



NATIONAL INSTITUTE OF SIDDHA/ राष्ट्रीयसिद्धसंस्थान

MINISTRY OF AYUSH / आयुषमंत्रालय

GOVERNMENT OF INDIA-भारतसरकार

TAMBARAM SANATORIUM, CHENNAI -600 047 -ताम्बरमसनटोरियम, चेन्नई -600 047

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**ADMISSION TO
POST GRADUATE DEGREE
COURSE
M.D (SIDDHA)**

**APPLICATIONFORM
आवेदनपत्र
2021-2022**

**APPLICATION FORM FOR ADMISSION TO
M.D. (SIDDHA) DEGREE COURSE 2021–2022
NATIONAL INSTITUTE OF SIDDHA,
TAMBARAM SANATORIUM, CHENNAI-600 047.**

Particulars of DD towards application fee

Name of the Bank drawn :

DDNo./Date :

Amount :

Affix Self
attested
passport size
Photograph –
Same as
AIAPGET

1. Name of the Candidate : -----
(in Block Letters)

2. Date of Birth :

3. Mailing Address : Door No: -----

Street:-----

Village / Locality: -----

Taluk / Town: -----

District / City:-----

Pincode :

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4. a) Contact No. Mobile Number :
Land Line with STD code:

b) e - mail id :

5. Aadhaar No. :

6. Gender (Tick the Box) :

M	F	TG

7. Community (Tick the Box) :
(OBC /SC / ST candidates should enclose
Self attested photocopy of the Community
Certificate issued by competent authorities.
In respect of OBC candidates, certificate of
OBC status and exclusion from creamy
layer for the year 2020-21 should be
produced as per GOI notification issued
from time to time.)
Certificate number :

Gen	OBC	SC	ST

8. Whether the applicant belongs to
PwD category She/ He has to produce
the valid disability Certificate as prescribed
in the Indian Medicine Central
Council (Post Graduate Siddha Education)
Amendment Regulations 2019.:

Yes	No

9. Nationality :

10. Qualification :

11. The College from which passed
(Recognized by the Central Council
of Indian Medicine, New Delhi) and
the University :

12. Month and year of passing the final
B.S.M.S exam :

13. No. of attempts for passing the final year exam :

14. Total marks obtained in final year :

15. Registration No. of the final year
examination :

16. Date of completion of the Internship (C.R.R.I) :

17. AIAPGET Entrance Marks & Hall Ticket No. :
(Attach copy of Hall Ticket-2021)

18. Registration Number given by :
Tamil Nadu Siddha Medical Council /
Central Council of Indian Medicine/
Concerned State Siddha Medical
Council.
(Self Attested Photocopy of the
certificate to be furnished.)
19. State & Country to which he/she belongs to :
20. Whether a passport holder? If Yes,
furnish the details of passport
21. Whether passed /completed/ discontinued
M.D(Siddha) course previously?
If so, furnish the particulars :
22. Whether the eligibility certificate has :
been obtained from The TamilNadu
Dr. M.G.R .Medical University for
admission to the M.D (Siddha) course?
If so, the details to be furnished
**(For Foreign countries and
other University candidates only)**

PLACE: _____

DATE : _____

**SIGNATURE OF THE
CANDIDATE**

DECLARATION BY THE CANDIDATE

I)

Certified that I, Dr.....
S/o / D/o / W/o. Thiru..... do
hereby solemnly and sincerely affirm that the statement made and
information furnished in my application form as also in all the enclosures
thereto submitted by me are true.

However, if it is found that any information furnished therein is
untrue in particulars, I realize that I am liable for criminal prosecution
and agree to forego my seat in this Institute at any stage.

Station:.....

Signature of the candidate

Date :.....

II)

Certified that I, Dr.....S/o /
D/o / W/o. Thiruhereby
declare that I am not doing any Postgraduate Degree Course elsewhere.

I have not joined the Postgraduate M.D (Siddha) Degree Course
and previously discontinued on my own accord or on any other
grounds.

