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) ____________________________________________

   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 : ____________________________
### EDUCATIONAL DETAILS

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

**DETAILS OF NEET PG 2020:**

<table>
<thead>
<tr>
<th>Details</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEET Roll No.</td>
<td>:-----------</td>
</tr>
<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>
</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>
</tr>
<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>
</tr>
<tr>
<td>SL.No.</td>
<td>PARTICULARS OF CERTIFICATE</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------------------------</td>
</tr>
<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 Medical College & Hospital, Karaikal, U.T. of 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 vmch.admissions@gmail.com (pdf format in the single file)

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