

APPLICATION NUMBER: _____

**ADMISSION TO
POST GRADUATE DEGREE
COURSE
M.D(SIDDHA)**

**APPLICATION FORM
आवेदन पत्र
2016-2017**



NATIONAL INSTITUTE OF SIDDHA/ राष्ट्रीय सिद्ध संस्थान

MINISTRY OF AYUSH / आयुष मंत्रालय

GOVERNMENT OF INDIA-भारत सरकार

TAMBARAM SANATORIUM, CHENNAI -600 047 -ताम्बरम सनटोरियम चेन्नई -600 047

फोन\Tele : 044-22411611

फैक्स\Fax : 044-22381314

ईमेल/email: nischennaisiddha@yahoo.co.in

वेब/website : www.nischennai.org

**APPLICATION FORM FOR ADMISSION TO
M.D. (SIDDHA) DEGREE COURSE 2016 –2017
NATIONAL INSTITUTE OF SIDDHA,
TAMBARAM SANATORIUM, CHENNAI-600 047.**

Particulars of DD towards application fee

Name of the Bank drawn :

DD No./Date :

Amount :

Affix Self
attested
passport size
Photograph

1. Name of the candidate : -----
(in Block Letters)

2. Date of Birth :

3. Mailing Address : Door No: -----

Street:-----

Village / Locality: -----

Taluk / Town: -----

District / City:-----

Pin code :

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4. a) Contact No.(Mobile & Land line with STD code):

b) e - mail id :

5. Aadhar No (If available) :

6. Gender (Tick the Box) :

M	F

7. Community (Tick the Box) :
(OBC /SC / ST candidates should enclose
Self attested photocopy of the Community
Certificate issued by competent authorities)

Gen	OBC	SC	ST

Certificate number :

8. Whether the applicant belongs to
Physically disabled category :
If yes, enclose a copy of certificate issued
by a competent authority. The Certificate
should not be older than 3 months).
(Person with Locomotory Disability of
lower limbs between 50 % and 70%.
If in case candidates are not available in
that category then the candidates with
disability of lower limbs with 40% to 50%
will be considered for admission.

Yes	No

9. Nationality :

10. Nativity :

(Evidence to be produced. Not required
if the candidate has studied from IX std
and / or has done the Professional
course B.I.M/ B.S.M.S in Tamil Nadu.)

11. Mother Tongue :

12. Qualification :

13. The College from which passed

(Recognized by the Central Council
of Indian Medicine, New Delhi) and
the University :

14. Month and year of passing the final
B.I.M / B.S.M.S exam :

15. No. of attempts for passing the final year exam :

16. Total marks obtained in final year :

17. Registration No. of the final year :
examination in each attempt

18. Date of completion of the Internship (C.R.R.I) :

19. Medical Registration Number given by :
Tamil Nadu Siddha Medical Council /
Central Council of Indian Medicine/
Concerned State Siddha Medical
Council.
(Self Attested Photocopy to be
Furnished.)
20. State/Country to which he/she belongs to :
21. Whether a passport holder? If Yes,
furnish the details.
22. Whether passed /completed/ discontinued
M.D(Siddha) course previously?
If so, furnish the particulars :
23. Whether the eligibility certificate has :
been obtained from The Tamil Nadu
Dr. M.G.R .Medical University for
admission to the M.D (Siddha) course?
If so, the details to be furnished
**(For BIMSTEC and
other University candidates only)**

PLACE: _____

DATE : _____

**SIGNATURE OF THE
CANDIDATE**

DECLARATION BY THE CANDIDATE

I)

**Certified that I, Dr.....
S/o / D/o / W/o. Thiru do
hereby solemnly and sincerely affirm that the statement made and
information furnished in my application form as also in all the enclosures
thereto submitted by me are true.**

**However, if it is found that any information furnished therein is
untrue in particulars, I realize that I am liable for criminal prosecution
and agree to forego my seat in this Institute at any stage.**

Station:.....

Signature of the candidate

Date :

II)

**Certified that I, Dr.....S/o /
D/o / W/o. Thiruhereby
declare that I am not doing any Postgraduate Degree Course
elsewhere.**

**I have not joined the Postgraduate M.D (Siddha) Degree Course
and previously discontinued on my own accord or on any other
grounds.**

**I undertake to refund the entire stipend received by me from the
Institute in case of my selection and subsequent discontinuation of course. I
also understand that I shall not have right for readmission once I
discontinue the course**

Station :.....

Signature of the candidate

Date :.....

