



राष्ट्रीय सिद्धा संस्थान / NATIONAL INSTITUTE OF SIDDHA

आयुष मंत्रालय / Ministry of Ayush

भारत सरकार / Government of India

ताम्बरम सनटोरियम / Tambaram Sanatorium

चेन्नई/ Chennai -600 047

फ़ोन / Tel: 044-22411611

फैक्स / Fax: 044-22381314

ईमेल/e-mail: nischennaisiddha@yahoo.co.in

वेब/ Web: <https://nischennai.org>

BACHELOR OF SIDDHA MEDICINE AND SURGERY (BSMS)

APPLICATION FORM

2022-2023

DETAILS OF APPLICATION FEE

Demand Draft No. :

Date :

Amount :

Name of the Bank :

Affix Self-
attested
passport size
Photograph
(Same as
in NEET 2022
Admit Card)

DETAILS OF CANDIDATE

1	Name of the candidate (in Block Letters)	
2	Date of Birth (In Christian Era)	
3	<u>Address for Communication</u> Door No: Street: Village/Panchayat: Taluk: District: State: Pin Code:	
4	Mobile Number	
	Land Line with STD code	
	e-mail	
5	Aadhaar No.	

6	Gender (Tick)	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>				
7	<p>Category (Tick)</p> <p>Note: (OBC /SC / ST /EWS candidates should enclose Self-attested photocopy of the Community Certificate issued by competent authorities.</p> <p>In respect of OBC candidates, valid certificate of OBC status and exclusion from creamy layer should be produced as per GOI Notification issued from time to time.</p> <p>EWS Candidate should produce valid Income and Asset Certificate issued by a Competent authority as prescribed by Department of Personnel and Training.</p>	<p>Gen <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/></p> <p>ST <input type="checkbox"/> EWS <input type="checkbox"/></p> <p>Community Certificate number:</p> <p>Date of issue:</p>				
8	<p>Whether the applicant belongs to PwD category</p> <p>He/ She has to produce the valid disability Certificate as prescribed in the Indian Medicine Central Council (Under Graduate Siddha Education) Amendment Regulations 2016</p>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>					
9.	Nationality					
10	Qualification					
11	School from which HSC / +2 Examination passed					
12	Month and year of passing HSC / +2 Examination					
13	No. of attempts for passing the 10 th and HSC / +2 Examination					
14	Total marks obtained in final year HSC / +2 Examination					

15	Registration No. of the final year HSC / +2 Examination	
16	Date of completion HSC / +2 Examination	
17	NEET-2022 Marks	
18	NEET-2022 Admit Card Number (Attach Self-attested copy of NEET - 2022 Admit Card)	

Place:

Signature of the Candidate:

Date:

Name:

DECLARATION BY THE CANDIDATE

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

However, if it is found that any information furnished by me herewith is untrue, I
understand that I am liable for criminal prosecution and also agree to forego my seat in the
National Institute of Siddha at any stage of the admission process to the Bachelor of Siddha
Medicine and Surgery (BSMS) Programme of the National Institute of Siddha.

Station:

Signature of the candidate:

Date:

Name:

DECLARATION BY THE PARENT / GUARDIAN*

I, (Name in full and in Block Letters) Father / Mother / Guardian of
..... hereby solemnly declare that the facts, particulars and information
provided / entered in the Application Form by my Son / Daughter / Ward / Shri /
Kum..... are correct and he / she has not produced any false
certificate in this regard. I also declare that the information and the statements given in the
application, and the enclosures are true, correct and complete. I further declare that if it is found
otherwise, my ward will be liable to forfeit the seat and / or be removed from the rolls of the
Institute at whatever stage of study, besides making me and my ward liable for criminal
prosecution.

Place:

Signature of the Parent / Guardian*:

Date:

Name:

Note : A Guardian may execute the above declaration only if both parents are not alive or if he /
she is legally appointed.

