APPLICATION FORM FOR MD/ MS PROGRAMME
(for Online reporting Candidates)
2020   - 2021

SPECIALITY : __________________________________________

Are you willing to participate in Round 2 of counseling for upgradation :

☐ YES
☐ NO
1. Name: ____________________________________________________________
   (in Block Letters)

2. Gender (Tick): Male □ Female □ Others □

3. Date of Birth: D  D  M  M  Y  Y  Y  Y

4. Age: (As on 31st December of the year of admission) ________ Years

5. a) Personal Marks of Identification:

   1. ______________________________________________________________

   2. ______________________________________________________________

   b) Aadhaar No.: _________________________________________________

   c) Blood Group: _________________________________________________

6. Place of Birth: _________________________________________________

7. a) Permanent Address: ____________________________________________

   __________________________________________________________________

   PIN CODE ____________________________

   Phone No. with STD Code: ________________________________

   Mobile: ______________________________ E-mail: ______________________

   b) Mailing Address: ______________________________________________

   __________________________________________________________________

   PIN CODE ____________________________

   Phone No. with STD Code: ______________________________

8. Nationality: Foreign National □ NRI □ Indian □

   Country: (If Foreign National) ______________________________________
9. a) Religion (✓ Tick) : Hindu  Islam  Christian  Others

Others Specify : ________________________________

b) Community (✓ Tick) : OC  OBC  SC  ST

Caste : ________________________________

c) State : ________________________________

d) You are belong to : Rural  Urban

10. Languages Known : ________________________________  Mother Tongue : ________________________________

11. Name of the Father / Guardian : ________________________________, Occupation : ________________________________, Age : _____

Name of the Mother : ________________________________, Occupation : ________________________________, Age : _____

Annual Income : ________________________________

Name of the Office and Address :

______________________________

PIN CODE | | | | | |

Office Telephone No. with STD Code : ________________________________

E-mail : ________________________________

Residence Phone No. with STD Code : ________________________________

Mobile : ________________________________

12. Extra curricular activities (Give the details against each item)
   a) Sports :
   b) Games :
   c) N.C.C. :
   d) N.S.S. :
   e) Others :
### EDUCATIONAL DETAILS

13. **Academic Qualification for admission to MD / MS Degree Course:**

**DETAILS OF NEET PG 2020:**

<table>
<thead>
<tr>
<th>NEET Roll No.</th>
<th>:--------------------------------------------------------------------------------------------------</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEET Category (OC / OBC / SC / ST)</td>
<td>:--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>NEET Score (Out of ____ )</td>
<td>:--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>NEET Percentile Score</td>
<td>:--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>NEET All India Rank</td>
<td>:--------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>

| a) Name of the Degree / Diploma Passed |                                                                 |
| b) Reg. No. |                                                                 |
| c) Month & Year of Passing |                                                                 |
| d) Percentage of marks |                                                                 |
| e) Name of the College |                                                                 |
| f) Name of the University |                                                                 |
| g) Whether Completed CRRI before 31st March 2020 | YES ☐ NO ☐ |
| h) Period during which the CRRI was completed | From ............... To ................. |
| i) Name of the College where CRRI was done |                                                                 |
| j) Name of the Council Registered |                                                                 |
| k) Council Registration No. & Date |                                                                 |
| l) If He/She has registered with other than Tamil Nadu Medical Council Noc from State Medical Council Concerned to register in TNMC |                                                                 |
14. Tuition Fee and Other Fee Payment Details (NEFT / RTGS ONLY)
To be Filled Compulsorily by the Candidate Reporting Online

Account Holder's Name : 
Bank Name : 
Transaction UTR No. : Rs. 
                      : Rs. 
                      : Rs. 
                      : Rs. 

Date of Transaction : 
Total Amount : Rs.

15. Hostel Rent, Caution Deposit and Mess Fee Payment Details (NEFT / RTGS ONLY)
To be Filled Compulsorily by the Candidate Reporting Online

Account Holder's Name : 
Bank Name : 
Transaction UTR No. : Rs. 
                      : Rs. 
                      : Rs. 
                      : Rs. 

Date of Transaction : 
Total Amount : Rs.
16. Bank Account Details for Refund of Fee in the case of Upgradation of seat Allotment (only ONE Bank Account Details should be Furnished)

Bank Account No. : 
Beneficiary Name : 
Address : 
Bank & Branch Name : 
Bank Address & Phone Number : 
MICR Code : 
Branch Code : 
IFSC Code : 

17. DETAILS OF SCANNED COPIES OF CERTIFICATES SUBMITTED
(If Submitted, Put (√) Tick Mark)

<table>
<thead>
<tr>
<th>SL.No.</th>
<th>PARTICULARS OF CERTIFICATE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Provisional Allotment letter generated on-line from DGHS</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Degree / Provisional Certificate</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Degree Mark Sheets</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Class 10+2 Marks Sheet</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Internship Certificate</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Council Registration Certificate</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Community Certificate (If Applicable)</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Transfer Certificate</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Migration Certificate</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Class 10° Certificate</td>
<td></td>
</tr>
<tr>
<td>SL.No.</td>
<td>PARTICULARS OF CERTIFICATE</td>
<td></td>
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</tr>
<tr>
<td>11</td>
<td>Copy of Birth Certificate (If Matric Certificate does not bear the same)</td>
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</tr>
<tr>
<td>12</td>
<td>Physical Fitness Certificate</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>NEET Admit Card</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>NEET Score Card / Rank Card</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Copy of AADHAR Card &amp; PAN Card of Student</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Copy of AADHAR Card &amp; PAN Card of Parent</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>NRI Documents (If applicable)</td>
<td></td>
</tr>
</tbody>
</table>

**DECLARATION**

1. I, Dr. ___________________________, submit myself for admission to MD/MS Programme in __________________________ based on my performance in the NEET Examination held in 2020 with NEET Roll No. __________, appeared at (Exam. centre) __________________________ and allotment order dated __________ with NEET Rank ___________ at Aarupadai Veedu Medical College & Hospital, Puducherry for the academic year 2020-21.

2. I Solemnly assure that the particulars furnished above are true and correct to the best of my knowledge/conscience.

3. I abide the condition that if any particulars furnished by me found to be incorrect later, I am liable for forfeiture of admission and fees paid.

4. I hereby declare that the Bank Details in which the Refund of Fees amount to be credited furnished by me are correct to the best of my knowledge and I will not change it, on later stage.

5. In addition Hand written and **Self Attested Undertaking** by the candidate stating as under:

   “I hereby declare that all the information given / uploaded by me in the application is factually correct and true to the best of my knowledge and belief. I undertake that in the event of any information being found false or incorrect at any stage, my candidature is liable to be cancelled and I will have no claim on the seat allotted to me by the competent authority”. 
Hand Written and self Attested undertaking by the Candidate.

Signature of the Candidate with date

Signature of the Father / Spouse with date

Thumb impression of Father / Spouse

Thumb impression of Candidate

Note:

1. Soft Copy of the filled in Application form along with the required self Attested certificates should be sent to deepavmu@vinayakmissions.com. (pdf format in the single file)

2. Please Mention the Soft Copy File name as Your NEET Roll No.pdf.