

THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY,

No.69, ANNA SALAI, GUINDY, CHENNAI –600 032.

**ENTRANCE EXAMINATION FOR POST GRADUATE TWO YEARS DEGREE COURSE
IN M.Sc., EPIDEMIOLOGY. 2015-2016**

APPLICATION FORM

**Details for Payment of Fee_
(To be filled in by the Candidate)**

FOR OFFICE USE ONLY

Form No.:

**Name and Place of the Bank
(D.D. / Challan should be enclosed)**

Eligible / Not Eligible

Demand Draft No. :

Date of Payment :

Amount Rs. :

1. Name in Block Letters :
(Initial at the end)

2. Date of Birth and Age :
(Proof to be enclosed)

3. Address for Communication :
(with phone/mobile/email/fax)

4. Permanent Address :
(with phone/mobile/email/fax)

5. State of Domicile :

6. Sex :

7. Nationality and Religion :

8. Community :
(Proof to be enclosed)

9. Name of Parent / Guardian / Husband :

**Paste a
self-signed
Passport size
Photograph**

Do not Staple

10. Academic Qualifications:

S. No	Examination passed	Institution	University/year of passing	% of Mark Obtained
1	Matriculation			
2	Higher Secondary			
3	U.G. Degree			
4	P.G. Diploma			
5	P.G. Degree			

a) Name of the Council in which registered :

b) Registration No. and Date :

11. Whether Eligibility Certificate obtained. (Enclose photocopy). :

12. Whether Migration Certificate obtained (Enclose photocopy). :

DECLARATION BY THE APPLICANT

I _____ (Name in full and in Block letters) son/daughter of _____ hereby solemnly declare that all the information furnished and the statements given in the above application and the enclosures are true, correct and complete to the best of my knowledge and belief.

I further declare that if it is found otherwise, I am liable to forfeit the seat and/or be removed from the rolls of the institution at whatever stage of study I may be, besides making be liable for criminal prosecution.

Place:

Date:

Signature of the Applicant

THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY,

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ENTRANCE EXAMINATION FOR POST GRADUATE TWO YEARS DEGREE

COURSE M.Sc., (EPIDEMIOLOGY) 2015-2016

IDENTIFICATION CUM ATTENDANCE CARD

Roll No. (to be allotted by the Office)						
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Name of Candidate (in BLOCK Letters)	Paste a self signed recent Passport size Photograph Do Not Staple
Specialty (in BLOCK Letters)	
Signature of the candidate	

For Use at Examination Centre Only

Date and Time	Signature of the Candidate	Signature of Invigilator