAL				Percentage of Marks _____	

11. 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	:	<table border="1"> <thead> <tr> <th data-bbox="746 282 991 331">PG Exam</th> <th data-bbox="991 282 1374 331">No. of attempts</th> </tr> </thead> <tbody> <tr> <td data-bbox="746 331 991 376">I – Year</td> <td data-bbox="991 331 1374 376"></td> </tr> <tr> <td data-bbox="746 376 991 421">Final Year</td> <td data-bbox="991 376 1374 421"></td> </tr> </tbody> </table>		PG Exam	No. of attempts	I – Year		Final Year	
PG Exam	No. of attempts								
I – Year									
Final Year									
12. Details of Permanent Registration with the Medical Council incorporating PG 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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HALL TICKET FOR ALL INDIA ENTRANCE EXAMINATION FOR HIGHER SPECIALITY D.M. / M.Ch. DEGREE COURSES - 2015

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

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

Name : Dr.....

Address:.....

.....

.....

State :..... Pin code:

--	--	--	--	--	--	--	--

Mobile: Phone

.....

(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

DATE : 21.06.2015 (Sunday)

TIME : Group A, B, C, & E - 10.00 a.m. to 1.00 p.m.
Group D - 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 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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Duplicate

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ATTENDANCE SHEET

FOR ALL INDIA ENTRANCE EXAMINATION FOR HIGHER SPECIALITY D.M. / M.Ch.

DEGREE COURSES - 2015

GROUP	COURSES	DATE	TIME
Group-A	D.M. Cardiology / Neurology / Nephrology / Medical Gastroenterology	21-06-2015 (Sunday)	10.00 a.m. to 1.00 p.m.
Group-B	D.M. Reproductive Medicine		
Group-C	D.M. Neuro Radiology		
Group-E	M.Ch. Urology / Cardiovascular and Thoracic Surgery / Surgical Gastroenterology / Neuro Surgery / Plastic & Reconstructive Surgery / Paediatric Surgery / Vascular Surgery	21-06-2015 (Sunday)	2.30 p.m. to 5.30 p.m.
Group-D	D.M. Critical Care Medicine / Neonatology		

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

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

.....
(Signature of the Candidate)

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photograph

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

REGISTRATION No. :	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
Question Book No.:	OMR Sheet No.:										
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></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>										