

*[Handwritten Signature]*



DD.No and Date	
Name of the Bank	
Amount	

**ADMISSION TO B.S.M.S. / B.A.M.S. / B.N.Y.S / B.U.M.S. / B.H.M.S. COURSES  
2018 - 2019 SESSION.**

**SPECIAL CATEGORY APPLICATION FORM  
SELECTION COMMITTEE,  
DIRECTORATE OF INDIAN MEDICINE AND HOMOEOPATHY.**

**RANDOM NUMBER**

(TO BE ENTERED BY THE OFFICE)

**APPLICATION NUMBER**

1. +2 EXAMINATION REGISTER NUMBER AND YEAR :

2. NAME IN BLOCK LETTERS (Initial at the end) :

.....

3. ADDRESS FOR COMMUNICATION :

.....

.....

.....

.....PIN

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CONTACT PHONE No.

4. NAME OF PARENT / GUARDIAN :

.....

5. NATIONALITY (✓)

INDIAN	OTHERS
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6. NATIVITY (✓)

TAMIL NADU	OTHERS
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7. SEX (✓)

MALE	FEMALE
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8. DATE OF BIRTH :

DATE	MONTH	YEAR

9. COMMUNITY (✓)

O C	B C	B C M	MBC/DC	S C	S C(A)	S T
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10A. CASTE CODE :

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(Refer List of Communities appended in the Prospects)

10B NAME OF THE CASTE : .....

REGISTER NUMBER

YEAR

SPACE FOR  
RECENT  
PHOTOGRAPH  
(TO BE SELF ATTESTED)

SPACE FOR PHOTOGRAPH  
CANDIDATE SEEKING ADMISSION  
UNDER PHYSICALLY DISABLED  
QUOTA SHOULD AFFIX FULL SIZE  
PHOTOGRAPH DULY EXHIBITING  
DEFORMITY VISIBLY.

11. QUALIFYING EXAMINATION (✓)

H.S.E.	S.S.C.E.of CBSE	I.S.C.E	OTHERS
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13. MARKS OBTAINED IN THE RELEVANT SCIENCE SUBJECTS IN THE QUALIFYING EXAMINATION IN THE FIRST ATTEMPT.

12. PARTICULARS OF PASSING THE QUALIFYING EXAMINATION (+2)

	FIRST ATTEMPT
REG.NO.	
MONTH & YEAR	

SUBJECT	MAXIMUM MARKS	MARKS OBTAINED
PHYSICS		
CHEMISTRY		
BIOLOGY		
BOTANY		
ZOOLOGY		
SIDDHA		

14. WEIGHTED TOTAL MARKS FOR A MAXIMUM OF 200

\_\_\_\_\_

15. MENTION THE COMMON APPLICATION FORM NUMBER

\_\_\_\_\_

16. SPECIFY THE CODE NO.AND  
NAME OF THE SPECIAL CATEGORY

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\_\_\_\_\_

\_\_\_\_\_

17. HAVE YOU ENCLOSED THE SUPPORTING DOCUMENTS

AS REQUIRED IN THE PROSPECTUS  
(✓ THE RELEVANT BOX)

YES	NO
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**18. JOINT DECLARATION BY THE APPLICANT AND THE PARENT / GUARDIAN\***

I,..... son / daughter / ward  
of..... applicant seeking admission  
under special category in B . S . M . S . / B . A . M . S , / B.N.Y.S / B.U.M.S / B . H . M . S . , Courses \* and  
I,..... Parent / Guardian\* of  
..... hereby solemnly declare that the information  
furnished and the documents submitted are true, correct and complete. We further declare that if it is found  
otherwise, we are ready to forfeit the selection whatever may be the stage of study, besides making us liable for  
criminal prosecution. I well aware of the fact that if the information given by me is proved false/not true, I will  
have to face the punishment as per the law, Also, all the benefits availed by me shall be summarily withdrawn.

.....  
Signature of the Parent / Guardian\*

.....  
Signature of the Candidate

PLACE :

DATE :

\*Strike whichever is not applicable

Note : Evidence for the claim of Special Category and the copies of +2 Mark Sheet, Community Certificate,  
Transfer Certificate etc., should be enclosed.