FORM OF APPLICATION FOR REGISTRATION M.B.B.S., DEGREE EXAMINATIONS NEW REGULATION

			MONTH:	
	PART:		YEAR :	
1.	NAME (in Block Letters) a) English b) Tamil	:		
2.	Father's Name & Occupation	:		
3.	Sex	:	M F *	
4.	Year of Admission	:		
5.	Regular / Private		R P *	
6.	Month & Year of last appearance Previous Exam Register Number	:		
7.	Permanent Address (in Block Letters)	8 . 30		
8.	Are you Registering for Arrear Subjects	:	YES NO *	
9.	Year / Part in which you are registering	:	I M.B.B.S II M.B.B.S Fin	al M.B.B.S
				1 1
10.	Subjects in which you are registering	:		
	Fill on the Oods Numbers for which th		didata ia ragiotarina	

Fill up the Code Numbers for which the candidate is registering

SUBJECT CODE

F-First Appearance			A - Arrears		
M.B.B.S	PART-II			F	A
FINAL	PART-I			F	Α
SECOND M.B.B.S		2.1		F	А
FIRST M.B.B.S	med or	NI.		F	Α

^{*-} Score out the letters which are not applicable for you

11.	Payment Details :
	Amount :
	Name of Bank / University Counter :
	Receipt No. and Date :
	(Receipt should be attached with application form)
	(Receipt should be attached with application to

12. PLEASE FURNISH PARTICULARS OF THE PREVIOUS APPEARANCE

	PART	Months & Year of Passing with Register No.	Total Marks Secured	Whether Passed in one attempt
FIRST M.B.B.S	***	The second second	actiquos	Company's Name of
SECOND M.B.B.S				898
FINAL M.B.B.S	1			DESCRIPTION OF NAME

Date:	Signature of the Candidate
	orginature of the Carididate

FOR OFFICE USE ONLY

Verified

DEAN FACULTY OF MEDICINE