

E.E. Regn. No. :
(To be filled by Office)



SRI RAMACHANDRA UNIVERSITY

(Established under Section 3 of the UGC Act, 1956)

PORUR, CHENNAI – 600 116

Affix your latest
passport size
photograph here.

Candidate who downloads and submits the
application form to Sri Ramachandra University
should enclose a Demand Draft for Rs.700/-
(Rupees seven hundred only) as specified in
clause 5(b) of the Prospectus.

APPLICATION FORM FOR ALL INDIA LEVEL ENTRANCE EXAMINATION - 2009
POSTGRADUATE CLINICAL DEGREE, DIPLOMA COURSES,
POSTGRADUATE NON-CLINICAL DEGREE COURSES & MDS DEGREE COURSES

NAME OF THE CANDIDATE :
(IN BLOCK LETTERS)

COURSE GROUP APPLIED FOR : Group - A (MD/MS/Dip. Clinical Courses)

(Please put (✓) against the
Course group applied for. Group - B (MD Non-Clinical Courses)

Separate application form
should be submitted for Group-A
Courses and Group-B Courses) Group - C (MDS Courses)

APPLICATION FORM FOR ALL INDIA LEVEL ENTRANCE EXAMINATION - 2009

(Note : Please fill in each column in your own handwriting, put tick mark (✓) wherever necessary and strike off the portion not applicable. Incomplete application forms will be rejected summarily).

1. a) Name of the Candidate :
(IN BLOCK LETTERS)
- b) Expand the initials :
- c) Address with :
PINCODE to which
communication to be sent

- d) Phone No. with STD Code : Residence :
Mobile :
2. a) Father's Name & :
Occupation
- b) Mother's Name & :
Occupation
3. Sex : Male Female
4. Date of birth and age :
5. Place of birth, District and State :
6. Nationality and Religion :
7. a) Name and address of the :
Medical/Dental College
where qualified
- b) Whether the Medical/Dental : Recognised Not Recognised
College is recognised by
the MCI/DCI
8. Qualifying examination passed :
(Photocopy of Degree Certificate &
Statement of Marks of all Examinations
during MBBS/BDS to be enclosed)

9. Registration No., Month and Year of passing of qualifying examination (MBBS/BDS Course) : Name of the Degree :.....
 Final Year Exam.
 Registration No. :.....
 Month :.....
 Year :.....

10. a) Whether the candidate has passed all the examinations in the first attempt during MBBS/BDS Course : Yes No

b) If no, how many attempts were made to pass :

	MBBS Exam	No. of attempts	BDS Exam	No. of attempts
1.	I - MBBS	-	I - Year	-
2.	II - MBBS	-	II - Year	-
3.	Final MBBS Part -I	-	III - Year	-
4.	Final MBBS Part -II	-	IV - Year	-

11. Name of the University which awarded MBBS/BDS Degree :

12. a) Period during which Internship was completed : From _____ To _____
 (Attested copy of Internship Completion Certificate should be enclosed)

b) If Internship is not yet completed

(i) Undergoing from which date :

(ii) Probable date of completion :

(Enclose a certificate as specified in page No.10 of the prospectus)

13. Details of Medical/Dental Council Permanent Registration : State.....
 Reg. No. & Date

14. In case of downloaded application : D.D. No..... Date.....
 Amount Rs.....
 Bank Name & Branch.....

DECLARATION BY THE CANDIDATE

I declare that the information furnished by me herein are true and correct. In case of any information furnished herein is found to be incorrect, I agree to forego my claim for admission.

Place :

Date :

Signature of the Candidate



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HALL TICKET FOR ALL INDIA LEVEL ENTRANCE EXAMINATION - 2009

[POSTGRADUATE CLINICAL DEGREE, DIPLOMA COURSES,
POSTGRADUATE NON-CLINICAL DEGREE COURSES & MDS DEGREE COURSES]

NAME AND ADDRESS OF THE CANDIDATE :

Name : Dr. _____

Address : _____

PIN CODE :

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Affix your latest
passport size
photograph and put
your signature on the
photograph

.....
(Signature of the Candidate)

FOR OFFICE USE ONLY

REGISTRATION No. :

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EXAMINATION CENTRE : SRI RAMACHANDRA UNIVERSITY
PORUR, CHENNAI - 600 116.

Courses	Date	Time
(i) Postgraduate Degree/ Diploma Courses (Clinical) (Group-A) Sl. No. 1 to 21	25-01-2009 (Sunday)	10.00 a.m. to 1.00 p.m.
(ii) M.D.S. Degree Courses (Group -C) Sl. No. 28 to 35		
(iii) Postgraduate Degree Courses (Non -Clinical) (Group-B) Sl. No. 22 to 27	25-01-2009 (Sunday)	2.00 p.m. to 5.00 p.m.

Signature of the
Issuing Authority

.....
Signature of the Candidate
(To be signed in the Examination Hall)

Important Note : Candidates are instructed to report at the Examination Hall at least half-an-hour before the scheduled time. They have to bring with them Pen, Pencil and Eraser.

(For Instruction overleaf)

INSTRUCTION TO THE CANDIDATE

- HALL TICKET MUST BE PRODUCED AT THE TIME OF ENTRANCE EXAMINATION WITHOUT FAIL. NO CANDIDATE SHALL BE ALLOWED TO WRITE THE ENTRANCE EXAMINATION WITHOUT THE HALL TICKET.
- MERE ADMISSION TO THE ENTRANCE EXAMINATION DOES NOT CONFER ON THE CANDIDATE ANY RIGHT OF ADMISSION TO THE COURSE OF STUDY APPLIED FOR.
- Candidates **will not be allowed** to carry any textual material, printed or written, bits of papers or any prohibited materials such as calculators, mobile phones, paging devices or any other object/device that is likely to be of unfair assistance inside the examination hall.
- No candidate will be allowed to go outside the examination hall till completion of the first one hour.
- Candidates shall maintain perfect silence and attend to their papers only. Any conversation or gesticulation or disturbance in the examination hall will be deemed as misbehaviour. If any candidate is found to be misbehaving or using unfair means or resorting to impersonation, his/her candidature will be cancelled and he/she will be liable to be debarred from taking any Entrance Examination of the University.
- The answer sheet of the candidate should be handed over to the Invigilator along with the question booklet. If any candidate fails to do so, his/her candidature shall be cancelled.