



ADMISSION TO PARAMEDICAL DIPLOMA IN MEDICAL RECORD SCIENCE 2021-2022 SESSION  
APPLICATION FORM  
SELECTION COMMITTEE, DIRECTORATE OF MEDICAL EDUCATION  
KILPAUK, CHENNAI - 10.

A.R. No.

(To be assigned by Selection Committee)

1. Name in Block Letters

(Initial at the end) :

.....

2. Address for Communication :

.....

.....

.....

PINCODE .....

Land line Phone No. : .....

Mobile No. ....

3. Name of Parent / Guardian : .....

4. Religion ..... 5. Mother Tongue .....

SPACE FOR  
PHOTOGRAPH WITH  
NAME AND DATE  
(TO BE ATTESTED  
BY GRADE A/B  
OFFICERS OF  
CENTRAL / STATE  
GOVERNMENT

6. Nationality

INDIAN	OTHERS
1	2

6a.. Nativity

Tamil Nadu	Others
1	2

7. Sex

Male	Female	Trans-gender
1	2	3

8. Date of Birth

Date	Month	Year

9. Community

OC	BC	BCM	MBC/DNC	SC	SCA	ST
1	2	2A	3	4	4A	5

10. Name of the Caste .....

11, Cast Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Refer List of Communities  
(For "OC" use code 500)

12. Details of Education :

(Encircle the code which is applicable)

Studied from HSC to Degree in Tamil Nadu	Studied from HSC to Degree in Other State

12. (a) School(s) / College of of study (Evidence to be produced from the schools studied) :

STANDARD STUDIED	NAME & ADDRESS OF SCHOOL / COLLEGE WITH PLACE, NAME OF STATE & PINCODE
IX STD	
X STD	
XI STD	
XII STD	
DEGREE	

13. Have you completed M.S. Office Course in Computer : 

YES	NO
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14. Have you completed Certificate / Degree / Diploma in Medical Record Technician Course : 

YES	NO
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15. Medium of Instruction

ENGLISH	TAMIL	OTHERS
1	2	3

16. No. of appearance in Final Year/ Final Semester

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17. Particulars of the Qualifying Examination :

Degree Reg. No.:	Month & Year

18. For Degree Courses

1<sup>st</sup> - Semester

SUBJECT	Maximum Marks	Marks Obtained

2<sup>nd</sup> - Semester

SUBJECT	Maximum Marks	Marks Obtained

3<sup>rd</sup> - Semester

SUBJECT	Maximum Marks	Marks Obtained

4<sup>th</sup> - Semester

SUBJECT	Maximum Marks	Marks Obtained

5<sup>th</sup> - Semester

SUBJECT	Maximum Marks	Marks Obtained

6<sup>th</sup> - Semester

SUBJECT	Maximum Marks	Marks Obtained

Weighted Total for a maximum of 100 =  $\frac{\text{Total Marks Obtained 1st year to Final Year / Semester}}{\text{Total Maximum Marks 1st year to Final Year / Semester}} \times 100$

= 

		1		
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19. Present Occupation : 

TN GOVT. SERVICE	NON - SERVICE

(Please Tick 3 )

19(a). Date of entry into Govt. Service : 

Date	Month	Year

20 If in Govt. Service, necessary Service Proforma Enclosed : YES  NO

21. Native District

**DECLARATION BY THE APPLICANT & PARENT**

I, .....(Name in Full & in Block Letters) Son/ Daughter of ..... hereby solemnly declare that the information furnished and the statements given in the application and the enclosures are true, correct & complete. I further declare that if it is found otherwise, I will be liable to forfeit the seat and / or removed from the rolls of the Institution at whatever stage of study. I may be besides liable for criminal prosecution.

Signature of Parent / Guardian :

Signature of Candidate :

Date

Place :

Note : The guardian can execute the above declaration only if both parents are not alive

## SERVICE PROFORMA

(All the particulars should be completely filled up)

1. Name of the candidate :
2. Designation :
3. Scale of Pay :
4. Date of Entry into Government Service :
5. Date of completion of two years of Continuous Service :
6. Total Service as on 31-12-2021 :
7. Date of Retirement :
8. Name of the appointing authority :
9. Service Status (Temporary / Probationer Approved Probationer) :

10. Complete service particulars till date (may be furnished in a separate sheet in the the format duly signed by the forwarding authority) :

FORMAT

Sl.No.	Post	Institution	From	To

11. Whether any disciplinary case is pending / Contemplated / disposed off.
12. If selected, whether the applicant may be allotted for the course, without substitute, Say Yes (or) No.

Certified that the particulars furnished above have been verified with reference to the Service Register of the individual and are found to be correct. Willingness of the individual in a requisition form, duly accepting to abide by the Government norms / regulations is also enclosed.

Date :

Name & Signature of the Forwarding Officer.

Designation :

Office Seal

Institution :

FAX No. :

**ADMISSION TO PARAMEDICAL  
DIPLOMA IN MEDICAL RECORD SCIENCE COURSE 2021- 2022 SESSION  
SCRUTINY FORM**

A.R.No.

(For Office Use Only)

**Details of Qualifying Exam**

Registration Number 

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Passing Month 

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      Passing Year 

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**INSTRUCTIONS TO FILL UP SCRUTINY FORM**

1. To be filled by the candidates as per the entries made in the application form and returned
2. Use only Blue color Ball Point Pen for ticking and writing
3. Put Tick mark(✓) in the correct Gray color boxes
4. Write inside the white box, wherever writing is required

**Name** (In BLOCK LETTERS)  
**Address**

Pincode : <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
Mobile : <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								

Paste here firmly your recent Photograph  
4cm x 5 cm

6. Nationality 

1. Indian	2. Others
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      6a.Nativity 

1. TN	2. Others
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7. Sex 

1. M	2. F
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8. Date of Birth 

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9. Community 

1. OC	2. BC	2A. BCM	3. MBC
4. SC	4A. SCA	5. ST	

11. Caste Code 

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12. Details of Education	Studied from HSC to Degree in	
	1. Tamil Nadu	2. Other State

13. Have you completed M.S.Office in Computer	1. Yes	2. No
14. Have you completed Certificate / Degree / Diploma in Medical Record Technician Course	1. Yes	2. No

16. No. of Attempts 

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18.Total Marks scored in All Semester/Years in Qualifying Exam	Maximum Marks	Marks Obtained

19. Are you working in TN. Govt. Service	1.Yes	2.No
19a. Date of entry into the Regular Govt. Service		
20. If yes, Necessary Service Proforma Enclosed	1.Yes	2.No

21. Disctrict Code	Native District

<p align="center"><b>I sincerely affirm that the information furnished above are true.</b></p> <p>Station : _____</p> <p>Date : _____</p>	<table border="1" style="width: 100%; height: 100%;"> <tr><td style="text-align: center; vertical-align: bottom;">Signature of the Candidate within the box</td></tr> </table>	Signature of the Candidate within the box
Signature of the Candidate within the box		

REGD. POST/SPEED POST/ COURIER SERVICE  
**ADMISSION TO PARAMEDICAL DIPLOMA IN MEDICAL RECORD SCIENCE COURSE  
IN GOVERNMENT MEDICAL INSTITUTIONS 2021-2022 SESSION**

FINAL YEAR DEGREE  
REGISTRATION  
NUMBER

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YEAR OF PASSING

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From: (Candidate 's Mailing Address)

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TO

The Secretary,  
Selection Committee,  
No.162, Periyar E.V.R. High Road,  
Kilpauk, Chennai-600 610.

PINCODE:

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CONTACT NO:

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