For information to candidates applying for MBBS / BDS
2015-16 session

Candidates applying for MBBS / BDS 2015-16 session are informed to go through the Annexures to be enclosed along with common application form. They are informed to download the respective Annexures, if applicable to them, and get the required certificates ready to be enclosed with Application for MBBS / BDS 2015-16 Session. Candidates who have studied from VIII Std to XII standard / Equivalent in Tamil Nadu need not enclose Nativity Certificate specified in the annexure. For details regarding notification and commencement of sale of application for MBBS/BDS 2015-16 Session visit the following websites.

www.tnhealth.org
www.tn.gov.in

Director of Medical Education (O.S.D) / Secretary,
Selection Committee.
ANNEXURE - II
EX-SERVICEMEN
(For the Children of Ex-Servicemen of Tamil Nadu Origin Army / Navy / Air Force Service Particulars)

This is to certify that Selvan / Selvi __________________________ is the son / Unmarried Daughter of the under mentioned Ex-servicemen.

Rank : 
Regimental No. : 
Name : 
Name of the Unit in which last served : 
Date of Enrollment : 
Date of Discharge : 
Whether Disabled in Service : 
Name of the Corps / Service : 
Character assessed at the time of discharge : 

STATION : 
DATE: 
Signature : 
Name & Designation : 
Office Seal

NOTE : This Certificate is to be issued by an Officer not below the rank of Assistant Director of candidate’s native District Ex-Servicemen Welfare Board.
ANNEXURE IV a
MEDICAL CERTIFICATE FOR ORTHOPAEDICALLY PHYSICALLY DISABLED
(To be issued by the District Medical Board)
(Locomotory disability of the lower limbs should be between 40% and 70%)
The District Medical Board of ------------------------------------- District, -------------(City/Town) certify that we have on this -------------- --Day of ---------------- 2015 examined the candidate whose particulars are given below:

1. Name of the candidate
2. Father’s name
3. Sex
4. Age
5. Identification marks
6. a. Orthopaedically Physically Disabled
      Yes/No
      b. Nature of Orthopedic Disability
7. Extent of permanent disability
   (mention the % of disability)
   a) 50% to 70%
   b) 40% to 50%
   (Upper limbs must be functional and normal)
8. Whether the candidate fulfills the following standard and may be considered for admission to undergo studies in Medical/Dental institutions:
   (a) Normal Blood Pressure
   Yes/No
   (b) Mentally normal
   Yes/No
   (c) Visual and auditory disabilities
   Yes/No
   (d) Gross speech disorders
   Yes/No
   (e) Independent in ambulation with or without calipers but without any support
   Yes/No
   (f) Good standing balance with or without calipers but without any support
   Yes/No
   (g) Hand function within normal limits without any aid
   Yes/No
   h) Good control over bowel and bladder
   Good/Not good
   i) a. Is the disability progressive?
      Yes/No
   b. If progressive, is the candidate eligible for further studies
      Yes/No
   j) Height (Normal)
      Yes/No
1. Certified that the above candidate does not have any upper limb disability.

2. Certified that the above candidate has only locomotory lower limb disability.

Signature of the Applicant       Signature of Members       Signature of Chairman of the Medical Board
1.                               1.          Designation :

                                      2.          Office Stamp

Place :
Date :

Foot Note: 1. Both upper limbs, vision and hearing should be normal.

2. The above certificate should be issued only by the Medical Board of the area concerned constituted for the purpose after due physical examination by the Board. Certificate in any other format will be summarily rejected.

3. The Candidate seeking admission under this category should produce a full size photograph exhibiting the deformity.
ANNEXURE IV b
CERTIFICATE OF LOCOMOTORY DISABILITY
(For Admission to MBBS / BDS Courses)
Certificate No………………………………………………. Date……………………………………………….

This is to certify that .................................................................................................................................

aged .................. Years, Son / Daughter of Thiru.....................................................................................

residing at ...................................................................................................................................................

.................................................................................................................................................................

is suffering from ........................................................................................................................................

and has permanent Physical Impairment of Left /Right /Both Lower Limbs.

He / She is Loco motor disabled and has the percentage of .................. ............................................( in figure)

.......................................................... (in words ) disability of Lower Limbs.

Upper Limbs –Right / Left / Both are without any deformity and Functionally Normal

He / She is eligible / NOT eligible for admission to MBBS/ BDS Courses as per the MCI/DCI guidelines.

Signature with Name & Seal  Signature with Name & Seal  Signature with Name & Seal
(Chairman of Board)          (Member of Board)          (Member of Board)

Note : Candidates with any other disability other than the locomotory disability of the lower limb will not be considered for admission under this category
1. This Certificate should be issued by an officer of the Revenue Department not below the rank of Tahsildar in the Taluk concerned.

2. This Certificate should not be issued by the Special Tahsildars, Deputy Tahsildars such as Loans, Land Acquisition, Election, Excise and HQs, Deputy Tahsildars, Special Deputy Collectors, Assistant Commissioner of Agricultural Income, Excise, Elections etc.

3. The Certificate should bear the stamp of the office of the Officer signing the Certificate.

4. Any foreign national irrespective of the period of study in the State will not become eligible to apply for this course. No certificate of Nativity in the State of Tamil Nadu, should therefore be issued to Nationals of other countries for this purpose.

5. The certifying officers should insist upon clear proof of the Nativity of the Parent or Guardian of the candidate and satisfy themselves on the genuineness of the residential qualification. They should be particularly careful in the case of candidates whose mother tongue is not Tamil and whose place of birth is other than Tamil Nadu and who have studied VIII to XII standards outside Tamil Nadu.

