

# MEDICINE AND HEALTH SCIENCES

(Use this form for MBBS and BDS Programs)



Application Number

"To be allotted by the University upon receipt of filled application and the same will be intimated to the applicant."

1. PHOTOGRAPH

Paste your passport size color photograph  
Do not pin or staple

- ♦ Fill details in English using CAPITAL letters
- ♦ Read carefully the instructions to fill details
- ♦ Use black or blue Hi-Tech point for filling details
- ♦ Mail the filled application to :

Director (Admissions), SRM University, SRM Nagar,  
Kattankulathur 603 203, Kancheepuram Dt., Chennai Area, Tamilnadu, India.

Signature of Applicant

2. NAME OF THE APPLICANT

3. GENDER

 

MALE FEMALE

4. RELIGION

5. NATIONALITY

6. COMMUNITY

 General / OC  OBC  BC  MBC  SC  ST 

7. DATE OF BIRTH

     

DATE MONTH YEAR

8. MOTHER TONGUE

 

9. NATIVE STATE

 

10. NAME OF THE PARENT / GUARDIAN

11. ADDRESS FOR CORRESPONDENCE (DO NOT REPEAT NAME)

12. CITY

13. DISTRICT

14. STATE

 

15. PIN CODE

   

16. STD CODE

17. TELEPHONE NUMBER

18. MOBILE NUMBER

19. E-MAIL ADDRESS

20. DETAILS - XII<sup>th</sup> AND X<sup>th</sup> STANDARDS

SCHOOL EXAM	SCHOOL	BOARD (CODE)	REGISTRATION NUMBER	MONTH / YEAR OF PASSING	% OF MARKS
XII					
X					

## 21. PARENT'S OCCUPATION

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## 22. PARENT'S ANNUAL INCOME (₹)

Below 50,000	50,001 to 1,00,000	1,00,001 to 2,00,000	2,00,001 to 4,00,000	Above 4,00,000

## 23. HOSTEL REQUIRED

YES	NO

## 24. PROGRAM APPLIED

MBBS	BDS

## 25. TEST CITY

1	6	7
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## 26. PAYMENT OF APPLICATION FEE ₹1000/- TO BE DRAWN IN FAVOUR OF 'SRMIST', PAYABLE AT CHENNAI

PAYMENT MODE	NUMBER	AMOUNT (₹)	DATE	ISSUING BANK NAME	BRANCH
DEMAND DRAFT					

## 27. DECLARATION

I hereby declare that I have carefully read the instructions and particulars supplied to me and that the entries made in this application form are correct to the best of my knowledge and belief. I note that the decision of the University is final in regard to selection for admission. If selected for admission, I promise to abide by the rules and regulations of the University and the guidelines in the prospectus. The University shall have the right to expel me from the University at any time after admission, provided it is satisfied that I was admitted on false particulars furnished by me or my antecedents prove that my continuance in the University is not desirable. I agree that all disputes are subject to the jurisdiction of the courts at Chennai only. Fees paid on counseling and admission will not be claimed back under any circumstances.

.....  
SIGNATURE OF PARENT / GUARDIAN

.....  
SIGNATURE OF APPLICANT

.....  
DATE



11. ADDRESS FOR CORRESPONDENCE: Write the complete postal address including PIN CODE to which communications to be sent. Also write the telephone number with STD code and e-mail address, if any.

