

**Walk-In Counselling for the existing Vacancies for MD
(Homoeopathy) in Management Quota on 02.02.2023.**

**MD (Homoeopathy) Vacancy Position in Management Quota
Seats Branch wise.**

Sl.No.	Branch	Sarada Krishna	White Memorial
1.	Organ of Medicine	03	02
2.	Materia Medica	Nil	01
3.	Practice of Medicine	03	02
4.	Pediatrics	02	02
5.	Repertory	02	02
6.	Pharmacy	Nil	Nil

Note:

- **Application Should be Submitted on 02.02.2023 before 11.00 A.M. at the Office of the Selection Committee, Directorate of Indian Medicine, Arumbakkam, Chennai – 600 106.**
- **Counselling will begin on the same day by 2.00 P.M.**
- **Candidate should bring all the Original Documents required.**
- **Application Cost – Rs.5,000/- (Only Cash at the time of Counselling)**
- **Processing Fee – Rs. 2,000/- (Only Cash at the time of Counselling)**
- **Advance Tuition Fee – Rs. 25,000/- (Only Cash at the time of Counselling)**

J. Jaseep



Application Cost	Amount
	Rs.5000/-

Application Register No. To be assigned by office	
RANK To be assigned by office	

M

APPLICATION FORM

ADMISSION TO POST GRADUATE DEGREE COURSE IN HOMOEOPATHY

[M.D.(HOMOEOPATHY)] – 2022 – 2023 Session

[ONLY FOR MANAGEMENT QUOTA SEATS]

(NOTE: ALL PAGES SHOULD BEAR CANDIDATE'S FULL SIGNATURE)

AIAPGET ROLL NO:	
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AIAPGET SCORE:	
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AIAPGET RANK:	
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1. Name of the candidate :
(in caps. as in Reg. certificate)

2. Father's Name :

3. Date of Birth :

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4. Sex (✓) :

MALE	FEMALE	TRANSGENDER
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5. Nationality (✓) :

INDIAN	OTHERS
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6. Nativity (✓) :

TAMILNADU	OTHERS
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7. Community (✓) :

OC	BC	BCM	MBC/DC	SC	SCA	ST
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Space for photograph
(To be self attested)

Should be the one similar
to the photo affixed in
the Hall ticket of
AIAPGET-2022
(Homoeopathy)

8. (a) Caste Name : _____ Caste Code No: _____

9. Applying under (✓):
If applying under minority appropriate
certificate should be submitted,
Annexure - IV

LINGUISTIC MINORITY	RELIGIOUS MINORITY	NONE

9. Mother Tongue (✓) :

TAMIL	OTHERS
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10.(a). Mailing Address (Residential):

Mobile No: _____ Email ID: _____

(b). Office Address, if any

Signature of the Applicant

- 11.(a). Qualification :
- (b). College from which passed :
- (c). University that awarded degree :
- (d). Is this Degree recognized by the NCH, New Delhi :
- (e). Month and Year of Passing the Final exam :
- (f).Date of completion of the CRR I :
- 12 .Medical Registration No. :
Allotted by NCH/TNHMC
(Details to be furnished in Application Form or to produce during Counseling)
13. AIAPGET-2022 (HOMOEOPATHY) ROLL.NO. : _____
14. AIAPGET-2022 (HOMOEOPATHY) Obtained Marks : _____
15. AIAPGET-2022 (HOMOEOPATHY) All India Rank : _____
16. Nature of employment held
subsequent to passing of BHMS
with duration. : _____

Signature of the Applicant.

DECLARATION BY THE CANDIDATE - I

IS/o, D/o,/W/o,.....do hereby solemnly and sincerely affirm that the statements made and information furnished in my Application Form as also in all the enclosures thereto submitted by me are true to the best of my knowledge and belief. Should it however be found that any information furnished therein is untrue, I realize that I will be liable for criminal prosecution and agree to forego without demand, my seat in the College at any stage of the course.

Station:

Date :

Signature of the candidate.

DECLARATION BY THE CANDIDATE -II

I have not undergone the Post Graduate Degree in Homoeopathy Medicine in anyone of the disciplines and discontinued the course on my own accord (or) on any other grounds after 6 months from the date of joining the course.

Station:

Date :

Signature of the candidate.

ANNEXURE - I

CERTIFICATE OF NATIVITY IN TAMIL NADU

Certified that Dr.

S/o. D/o. W/o. Thiru.....an applicant for admission to Post Graduate studies who normally resides at in Tamil nadu is a Native of Tamil nadu.

Taluk :

District :.....

State :.....

Signature of the Tahsildar.

