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**

ईमेल/**e-mail: nischennaisiddha@yahoo.co.in**
वेब/ **Web: https://nischennai.org**

BACHELOR OF SIDDHA MEDICINE AND SURGERY (BSMS)

APPLICATION FORM

2023-2024

DETAILS OF APPLICATION FEE

Demand Draft No.   :

Date   :

Amount   :

Name of the Bank   :

Affix Self-attested passport size Photograph (*Same as in NEET 2023 Admit Card*)

DETAILS OF CANDIDATE

1	Name of the candidate (in Block Letters)	
2	Date of Birth (In Christian Era)	
3	**Address for Communication** 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 ☐ Female ☐ Transgender ☐
7	Category (Tick) Note: *(OBC /SC / ST /EWS candidates should enclose Self-attested photocopy of the Community Certificate issued by competent authorities.* *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.* *EWS Candidate should produce valid Income and Asset Certificate issued by a Competent authority as prescribed by Department of Personnel and Training.*	Gen ☐ OBC ☐ SC ☐ ST ☐ EWS ☐ Community Certificate number: Date of issue:
8	Whether the applicant belongs to PwD category *He/ She has to produce the valid disability Certificate as prescribed in the Indian Medicine Central Council (Under Graduate Siddha Education) Amendment Regulations 2016*	<table><tr><td>Yes</td><td>No</td></tr><tr><td></td><td></td></tr></table>
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 10th 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-2023 Marks	
18	NEET-2023 Admit Card Number (*Attach Self-attested copy of NEET -2023 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	Date	Month	Year			
3	Address for Communication Door No: Street: Village/Panchayat: Taluk: District: State: Pin Code:						
4	Mobile Number						
	Land line with STD Code:						
	E-Mail-ID:						
5	Aadhaar No.						
6	Gender						
7	Category (Circle the appropriate Number)	Gen	OBC	SC	ST	EWS	
		1	2	3	4	5	
8	Physically Disabled category (Please tick '✓')	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 2023 Marks			
20	NEET 2023 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:

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)   Director
National Institute of Siddha   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-2023 Examination Admit Card	Yes	No
6	NEET-2023 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: 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 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