

# MQ / NRI

**ADMISSION TO MBBS/BDS COURSE 2018-2019 SESSION**  
**APPLICATION FORM FOR SEATS IN SELF-FINANCING MEDICAL / DENTAL COLLEGES**  
**UNDER MANAGEMENT QUOTA (INCLUDING NRI QUOTA)**  
 SELECTION COMMITTEE, DIRECTORATE OF MEDICAL EDUCATION, KILPAUK, CHENNAI - 10.

|   |  |
|---|--|
| A. R. No.                                   |  |
| (To be assigned by the Selection Committee) |  |

|    |   |                 |  |  |  |  |  |  |  |  |  |      |  |  |       |  |
|----|---|-----------------|--|--|--|--|--|--|--|--|--|------|--|--|-------|--|
| 1) | +2 Examination /<br>Equivalent Register<br>Number, Year & Month | REGISTER NUMBER |  |  |  |  |  |  |  |  |  | YEAR |  |  | MONTH |  |
|    |   |                 |  |  |  |  |  |  |  |  |  |      |  |  |       |  |

|      |  |   |                   |               |             |
|------|--|---|-------------------|---------------|-------------|
| 2)   | 2018 UG NEET<br>DETAILS                        | : | NEET REGISTER NO. | NEET ROLL NO. | NEET SCORE  |
|      |  |   |                   |               |             |
| 2 A) | CANDIDATE AADHAR<br>NO.                        | : |                   |               |             |
| 3)   | Name in Block Letters<br>(Initials at the end) | : |                   |               |             |
| 4)   | Name of the<br>Parent/Guardian                 | : |                   |               |             |
| 5)   | Gender<br>(Encircle a Code)                    | : | MALE              | FEMALE        | TRANSGENDER |
|      |  |   | 1                 | 2             | 3           |

SPACE FOR  
PHOTOGRAPH  
WITH NAME &  
DATE

|    |                                  |   |        |        |    |               |   |      |       |      |
|----|----------------------------------|---|--------|--------|----|---------------|---|------|-------|------|
| 6) | Nationality<br>(Encircle a Code) | : | INDIAN | OTHERS | 7) | DATE OF BIRTH | : | DATE | MONTH | YEAR |
|    |                                  |   | 1      | 2      |    |               |   |      |       |      |

|  |   |    |                    |   |                         |                         |                         |
|--|---|----|--------------------|---|-------------------------|-------------------------|-------------------------|
| 8) Qualifying Examination<br>(Encircle a code) |   | 9) | No. of<br>Attempts | : | 1 <sup>st</sup> Attempt | 2 <sup>nd</sup> Attempt | 3 <sup>rd</sup> Attempt |
| HSC  | 1 |    |                    |   |                         |                         |                         |
| SSCE/CBSE                                      | 2 |    | REG. NO.           | : |                         |                         |                         |
| ISCE   | 3 |    | YEAR               | : |                         |                         |                         |
| OTHERS   | 4 |    |                    |   |                         |                         |                         |

10) Marks obtained in select Science subjects in the Qualifying Examination in First Attempt only:-

| SUBJECT                     | MAXIMUM MARKS | MARKS OBTAINED | % OF MARKS | WEIGHTED TOTAL MARKS | METHOD OF CALCULATION |
|-----------------------------|---------------|----------------|------------|----------------------|-----------------------|
| PHYSICS                     |               |                | Y1         | Y                    | Y = Y1 + Y2           |
| CHEMISTRY                   |               |                | Y2         |                      | -----                 |
| BIOLOGY /<br>BIO-TECHNOLOGY |               |                | X          | X                    | X                     |
| BOTANY                      |               |                | Z1         | Z                    | Z = Z1 + Z2           |
| ZOOLOGY                     |               |                | Z2         |                      | -----                 |
| TOTAL MARKS                 |               |                |            |                      | (X + Y) OR (Z + Y)    |

|                                 |         |               |                |
|---------------------------------|---------|---------------|----------------|
| 10 a) Fourth Optional Subject : | SUBJECT | MAXIMUM MARKS | MARKS OBTAINED |
|                                 |         |               |                |