Office Seal:

Signature:

Name and Designation:

Station:

Date:

INSTRUCTIONS FOR NATIVITY CERTIFICATE

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. This Certificate should be signed also by the Village Administrative Officer.
4. The Certificate should bear the stamp of the office of the Officer signing the Certificate.
5. 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.
6. 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.
7. **Permanent Residence Certificate will not be considered as Nativity Certificate.**
8. 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 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, the present 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 – II

Declaration by the Candidate

I, Dr. _____

S/o / D/o / W/o _____ do here by solemnly declare that if I immediately on joining the course abstain unauthorisedly from attending class for one month or more, I agree that, I may be considered as discontinued without notice on automatic basis and the vacancy that may arise may be filled up from the waiting list depending upon the availability of time before the prescribed cut off date by the Selection committee for P.G. Courses.

Signature of the Candidate

ANNEXURE - III
AGREEMENT BOND FOR CANDIDATES ADMITTED TO
M.D. HOMOEOPATHY COURSE 2022-2023 SESSION IN
HOMOEOPATHY MEDICAL COLLEGE

THIS DEED OF BOND IS EXECUTED AT _____

ON THIS DAY OF _____ BY

Name: _____

S/O, D/O, W/O _____

Residing At (Permanent Address): _____

(Temporary Address): _____

Land Line Phone No: _____

Mobile No: _____

email id: _____

AADHAR NO. _____

TO

IN FAVOUR OF _____ COLLEGE

WHEREAS the Party of the FIRST PART have applied for admission to _____ course and the Party of the FIRST PART has been selected to the said course.

As per the Prospectus, the Party of the FIRST PART has agreed to serve the Government of Tamil Nadu till superannuation (For Service Candidates) / for a period not less than _____ years (For Non Service Candidates) after successful completion of the _____ course and on such failure of not completing the full bond period of _____ years, the Party of the FIRST PART shall forthwith pay a sum of Rs.10,00,000/- (Rupees Ten Lakhs only).

During the above period, the Party of the FIRST PART (For Non Service Candidates) shall be paid Stipend and the Government of Tamil Nadu will request their services within a period of 2 years from the date of completion of the _____ course.

AND WHEREAS for the better protection of the Government, the Party of the FIRST PART has agreed to execute the bond with 3 sureties who are Income Tax assesseees to stand guarantee for the above said amount of Rs.10,00,000/- (Rupees Ten Lakhs only).

AND WHEREAS the Party of the FIRST PART have also agreed that on successful completion of the _____ course, his/ her certificates relating to _____ course will not be given to the Party of the FIRST PART unless the Party of the FIRST PART successfully completes the bond period of _____ years or pay to the Governor of Tamil Nadu his successors and assignees (hereinafter called " The Government") on demand the sum of Rs.10,00,000/- (Rupees Ten Lakhs only) and on such default together with interest at Government rates thereon from the date of demand on the said amount.

The Party of the FIRST PART _____ or his/ her legal heirs, executors and administrators shall forthwith pay to the Government on demand the said sum of Rs.10,00,000/- (Rupees Ten Lakhs only) and on such default together with interest from the demand at Government rates there on from the date of demand on the said demand on the said amount Loan.

AND WHEREAS the Government have , at the request of the Party of the FIRST PART _____ employed as _____ granted stipend to him / her for a period of 24/36 months with effect from _____ in order to enable him/ her to study at _____
_____ College.

AND WHEREAS if the Party of the FIRST PART _____ works for a period of less than 24/36 months during the _____ course / _____, the proportionate amount will be treated as stipend and the Party of the FIRST PART _____ shall pay back in addition to the security amount of Rs. _____ / -(Rupees _____ Lakh only) with the balance amount of stipend to the Government.

AND WHEREAS if the Party of the FIRST PART _____ discontinues the course at any time before the completion of the _____ Course the Party of the FIRST PART shall pay back in total, amount received as stipend in addition to the discontinuation fee Rs.10,00,000/- (Rupees Ten Lakhs only). in total together with interest from the demand at Government rate in force on Government Loan.

AND upon the Party of the FIRST PART _____ or
1. _____ or 2. _____ or
3. _____

The sureties aforesaid making such payment, the above written bond shall be void and be of no effect, otherwise it shall remain in force and virtue

PROVIDED always that the liability of the sureties hereunder shall not be impaired or discharged by reasonable time being granted or by any forbearance, act or omission of the Government or any person authorized by them (Whether with or without the consent knowledge of the sureties) nor shall it be necessary for the Government to sue the Party of the FIRST PART before suing the sureties

1. _____
2. _____ and
3. _____

Or any of them for amount due hereunder.

This bond shall in all respects be Governed by the Laws of India, for the time being in force, and the rights and liabilities shall, where necessary, be accordingly determined by the appropriate courts in India.

