

**APPLICATION FOR ISSUE OF ELIGIBILITY CERTIFICATE**

**MEDICAL D.M/M.Ch Super Speciality**

Read the instructions carefully and fill up all the columns and attach Relevant Original certificates along with the application form. Add Rs.100/- along with the prescribed fee if the application form is downloaded from the website.

From (Self Address)

**Serial No.**

D.D/Challan No:

Date of Draft/Challan

Name of Bank:

Amount

**For Office Use Only :**

a) Application Received by:

b) Signature of the Assistant & Supdt  
Checked the E.C Application

To

The Registrar, The Tamil Nadu Dr. M.G.R. Medical University,  
Chennai 600 032.

Sir/Madam,

I request you to kindly issue me the Eligibility Certificate for seeking admission in First D.M/M.Ch., Super Speciality degree course in the affiliated institution of this University for the Academic Year 20... - 20.....

1. Name of Course :
2. Name of the Applicant Thiru/Tmt/Selvi/  
(In **BLOCK LETTERS** as per records) :
3. Name of the Father / Guardian :
4. Nationality :
5. Date of Birth & Age :

5. (a) Name of the Post Graduate Examination passed :

(b) Register Number and Month and Year of Passing :

(c) Name of the University & Place :

(d) Name of the State Council of Registration of the Post Graduate Degree Course :

(e) Council's Registration No. & Date :

6. Name of the University the Migration Certificate issued to the Candidate :

a) Migration Certificate No.& Date :

7. Please Tick the Original Certificates enclosed with the application:

Post Graduate Provisional / Degree Certificate	Council's Registration Certificate	Migration Certificate	Other Certificates if any

8. Whether the eligibility certificate is required in person or to be sent by post or to others with authorization letter :

9. Address to which the E.C is to be sent (In BLOCK LETTERS) :  
(Attached self Address sufficiently stamped Envelope)

### DECLARATION

I hereby declare that all the particulars furnished in the application form is correct to the best of my knowledge.

PLACE :

Signature of the Applicant  
Signature of the Applicant

DATE :

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**Instructions to the Candidates to apply Eligibility Certificate for admission to First DM/MCh Super speciality Degree Course.**

**Candidate should submit the following documents for the issue of Eligibility Certificate for admission to First DM/MCh Super speciality.**

1. Candidates who have passed Post Graduate Degree Examination other than the Tamil Nadu Dr. M.G.R. Medical University, University of Madras, Bharathiar University, Bharathidasan University and Madurai Kamaraj University shall obtain an eligibility certificate from this University .
2. Candidate has to submit duly filled in Eligibility Certificate Application Form downloaded from the Website of The Tamil Nadu Dr. M.G.R. Medical University [www.tnmgrmu.ac.in](http://www.tnmgrmu.ac.in) either in person or by post.
3. Candidate has to remit a sum of Rs.1,600/- towards the cost of application and Eligibility Fee through "Payment Gateway for students & others" provided in the Online Remittance System in the University website or the IOB challan to be paid at The Tamil Nadu Dr. M.G.R Medical University Premises. No demand Draft / Banker's Cheque will be accepted for the above amount.
4. The amount once remitted by the candidate to the University will not be refunded at any cost.
5. Candidate has to furnish the following documents in original and one set of Xerox copies
  - a) Post Graduate Provisional/Degree Certificate
  - b) State Council's Additional Qualification Registration Certificate.
  - c) Migration certificate.
  - d) NEET Score card
6. The University will issue the Eligibility Certificate from 1<sup>st</sup> April of every year.
7. The last date for applying the Eligibility certificate for DM/MCh Super speciality Degree course is 31st August of every year, if 31st August falls on holiday the candidate has to apply eligibility certificate on the next working day.
8. Institutions / Agents / Mediators are not allowed to apply the eligibility certificate on behalf of the candidate.

## **ELIGIBILITY CRITERIA**

Candidates for admission to the first year D.M/M.Ch Post-graduate Higher Speciality Degree Courses shall be required to have any one of the following qualifications as detailed.

### **Qualification required for joining D.M. Super Speciality Course:**

<b><u>D.M.</u></b>			<b><u>Qualification requirement</u></b>
Branch	1	Neurology	M.D (Medicine) M.D (Paediatrics)
Branch	II	Cardiology	M.D (Medicine) M.D (Paediatrics)
Branch	III	Nephrology	M.D (Medicine) M.D (Paediatrics)
Branch	IV	Medical Gastro- enterology	M.D (Medicine) M.D (Paediatrics)
Branch	VII	Medical Oncology	M.D (Medicine) M.D (Radio Therapy) M.D (Paediatrics)
Branch	IX	Rheumatology	M.D (Medicine) M.D (Paediatrics)
Branch	X	Clinical Haematology	M.D (Medicine) M.D (Pathology) M.D (Paediatrics)
Branch	XI	Neonatology	M.D. (Paediatrics)

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**Qualification required for joining M.Ch., Super Speciality Course**

<b><u>M.Ch.</u></b>			<b><u>Qualification required</u></b>
Branch	I	Cardio-Thoracic Surgery	M.S. (Surgery)
Branch	II	Neuro Surgery	M.S (Surgery) – (3 year course) M.B.B.S. ( 5 year course)
Branch	III	Plastic & Reconstructive Surgery	M.S (Surgery)
Branch	IV	Urology	M.S (Surgery)
Branch	V	Paediatric Surgery	M.S (Surgery)
Branch	VI	Surgical Gastroenterology	M.S (Surgery)
Branch	VII	Surgical Oncology	M.S (Surgery) M.S (ENT) M.S (Orthopaedics) MD (Obst & Gynae)
Branch	VIII	Vascular Surgery	M.S (Surgery)
Branch	IX	Endocrine Surgery	M.S. (Surgery)

Note : A person possessing DNB in the concerned broad-speciality is eligible for admission in the Super-Speciality/Higher Course (DM/MCH)

a) He/She having qualified for the Post-graduate degree of this University or any other Universities recognised as equivalent thereto by the authority of this University and the Indian Medical Council and obtained permanent registration from any of the State Medical Councils.

b) The Candidate who has admitted to the D.M/M.Ch Post-Graduate Super Speciality Degree courses has obtained permanent registration certificates (both for M.B.B.S and Post-graduate Degree) from any one of the State Medical Councils.

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