I undertake to refund the entire stipend received by me from the
Institute in case of my selection and subsequent discontinuation of course. I
also undertake to pay a Penalty of Rs.10,00,000/- (Rupees Ten lakh only)
for discontinuing the course beyond the cut-off date prescribed by the
University. I also understand that I shall not have right for readmission
once I discontinue the course

Station :.....

Signature of the candidate

Date :.....

ADMISSION TO M.D(SIDDHA) DEGREE COURSE 2021-2022 - SCRUTINY FORM

(To be filled in by the Candidate as per the entries made in Application form)

SL.NO.	DETAILS						(OFFICE USE ONLY)	
1.	Name (in Block Letters)	Dr.						
2.	Date of Birth	Date	Month	Year				
3.	Mailing Address							
	Pin Code:							
4.	Land line with STD Code: / Mobile No.							
	E-Mail-ID:							
5.	Aadhaar No.							
6.	Gender							
7.	Community (Circle the appropriate Number)	Gen	OBC	SC	ST			
		1	2	3	4			
8.	Physically Disabled category	Yes		NO				
9.	Nationality							
10.	Nativity (Circle the appropriate Number)	Tamil Nadu		Others				
		1		2				

11.	Mother Tongue (Circle the appropriate Number)	Tamil	If Others (Specify)		
		1	2		
12.	Qualification				
13.	The college from which passed (Recognised by the Central Council of Indian Medicine , New Delhi) and the University				
14.	Month and year of passing the final B.S.M.S exam	Obtained Marks	Maximum Marks	No. of Attempts	
15.	No. of attempts for passing the final year exam				
16.	Total Marks obtained in final year				
17.	Registration No. of the final year examination in each attempt				
18.	Date of completion of the Internship (C.R.R.I)				
19	AIAPGET Entrance Marks and Hall Ticket No.				
20.	Registration Certificate Number by Tamil Nadu Siddha Medical Council/ Central Council of Indian Medicine /concerned state siddha council				
21	State & Country to which he /she belongs to				

22.	Whether a passport holder, If yes furnish the passport number	Yes	No	
23.	Whether passed / completed / discontinued M.D(Siddha) course previously/ If so, furnish the particulars			
24.	Whether the eligibility certificate has been obtained from the Tamil Nadu Dr.M.G.R.Medical University for admission to the M.D(Siddha) course/ If so, the details to be furnished (for Foreign Countries and other University candidates only)			

I sincerely affirm that the particulars furnished above are true.

Station:

Date :

Signature of the Candidate

(FOR OFFICE USE ONLY)

Eligibility:

1. Eligible ☐

2. Not Eligible ☐

Reason (s)for ineligibility :.....

Members

1.

2.

3.

SECRETARY

CHAIRMAN

CHECK LIST

I.	Demand Draft for Rs.2000/- (Rupees Two thousand only) in case of General / OBC categories and Rs.1500/- (One thousand Five hundred only) for SC /ST category drawn on any Nationalised Bank in favour of “ The Director, National Institute of Siddha ” payable at Chennai towards application fee.	Yes / No
II.	Stitch the Self attested Photostat copies of the following documents	
1.	Evidence for Date of Birth (H.S.C / S.S.L.C certificate / College leaving Certificate) .	Yes / No
2.	Transfer Certificate	Yes / No
3.	Community Certificate (for OBC /SC / ST).	Yes / No
4.	Special Category Certificate for physically disabled (Date of Issue of Certificate should not be more than three months old if applicable)	Yes / No
5.	Statement of marks of (including failed subjects) in final year B.S.M.S Course.	Yes / No
6.	Internship certificate.(C.R.R.I)	Yes / No
7.	B.S.M.S Degree Certificate / Provisional Certificate issued by the University.	Yes / No
8.	State Siddha Medical Council Registration Certificate / Central Council of Indian Medicine Registration Certificate.	Yes / No
9.	Two Conduct Certificates <ol style="list-style-type: none"> Self Attested photo copy of the conduct certificate from the Institution last studied. Original latest conduct Certificate obtained from known responsible person 	Yes / No. Yes / No
10.	AIAPGET Entrance Examination Hall Ticket 2021. (copy to be attached)	Yes / No

Signature of candidate