* Strikeout whichever is not applicable

NATIONAL INSTITUTE OF SIDDHA

BACHELOR OF SIDDHA MEDICINE AND SURGERY (BSMS)

SCRUTINY FORM

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

Sl. No.	Details		(For Office use only)										
1	Name of Candidate (in Block Letters)												
2	Date of Birth	<table border="1"> <tr> <td>Date</td><td>Month</td><td>Year</td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td><td></td></tr> </table>	Date	Month	Year								
Date	Month	Year											
3	<p align="center"><u>Address for Communication</u></p> <p>Door No:</p> <p>Street:</p> <p>Village/Panchayat:</p> <p>Taluk:</p> <p>District:</p> <p>State:</p> <p>Pin Code:</p>												
4	Mobile Number												
	Land line with STD Code:												
	E-Mail-ID:												
5	Aadhaar No.												
6	Gender												
7	Category (Circle the appropriate Number)	<table border="1"> <tr> <td>Gen</td><td>OBC</td><td>SC</td><td>ST</td><td>EWS</td></tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table>	Gen	OBC	SC	ST	EWS	1	2	3	4	5	
Gen	OBC	SC	ST	EWS									
1	2	3	4	5									
8	Physically Disabled category (Please tick '✓')	<table border="1"> <tr> <td>Yes</td><td>No</td></tr> </table>	Yes	No									
Yes	No												

9	Nationality			
10	Nativity (Circle the appropriate Number)	Tamil Nadu	Others	
		1	2	
11	Mother Tongue (Circle the appropriate Number)	Tamil	Others (Specify)	
		1	2	
12	Qualification			
13	School from which HSC / +2 Examination passed			
14	Month and Year of Passing the HSC / +2 Examination			
15	No. of attempts for passing the HSC / +2 Examination			
16	Total Marks obtained in HSC / +2 Examination	Marks Obtained	Maximum Marks	
17	Registration No. of the HSC / +2 Examination			
18	Date of completion of the HSC / +2 Examination			
19	NEET 2022 Marks			
20	NEET 2022 Admit Card No.			
21	Whether a passport holder, If yes furnish the Passport number	Yes	No	

I sincerely state that the particulars furnished above are true to the best of my knowledge and belief.

Place:

Signature of the Candidate:

Date:

Name:

(FOR OFFICE USE ONLY)

Whether the Candidate is Eligible or In-eligible

1. Eligible ☐

2. Ineligible ☐

Reason(s) for ineligibility :

Scrutiny Committee Members

Sl. No.	Name & Designation	Signature
1		
2		
3		
4		

Dean (i/c)
National Institute of Siddha

Director
National Institute of Siddha

CHECK LIST
(To be filled-up by the Candidate)

Sl. No.	Document Name	Whether attached (Please tick '✓')	
I	Demand Draft for Rs.1000/- (Rupees One Thousand only) drawn on any Nationalised Bank in favour of “ The Director, National Institute of Siddha ” payable at Chennai towards cost of Application Form. SC/ST/PwD candidates are exempted from payment of 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 / School leaving Certificate)	Yes	No
2	Transfer Certificate	Yes	No
3	Category Certificate (for OBC /SC / ST/EWS) issued by competent authority in the prescribed format	Yes	No
4	Special Category Certificate for Physically Disabled (Date of Issue of Certificate should not be more than three months old)	Yes	No
5	NEET-2022 Examination Admit Card	Yes	No
6	NEET-2022 Examination Score Card	Yes	No
7	Two Conduct Certificates		
	Self-attested photocopy of the conduct certificate from the School last studied	Yes	No
	Original latest Conduct Certificate obtained from a Gazetted Officer	Yes	No

Place:
Date:

Signature of the candidate:
Name:

DECLARATION BY THE PARENT / GUARDIAN*

I, (Name in full and in Block Letters) Father / Mother / Guardian of hereby solemnly declare that the facts, particulars and information provided / entered in the Application Form by my Son / Daughter / Ward / Shri / Kum..... are correct and he / she has not produced any false certificate in this regard. I also declare that the information and the statements given in the application, and the enclosures are true, correct and complete. I further declare that if it is found otherwise, my ward will be liable to forfeit the seat and / or be removed from the rolls of the institution at whatever stage of study, besides making me and my ward liable for criminal prosecution.

Place:

Signature of the Parent / Guardian*:

Date:

Name:

Note : A Guardian may execute the above declaration only if both parents are not alive or if he / she is legally appointed.

* Strikeout whichever is not applicable