| 11) Are you undergoing or have completed a Degree / Diploma / Profession Course anywhere in India?<br>If yes, furnish particulars. If No write NOT APPLICABLE :- |              |    |                         |
|--|--------------|----|-------------------------|
| NAME OF THE COURSE   | MONTH & YEAR |    | NAME & PLACE OF COLLEGE |
|  | FROM         | TO |                         |
| MBBS (or) Equivalent   |              |    |                         |
| BDS  |              |    |                         |
| B.E., (or) B.Tech  |              |    |                         |
| .....<br>(Others mention here)   |              |    |                         |

|     |   |         |       |        |
|-----|---|---------|-------|--------|
| 12) | Medium of Instruction : (Encircle a code) | ENGLISH | TAMIL | OTHERS |
|     |   | 1       | 2     | 3      |

|     |               |   |  |               |
|-----|---------------|---|--|---------------|
| 13) | RELIGION NAME | : |  | RELIGION CODE |
|     |               |   |  |               |

|     |               |  |      |  |
|-----|---------------|--|------|--|
| 14) | Mother Tongue |  | CODE |  |
|     |               |  |      |  |

COMMUNITY    1.OC    2.BC    2A.BCM    3.MBC/DNC    4.SC    4A.SCA    5.ST

15) ADDRESS FOR COMMUNICATION :- .....

.....  
.....

PIN CODE : ..... MOBILE : ..... LAND LINE NO. : .....

E-mail ID : .....

**Signature of Parent / Guardian**

**Signature of Candidate**

Place & Date :

**DECLARATION BY THE APPLICANT & PARENT**

I ..... (Name in Full & in Block Letters) Son / Daughter / Ward of ..... an applicant for MBBS / BDS 2018-2019 session declare that the information and the statements given in the application, OMR sheet and enclosures are true, correct & complete. I further declare that if it is found otherwise, I will be 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 me liable for criminal prosecution.

I further declare that I have not claimed the marks obtained in HSC / Equivalent examination under improvement scheme for seeking admission to MBBS / BDS course 2018-2019 session.

**I HAVE ENCLOSED ALL THE COPIES OF CERTIFICATES WITH THIS APPLICATION. I HAVE READ THE PROSPECTUS THOROUGHLY AND I UNDERSTOOD ALL THE CLAUSES MENTIONED IN THE PROSPECTUS AND I NOT ELIGIBLE TO CHALLENGE ANY CLAUSE OF PROSPECTUS.**

**Signature of the Candidate**

I ..... (Name in Full & Block Letters) Father / Mother / Guardian of ..... an applicant for MBBS / BDS course 2018-2019 session hereby solemnly declare that I am fully aware of the above declaration & the particulars furnished are correct. I declare that if it is found otherwise my ward will be liable to forfeit the seat and also be liable for criminal prosecution.

Place :

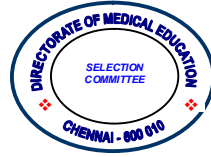
**Signature of the Parent / Guardian**

Date :



REGD. POST / SPEED POST/COURIER SERVICE / BY PERSON

|              |
|--------------|
| kbf/fhj hfs; |
| DO NOT FOLD  |



# MQ/NRI

## APPLICATION FORM FOR MBBS / BDS COURSE 2018-2019 SESSION IN SELF-FINANCING MEDICAL / DENTAL COLLEGES UNDER MANAGEMENT QUOTA IN 2018-2019 SESSION

|                                  |        |        |
|----------------------------------|--------|--------|
| Nationality<br>(Encircle a Code) | INDIAN | OTHERS |
|                                  | 1      | 2      |

|  |           |      |        |
|--|-----------|------|--------|
| Qualifying Examination (Encircle a code) |           |      |        |
| STATE BOARD                              | SSCE/CBSE | ISCE | OTHERS |
| HSE                                      |           |      |        |
| 1  | 2         | 3    | 4      |

|                      |                   |               |
|----------------------|-------------------|---------------|
| 2018 UG NEET DETAILS | NEET REGISTER NO. | NEET ROLL NO. |
|                      |                   |               |

From (Candidate's Mailing Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PIN CODE: \_\_\_\_\_

MOBILE : \_\_\_\_\_

e-mail id: \_\_\_\_\_

To

The Secretary

Selection Committee,

No. 162, Periyar E.V.R. High Road,  
Kilpauk, Chennai - 600 010.