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: __________________________________
    __________________________________
    Phone No. with STD Code: __________________________
    Mobile: __________________________ E-mail: __________
    b) Mailing Address: __________________________________
    __________________________________
    Phone No. with STD Code: __________________________

8. Nationality: Foreign National  NRI  Indian
   Country: __________________________________________
   (If Foreign National) ________________________________

Affix recent passport size colour photograph
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: ____________________________
13. Academic Qualification for admission to MD / MS Degree Course:

**DETAILS OF NEET PG 2020:**

NEET Roll No. : .................................................................

NEET Category (OC / OBC / SC / ST) : .................................................................

NEET Score (Out of _____) : ........................................................................

NEET Percentile Score : ........................................................................

NEET All India Rank : ........................................................................

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>a</td>
<td>Name of the Degree / Diploma Passed</td>
</tr>
<tr>
<td>b</td>
<td>Reg. No.</td>
</tr>
<tr>
<td>c</td>
<td>Month &amp; Year of Passing</td>
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<tr>
<td>d</td>
<td>Percentage of marks</td>
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<td>e</td>
<td>Name of the College</td>
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<td>f</td>
<td>Name of the University</td>
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<tr>
<td>g</td>
<td>Whether Completed CRRI before 31st March 2020</td>
</tr>
<tr>
<td>h</td>
<td>Period during which the CRRI was completed</td>
</tr>
<tr>
<td>i</td>
<td>Name of the College where CRRI was done</td>
</tr>
<tr>
<td>j</td>
<td>Name of the Council Registered</td>
</tr>
<tr>
<td>k</td>
<td>Council Registration No. &amp; Date</td>
</tr>
<tr>
<td>l</td>
<td>If He/She has registered with other than Tamil Nadu Medical Council Noc from State Medical Council Concerned to register in TNMC</td>
</tr>
</tbody>
</table>
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>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Provisional Allotment letter generated on-line from DGHS</td>
</tr>
<tr>
<td>2</td>
<td>Degree / Provisional Certificate</td>
</tr>
<tr>
<td>3</td>
<td>Degree Mark Sheets</td>
</tr>
<tr>
<td>4</td>
<td>Class 10+2 Marks Sheet</td>
</tr>
<tr>
<td>5</td>
<td>Internship Certificate</td>
</tr>
<tr>
<td>6</td>
<td>Council Registration Certificate</td>
</tr>
<tr>
<td>7</td>
<td>Community Certificate (If Applicable)</td>
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<tr>
<td>8</td>
<td>Transfer Certificate</td>
</tr>
<tr>
<td>9</td>
<td>Migration Certificate</td>
</tr>
<tr>
<td>10</td>
<td>Class 10th Certificate</td>
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<tbody>
<tr>
<td>11</td>
<td>Copy of Birth Certificate (If Matric Certificate does not bear the same)</td>
</tr>
<tr>
<td>12</td>
<td>Physical Fitness Certificate</td>
</tr>
<tr>
<td>13</td>
<td>NEET Admit Card</td>
</tr>
<tr>
<td>14</td>
<td>NEET Score Card / Rank Card</td>
</tr>
<tr>
<td>15</td>
<td>Copy of AADHAR Card &amp; PAN Card of Student</td>
</tr>
<tr>
<td>16</td>
<td>Copy of AADHAR Card &amp; PAN Card of Parent</td>
</tr>
<tr>
<td>17</td>
<td>NRI Documents (If applicable)</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 Vinayaka Mission’s Kirupananda Vairiyar Medical College & Hospitals, Salem 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”.

[Handwritten and Self Attested Undertaking]

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**NEET Score Card / Rank Card**

**Copy of AADHAR Card & PAN Card of Student**

**Copy of AADHAR Card & PAN Card of Parent**

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**NEET Admit Card**

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**Physical Fitness Certificate**

---

**Copy of Birth Certificate (If Matric Certificate does not bear the same)**

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**NRI Documents (If applicable)**
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

Signature of the Candidate with date

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 jr.admission@vmu.edu.in. (pdf format in the single file)

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