



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

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

वेब/ Web: <https://nischennai.org>

POST GRADUATE DEGREE COURSE M.D (SIDDHA)

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	<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 (Post Graduate Siddha Education) Amendment Regulations 2023</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	College from which passed (Recognised by the Central Council of Indian Medicine, New Delhi) and the University)					
12	Month and year of passing final B.S.M.S Examination					
13	No. of attempts for passing the B.S. M.S Examination					

14	Total marks obtained in B.S.M.S. Examination	
15	Registration No. of the final year B.S.M.S Examination	
16	Date of completion of the Internship (C.R.R.I)	
17	AIAPGET Entrance -2023 Marks	
18	AIAPGET-2023 Hall Ticket Number (Attach Self-attested copy of AIAPGET -2023 Hall Ticket)	
19	Registration Number given by the Tamil Nadu Siddha Medical Council / Central Council of Indian Medicine / Concerned State Siddha Medical Council.(Self attested Photocopy of the Certificate to be furnished	
20	Which State & Country the candidate belongs to	
21	Whether the Candidate is a passport holder? If Yes, furnish the details of passport	
22	Whether the Candidate passed /completed /discontinued M.D(Siddha) furnish the particulars	
23	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)	

Place:
Date:

Signature of the Candidate:
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

POST GRADUATE DEGREE COURSE M.D (Siddha)

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	<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-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	No. of attempts for passing the B.S. M.S Examination			
14	Total marks obtained in B.S.M.S. Examination			
15	Registration No. of the final year B.S.M.S Examination			
16	Date of completion of the Internship (C.R.R.I) AIAPGET Entrance -2023 Marks	Marks Obtained	Maximum Marks	
17	AIAPGET-2023 Hall Ticket Number (Attach Self-attested copy of AIAPGET -2023 Hall Ticket)			
18	Registration Number given by the 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	Which State & Country the candidate belongs to			

		Yes	No	
20	Whether the Candidate is a passport holder? If Yes, furnish the details of passport (Please tick '✓')			
21	State & Country to which he /she belongs to			
22	Whether the Candidate passed /completed /discontinued			
23	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 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.2000/- (Rupees Two Thousand only) for SC /ST Rs.1500/- (Rupees One thousand five hundred only) drawn on any Nationalised Bank in favour of “ The Director, National Institute of Siddha ” payable at Chennai towards cost of Application Form.	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	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 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
	Two Conduct Certificates		
7	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
8	B.S.M.S Degree Certificate / Provisional Certificate issued by the University.	Yes	No
9	State Siddha Medical Council Registration Certificate / Central Council of Indian Medicine Registration Certificate.	Yes	No
10	AIAPGET Entrance Examination Hall Ticket 2023.	Yes	No

11	AIAPGET Score Card	Yes	No
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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