This bond is exempted from stamp duty, under Article 57 of Schedule- I of the Indian Stamp Act , 1899. (Central Act II of 1899)

NOW THE DEED OF INDEMNITY BOND WITNESSESS AS FOLLOWS:

1. The Party of the FIRST PART has agreed to serve the Government of Tamil Nadu Medical Services for a period of _____ on successful completion of the _____ course at _____ and in the event of default the Party of the FIRST PART shall pay forthwith a sum of Rs.10,00,000/- (Rupees Ten Lakhs only).to the Government of Tamil Nadu Medical Services.

2. For the aforesaid amount Rs.10,00,000/- (Rupees Ten Lakhs only). the Party of the FIRST PART has brought 3 sureties and it should stand alive till successful completion of the _____years bond period with the Government by the Party of the FIRST PART. Or in the event of such default till payment of Rs.10,00,000/- (Rupees Ten Lakhs only). is paid to the Government of Tamil Nadu Medical Services.

3. The Party of the FIRST PART agrees that till the successful completion of the period of _____years service to the Government of Tamil Nadu or till the payment of Rs.10,00,000/- (Rupees Ten Lakhs only) is paid the certificates relating to _____course at _____ shall be in the custody of the Party of the Second Part College and the Government has a first lien over all the certificates gained by the candidate at the time of admission.

The Party of FIRST PART authorizes for retention of the certificates till the lien is cleared / discharged.

Signed and Dated at _____ on this the _____day of _____.

Signed and delivered by the Party of the FIRST PART _____.

Signature of the Candidate:

PAN No. of Surety 1 :

Aadhar No.

Signed and delivered by the Surety _____

Signature of the Surety with seal.

In the presence of :

Witness 1.

Witness 2

Name:

Name:

Address:

Address:

Signature

Signature

PAN No. of Surety 2 :

Aadhar No.

Signed and delivered by the Surety _____

Signature of the Surety with seal.

In the presence of :

Witness 1.

Witness 2

Name:

Name:

Address:

Address:

Signature

Signature

PAN No. of Surety 3 :

Aadhar No.

Signed and delivered by the Surety _____

Signature of the Surety with seal.

In the presence of :

Witness 1.

Witness 2

Name:

Name:

Address:

Address:

Signature

Signature

ACCEPTED

For and on behalf of any of the order and direction of the Government of Tamil nadu.

Date :

Station :

Principal

_____ Homoeopathy Medical College

Annexure - IV

PROFORMA FOR RELIGIOUS & LINGUISTIC MINORITY CERTIFICATE

(To be issued by the competent Revenue authority of the candidate's native jurisdiction)

(This certificate is used for the purpose of seeking admission to Post Graduate Medical courses for the academic year 2022 - 2023).

*

This is to certify that Thiru/Selvi S/o. D/o. of

..... has studied in

..... College from to

He / She belongs to Religious Minority / Linguistic

Minority..

Signature :

Name and Designation :

(with office
seal)

Place : Taluk

Date : District

**M.D(HOMOEOPATHY) MANAGEMENT 2022- 2023SESSION
SCRUTINY FORM**

M

(To be filled in by the candidate as per the entries made in Application Form)

Appl. Reg. No. _____

No	Details		Office use only						
1.	Name	Dr.							
2.	Gender	Male / Female / Transgender							
3.	Address Contact Phone No: _____ Mobile No.: _____ e-mail I.D: _____								
4.	Date of Birth	/ /							
5.	Nativity	Tamil Nadu / Others							
6.	Mother Tongue	Tamil / Others							
7.	Community	OC BC BCM MBC/DC SC SCA ST							
8.	Minority Annexure -IV	LINGUISTIC MINORITY COMMUNITY MINORITY NONE							
9.	Service Particulars [✓the Applicable item]	Service / Non-Service							
10.	Date of Completion of CRR I Training	<table border="1"> <tr> <td>Date</td> <td>Month</td> <td>Year</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Date	Month	Year				
Date	Month	Year							
11.	Medical Registration No. and Date of Registration	Reg. No: _____ Date: _____							
12.	Name of College in which UG is passed								
13.	AIAPGET – 2022 (Homoeopathy) Roll. No.								
14.	AIAPGET – 2022 (Homoeopathy) Obtained Marks								
15.	AIAPGET – 2022 (Homoeopathy) All India Rank								
16.	BHMS Final Year Total Marks								
17.	Whether Discontinued PG Degree Previously, if yes, State Branch and Date of the Discontinuation. [✓]	Yes / No Branch: Date:							

I sincerely affirm and state that the information furnished above is true and correct to the best of my knowledge and belief.

Station:

Date:

CANDIDATE'S SIGNATURE.

Office Use Only.

First Scrutinising Officer.

Signature

Date

Remarks

Second Scrutinising Officer.

Signature

Date

Remarks