6. Residence Certificate will not be considered as Nativity Certificate.

7. The guidelines prescribed for the issue of Nativity Certificate and they are as follows as per Letter No.RA.V(B)16932/2000, dated 3-4-2000 of the Special Commissioner and Commissioner of Revenue Administration, Chepauk, Chennai-5.

   (i) The parents/guardians of the applicants/students or the applicants themselves should have permanently resided continuously for a period of five years in Tamil Nadu.

   (ii) Permanently residing for a period of five years should be supported by documentary evidence.

   (iii) The family ration card, Electoral Roll, Census List if taken recently, documents like sale deed, tax receipt etc. relating to the property owned by either of the parents or by the applicant may be verified.

   (iv) The Transfer Certificate issued by the School authorities where the applicant had studied last may be verified to know whether he/she was in the State for five years.

   (v) Enquiry in the village/place of residence of the neighbour/Village Administrative Officers regarding continuous residing.

   (vi) To ensure that wrong or incorrect address had not been furnished to obtain the certificate.

   (vii) The birth place of the parent, place of residence of the parent/father, permanent assets, mother tongue, place of education, place of marriage of the applicant/parents, the period of stay in and outside Tamil Nadu can also be considered before issuing certificate.
ANNEXURE XIII (b)
CERTIFICATE OF NATIVITY IN TAMIL NADU

Name ........................................ Application No:..............................

Certified that ..........................................................S/D/W of ............................................................residing

at .................................................................an applicant seeking admission to MBBS/BDS course

in Government/Self Financing Colleges in Tamil Nadu is a Native of Tamil Nadu.

Signature of
Village Administrative Officer Signature : 

Of ........................................... Name & Designation : 

in the ............................ Taluk Station : 

Of .........................................District Office Seal : 

Date : 

Note: This Certificate should be issued by an officer of the Revenue Department not below the rank of Tahsildar in the Taluk concerned
ANNEXURE XIV (a)

First Graduate Tuition fee Concession
(G.O.(Ms).No: 85, Higher Education (J2) Department, dated: 16.04.2010)

CERTIFICATE

It is certified that there is no Graduate in the family of Selvan / Selvi
........................................................................................................S/O / D/ O Thiru...........................................................................................

Presently residing at...........................................................................................................................
................................................................................................................................................................

And who has applied for Professional courses during the year 2015, is eligible for Tuition Fee exemption
as per the G.O.(Ms).No: 85, Higher Education (J2) Department, dated: 16.04.2010.

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<th>Sl.No</th>
<th>Name</th>
<th>Relationship Father/Mother/Brother/Sister/Grandfather/Grandmother</th>
<th>Age</th>
<th>Educational Qualification</th>
<th>Whether Degree Holder</th>
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Station: Headquarters Deputy Tahsildar

Date :

Taluk: District:
I hereby declare the details of my family members and their education qualifications to avail the tuition fee Waiver for my studies in professional courses under the scheme of waiver of tuition fees to the students from a family in which there are no graduates.

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<th>Sl.No.</th>
<th>Name</th>
<th>Relationship Father / Mother / Brother / Sister / Grand Father / Grand Mother</th>
<th>Age</th>
<th>Educational Qualification</th>
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I hereby solemnly and sincerely affirm that I am the first and only person from my family to claim the waiver of Tuition Fee for the entire Professional Course of study and there is no graduate in my family so far. The particulars furnished above are true. Should it, however, be found that any information furnished therein is false in material particulars on verification at a later stage, I am liable for criminal prosecution and I also agree to return the amount equal to three times the tuition fee waiver availed by me.

Date : SIGNATURE OF CANDIDATE
Place:

I solemnly and sincerely affirm that I am fully aware of the above declaration and the particulars furnished in the declaration are correct. I am liable for the criminal action/recovery of amount equal to three times of the fees waived, for incorrect particulars furnished.

Date

Place: SIGNATURE OF THE PARENT/GUARDIAN
ANNEXURE XVI
INCOME CERTIFICATE
(This Certificate should be issued by an Officer of Revenue Department not below the rank of Tahsildar in the Taluk concerned.)

Name of the Applicant: ................................ Application No: ..............................................

This is to certify that Annual income of Thiru/Thirumathi ................................................ (Parent Name)
Parent/Guardian* of Thiru/Selvi/Thirumathi ................................................................. an applicant
(Applicant Name)
for admission to MBBS / BDS course in Government / Self financing Colleges in Tamil Nadu
residing at ........................................................................................................................................
is Rs..................................................(Rupees ...................................................................................................

................................only).

Signature:

Name and Designation:

Station:

Office Seal:

Date

Note:

*Applicable only when both parents are deceased

1. This Certificate should not be issued by Special Tahsildars, Deputy Tahsildars such as Loans, Land acquisition, Election, excise and HQs, Deputy Tahsildars, Special Deputy Collectors, Asst. Commissioner of Agricultural Income, Excise, Elections etc.,

2. Candidates of SC/SCA/ST whose parent’s annual income is less than Rs. 2.50 lakhs and, Candidates of Scheduled Caste converted Christianity whose parent’s annual income is less than Rs. 2.00 lakhs, claiming the fee concession for admission to Government Quota in Self Financing Medical/Dental Colleges alone should produce the above Income Certificate (As per G.O.(Ms) No.6, AD and TW Department, dated 9.1.2012 and G.O.(Ms) No.92 AD and TW Department, dated 11.9.2012).