Application No:	
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Affix recent

passport size

photograph

attested by Govt.

Gazetted Officer

Accredited by NAAC

APPLICATION FORM FOR ADMISSION TO POSTGRADUATE DEGREE SUPER SPECIALITY / HIGHER SPECIALITY COURSES D.M. & M.Ch. 2014-15

Cour	se preferred 1st Choice	
	2 nd Choice	
1. Nai	me of the Candidate	:
(in Block Letters)	
2. Address for Communication		:
		E-mail
3.	Phone No. with STD code	: Res:Mobile:
4.	Gender	: M F
5.	Date of Birth	
	Age	:
6.	Mother tongue	:
7.	Community	: ST SC MBC BC OC
		Specify caste(for the purpose of statistics only)
8.	Religion	:
9.	Nationality	:
	(by birth/domicile)	
10.	Name of the Parent/Guardian	:
	Address	
	Phone No. with STD code	: Res:Mobile:
	Occupation of Parent/Guardian	:
	Annual income of Parent/Guardian	:

11.	Qualifying examination passed M.D. /M.S. with speciality a. Year of passing b. Name of the College c. Name of the University d. Whether College is recognized by the Medical Council of India				
12.	Details of Permanent Medical Registration with additional Qualification a. Registration Number with Date b. Council	: :			
	DECLA	RATION			
I					
Place Dat		Signature of the Candidate			
Cer	tified that the above entries are extracts take	en from the relevant original certificates of			
Stat	ion:	Signature with Name and Designation of Government Gazetted Officer			
Dat	e: office seal				

Note:

The true copy of the following certificates duly attested by a Government Gazetted Officer or an officer of an equivalent rank should be enclosed along with the application form -- Proof for Date of Birth, M.B.B.S. Degree Certificate, M.D / M.S. Degree Certificate from the concerned University / Provisional Pass Certificate, M.D / M.S. Degree course Mark Statements, Community Certificate - for the purpose of statistics only, M.B.B.S. and P.G. Permanent Registration Certificate issued by Medical Council of India or State Medical Council, Transfer Certificate, Migration Certificate wherever applicable, Conduct Certificate issued by the Head of the Institution last studied. The candidate should ensure that correct details are furnished by him/her in the application form. If the details furnished by him/her in the application form are found to be incorrect, then,

- 1. He/she will forfeit the admission and also the fees and deposit paid, no matter at what stage of the course he/she will be at that time.
- 2. Legal action will be instituted against him/her for furnishing false details.
- 3. Incomplete application forms will be summarily rejected without any intimation to the candidates.

THE UNIVERSITY WILL NOT BE HELD RESPONSIBLE FOR ANY POSTAL DELAY OR LOSS IN TRANSIT OR FOR INCORRECT ADDRESS GIVEN BY THE CANDIDATES.

Downloaded Application form shall be accompanied by a Demand Draft for ₹2,500/- (Rupees Two Thousand Five hundred only) drawn in favour of "Chettinad Academy of Research and Education" payable at Chennai.

Completed Application form to be sent to: The Registrar, Chettinad Academy of Research and Education,
Chettinad Health City Campus, Rajiv Gandhi Salai, Kelambakkam,
Kancheepuram District, Tamil Nadu-603 103

DO NOT DETACH

CHETTINAD ACADEMY OF RESEARCH & EDUCATION
ALL INDIA LEVEL COMMON ENTRANCE EXAMINATIONS TO POST GRADUATE DEGREE
SUPER SPECIALITY / HIGHER SPECIALITY COURSES D.M. & M.Ch. 2014-15

LIALL TICKET

HALLTICKET			
Application No.*			
Reg. No.*	Affix recent		
NAME:	passport size		
NAME:	passport size photograph		
ADDRESS:	attested by Govt.		
	Gazetted Officer		

VENUE: Chettinad Hospital & Research Institute,
Rajiv Gandhi Salai, Padur,

Timo 10 20 20 14 -- Saturday

Kelambakkam-603 103, Kancheepuram District,

(Signature of the Candidate)

