

CHRISTIAN MEDICAL COLLEGE, VELLORE

(REGISTRATION FORM)*

CANDIDATE DETAILS

EMP. NO.

CMC Hospital No.

Name of the Candidate :

Expansion of Initials :

Name of the course :

Open / Sponsored :

Name of the sponsoring body :

Date of Birth :

Gender:

Marital Status :

Father's Name :

Occupation:

Mother's Name :

Occupation:

Nationality :

Religion:

Community :
(SC/ST/OBC/OTHERS)

Community Certificate Details : No. _____ Issued by _____

Taluk _____ Date _____

Blood Group (Mandatory) :

Willingness to Donate Blood: Yes / No

Qualification Details

Basic Degree		
University		
Institution		
Register Number		
Provisional Degree		
Month & Year of Passing		
Tamilnadu Medical Council Number		
Internship	From	To

Additional Qualification 1	
University	
Institution	
Register Number	
Provisional Degree	
Month & Year of Passing	
Medical council Number	

Additional Qualification 2 (If any)	
University	
Institution	
Register Number	
Provisional Degree	
Month & Year of Passing	
Medical council Number	
Experience (If any)	From
	To

Migration Certificate number : Date:

Eligibility Certificate number : Date:

Passport number :

*** If certain data in the registration form is unavailable by 4th February 2012- please indicate the same in the form and ensure that this data is provided at the time of final registration**

Address for communication

Permanent Address :

District:

State:

Pin code:

Present Address :

District:

State:

Pin code:

Contact Details

Mobile :

Landline with STD code :

Email Id :

Date:

Signature

Kindly arrange the certificates in the following order:

1. Joining report.
2. Undertaking form duly filled (attached)
3. Payment chalan with registration form
4. Eligibility Certificate
5. Migration Certificate
6. Transfer Certificate
7. Proof of date of birth
8. MBBS Tamil Nadu Medical Council Registration
9. MBBS Degree certificate
10. MBBS Course & Conduct Certificate
11. MBBS Compulsory Rotating Residential Internship form
12. MBBS bond completion
13. Additional Qualification Registration – Tamil Nadu Medical Council
14. Diploma Provisional / Degree Certificate
15. Diploma Course & Conduct Certificate
16. Diploma – Bond Completion
17. Community Certificate
18. Pan card / Passport / Driving License / MCI ID Card
19. Clearance of previous appointment (if any Account settlement slip)
20. Agreement of sponsorship (Photocopy – if sponsored)
21. CD – with JPEG format of photograph & Signature
22. Passport size photographs - 4
23. Provisional undertaking form duly filled – regarding late joining for course
(format attached)
24. Immunization Certificate.