ADMISSION TO M.D(SIDDHA) DEGREE COURSE 2016-2017 - SCRUTINY FORM

(To be filled in by the Candidate as per the entries made in Application form)

SL.NO.	DETAILS						(OFFICE USE ONLY)
1.	Name (Block Letters)	Dr.					
2.	Date of Birth	Date	Month	Year			
3.		Mailing Address					
Pin Code:							
Contact No. Land line with STD Code:							
Mobile No.							
E-Mail-ID:							
4.	Nativity (Circle the correct Number)	Tamil Nadu 1		Others 2			
5.	Mother Tongue (Circle the correct Number)	Tamil 1		Others 2			
6	Community (Circle the correct Number)	Gen 1	OBC 2	SC 3	ST 4		
7.	Date of Completion of CRR I Training	Date	Month	Year			

8.	Details of Medical Registration (Name of the Council & Registration Number with date)				
9.	Total marks in Final B.I.M /B.S.M.S first	Obtained Marks	Maximum Marks	No.of Attempts	
10.	Name of the University to which the college affiliated				
11.	Whether discontinued PG degree course previously. If yes, state the branch and date of discontinuation.				
12.	Whether Physically disabled (Please tick)	Yes	No		

I sincerely affirm that the particulars furnished above are true.

Station:

Date :

Signature of the Candidate

(FOR OFFICE USE ONLY)

Eligibility : 1. Eligible 2. Not Eligible

Reason (s) for ineligibility :

Members

- 1.
- 2.
- 3.

SECRETARY

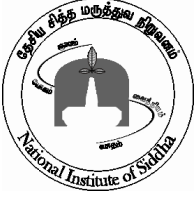
CHAIRMAN

CHECK LIST

I	Demand Draft for Rs.1250/- (Rupees One thousand two hundred and fifty only) in case of all categories except SC/ST categories and Rs.900/- (Nine hundred only) for SC /ST category drawn on any Nationalised Bank in favour of the “ Director, National Institute of Siddha ” payable at Chennai towards application fee.	Yes / No
II.	Stitch the Self attested Photostat copies of the following documents	
1.	Evidence for Date of Birth (H.S.C / S.S.L.C certificate / College leaving Certificate) .	Yes / No
2.	Transfer Certificate	Yes / No
3.	Community Certificate (for OBC /SC / ST).	Yes / No
4.	Special Category Certificate for physically disabled– if applicable	Yes / No
5.	Statement of marks of first appearance (including failed subjects) in final year B.I.M / B.S.M.S Course.	Yes / No
6.	Internship certificate.(C.R.R.I)	Yes / No
7.	B.I.M / B.S.M.S Degree Certificate / Provisional Certificate issued by the University.	Yes / No
8.	State Siddha Medical Council Registration Certificate / Central Council of Indian Medicine Registration Certificate.	Yes / No
III.	Two Conduct Certificates a. Self Attested photo copy of the conduct certificate from the Institution last studied. b. Original latest conduct certificate obtained from known responsible person	Yes / No
IV	Hall Tickets for the Entrance Examination 2016-17. (Candidate copy & Office copy)	Yes / No
V.	Self addressed envelope with postage stamp for Rs.40/- affixed for issue of hall ticket (26 cms x 12 cms)	Yes / No

E. E. No.: _____

(To be filled by the Institute)



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HALL TICKET (Candidate Copy)

Entrance Examination No:-----

Name and Address of the candidate:

Dr.

Affix Self
 attested
 passport size
 Photograph

Date of Examination: 22.10.16

Time: 10.00 a.m to 1.00 p.m

Venue: Madras Institute of Technology, Chrompet, Chennai-44

Signature of the Candidate:

DIRECTOR

INSTRUCTIONS TO CANDIDATES APPEARING FOR THE ENTRANCE EXAMINATION TO POST GRADUATE - M.D(Siddha) DEGREE COURSE FOR 2016-17.

1. Keep Hall Ticket safely with you and bring it when you come to the Examination Hall. It should be produced on demand.
2. Report at the place of examination 30 minutes before the commencement of examination.
3. Bring your own blue or black ball point pen to the examination Hall.
4. Write Your Entrance Examination Number as given in your Hall ticket in the specified places in the answer sheet.
5. Handover the Question paper and Answer sheets to the invigilator before you leave the examination Hall.
6. Admission to the Entrance Examination does not confer the right of admission to the course on the candidate if he/she is found ineligible later on.
7. Your candidature, if found ineligible, shall be cancelled at any stage.
8. Violation of any instruction and adoption of any unfair means in the examination hall will render your answer sheet liable for cancellation leading to forfeiture of your claim for admission.
9. No candidate will be permitted to enter the examination hall 30 minutes after the commencement of Examination.
10. No candidate will be allowed to leave the examination hall before 12.30 p.m.
11. Valuation is final and request for re-checking, revaluation of answer sheets will not be entertained.
12. Mobile phones, Blue tooth or any sort of electronic device shall not be allowed inside the examination hall. If any candidate is found guilty of being in possession of such items, his/her candidature shall be forfeited.



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