Important Note: Candidate should report at Chettinad Hospital & Research Institute 30 minutes before the commencement of the Entrance Examination. No candidate will be allowed to enter the Examination hall after 30 minutes of the commencement of Examination. Candidate will not be allowed to carry any textual material, printed or written, bits of paper or any prohibited materials such as mobile phones, calculators, paging devices and electronic gadgets inside the Examination hall. If anyone happens to bring any of these items the same should be kept outside the Examination hall solely at the risk of the candidate. They have to bring with them pen, pencil and eraser. Please bring the Hall Ticket to the Examination Centre.

*Office Use Only

Tamil Nadu.

Admission to Post Graduate Degree Super Speciality / Higher Speciality Courses D.M. & M.Ch. 2014-15 is based on merit depending on the performance of the candidate in the All India Level Common Entrance Examination.

ALL INDIA LEVEL COMMON ENTRANCE EXAMINATION will be conducted on 28.06.2014 -- Saturday -- 10.30 am to 1.30 pm

Application form can be downloaded from our official website www.chettinadhealthcity.com or can be collected in person from the office of the Registrar, Chettinad Academy of Research and Education on payment of prescribed fee.

Last date for receipt of completed Application form: 25.06.2014 (Wednesday) on or before 4.30 pm.

Venue of Entrance Examination:

Chettinad Hospital & Research Institute,
Administrative Block, OMR, Padur,
Kelambakkam-603 103, Kancheepuram District, Tamil Nadu.

Filling the application form:

- The application form should be filled in block letters in the candidate's own handwriting using blue/black pen. The form should be completed in full including the 'Hall Ticket' portion and the entire form should be submitted without detaching any part of the form.
- 2. Affix two recent photographs in the spaces provided (one in the application form and another in the Hall Ticket).
- 3. Completed application form with the attested photocopy of required certificates mentioned in the application form should be sent to: **The Registrar**, Chettinad Academy of Research and Education, Chettinad Health City Campus, Rajiv Gandhi Salai, Kelambakkam -603 103, Kancheepuram District, Tamil Nadu.
- 4. Incomplete application forms will be summarily rejected.
- 5. Candidates must retain a xerox copy of application form for their future reference.

Scheme of Entrance Examination:

- 1. The All India Level Common Entrance Examination will be conducted on 28.06.2014 (Saturday) from 10.30 am to 1.30 pm.
- Candidates should bring their Hall Ticket issued by Chettinad Academy of Research and Education to the All India Level Common Entrance Examination without fail
- 3. Multiple choice questions will be given
- 4. There will be 180 multiple choice questions. All questions carry equal marks. There will be no negative marking.
- 5. Duration of the Examination: Three hours (10.30 am to 1.30 pm)
- 6. Individual intimation regarding the selection will be sent to the selected candidates.

The prescribed tuition fee and the following original documents with two sets of photocopies shall be produced at the time of counseling. The candidates called for counseling should produce the following original documents.

- 1. Call Letter.
- 2. Proof for Date of Birth.
- 3. M.B.B.S. Degree Certificate.
- 4. M.D / M.S. Degree / Provisional Certificate
- 5. M.D / M.S. Statement of marks.
- 6. Attempt Certificate.
- 7. Permanent Registration Certificate of M.B.B.S./ M.D /M.S.from the respective Medical Council.
- 8. Community Certificate where needed.
- 9. Migration Certificate.
- 10. Conduct Certificate issued by the Head of the Institution last
- 11.Ten Passport size photographs.

Issue of Hall Tickets:

- 1. Hall Tickets will be issued only to the eligible candidates.
- 2. Hall Ticket will be issued at Registrar's office, Administrative Block, Chettinad Academy of Research & Education on 27.06.2014 the previous day of the All India Level Common Entrance Examination.
- 3. Admission to the All India Level Common Entrance Examination does not confer on the candidate the right of admission to the course.