For example, the address,

MR. RAVI SUNDAR SINGH, S/O SUDIR KUMAR SINGH,  
NEW No 20, OLD No 23, 2ND CROSS, INDIRA NAGAR, ADAYAR, CHENNAI 600020

ADDRESS FOR CORRESPONDENCE (DO NOT REPEAT NAME)

N	E	W		N	O		2	0	,	O	L	D		N	O		2	3	,	2	N	D		C	R	O	S	S
I	N	D	I	R	A		N	A	G	A	R	,	A	D	A	Y	A	R	,									

12. CITY: Fill in your city's name. For example, the city 'Chennai' should be written as:

C	H	E	N	N	A	I																						
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13. DISTRICT: Fill in your district's name. For example the District "Nellore" should be written as:

N	E	L	L	O	R	E																						
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14. STATE: Refer to the table given below for state codes. For example, the state 'Tamil Nadu' should be written as:

3	5
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STATE	CODE	STATE	CODE
Andhra Pradesh	11	Mizoram	29
Arunachal Pradesh	12	Nagaland	30
Assam	13	Orissa	31
Bihar	14	Punjab	32
Chattisgarh	15	Rajasthan	33
Delhi	16	Sikkim	34
Goa	17	Tamil Nadu	35
Gujarat	18	Tripura	36
Haryana	19	Uttar Pradesh	37
Himachal Pradesh	20	Uttaranchal	38
Jammu and Kashmir	21	West Bengal	39
Jharkhand	22	Andaman and Nicobar Islands (UT)	40
Karnataka	23	Chandigarh (UT)	41
Kerala	24	Dadra and Nagar Haveli (UT)	42
Madhya Pradesh	25	Daman and Diu (UT)	43
Maharashtra	26	Lakshadweep (UT)	44
Manipur	27	Puducherry (UT)	45
Meghalaya	28		

15. PINCODE: Fill up with the appropriate 6-digit Pincode. For example, the Pincode '600 020' should be written as:

6	0	0	0	2	0
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16. STD CODE: Fill up the STD code in the boxes provided. Use zero when prefixed to the STD code. For example, the STD code for Chennai '044' should be written as:

0	4	4			
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17. TELEPHONE NUMBER: Fill up your phone number in the boxes provided. For example, the telephone number '42022527' should be written as:

4	2	0	2	2	5	2	7
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18. MOBILE NUMBER: Fill up your mobile in the boxes provided and do not prefix '0' or leave any blank between numbers. For example, the mobile number '9123456789' should be written as:

9	1	2	3	4	5	6	7	8	9
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19. EMAIL ADDRESS: Fill up the email id in CAPITAL letters without blank spaces. For example, the e-mail id 'ravisundarsingh@gmail.com' should be written as:

R	A	V	I	S	U	N	D	A	R	S	I	N	G	H	@	G	M	A	I	L	.	C	O	M				
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20. DETAILS AND STANDARD: Write the school / College, Board / University code, Registration No., Month and year of Passing and aggregate percentage marks obtained in X<sup>th</sup> standard / aggregate percentage marks obtained in PCM (Physics-Chemistry-Maths)/ PCB (Physics-Chemistry-Biology) in XII<sup>th</sup> std or equivalent examination. In case the XII<sup>th</sup> result has not been published, the marks obtained should be sent on-line and mark sheet should be produced at the time of counseling. (Refer the table below, an example for Board / University code).

For example, if you are from Church Park School, Tamil Nadu Board of Higher Secondary Education, passing XII<sup>th</sup> standard in May 2011 with X<sup>th</sup> standard score of 95%, it should be written as:

SCHOOL EXAM	SCHOOL	BOARD (CODE)		REGISTRATION NO.	MONTH / YEAR OF PASSING	% MARK
XII	CHURCH PARK	3	4	687347	MAY 2011	
X	CHURCH PARK	3	4	567893	MAY 2009	95%

Name of Board	Code
Andhra Pradesh Board of Intermediate Education	11
Assam Higher Secondary Education Council	12
Bihar Intermediate Education Council	13
Central Board of Secondary Education	14
Chattisgarh Madhyamik Shiksha Mandal	15
Council for the Indian School Certificate Examinations	16
Goa Board of Secondary and Higher Secondary Education	17
Gujarat Secondary and Higher Secondary Education	18
H P Board of School Education	19
Haryana Board of Education	20
J & K State Board of School Education	21
Jharkhand Academy Council	22
Karnataka Board of Pre-university Education	23
Kerala Board of Public Examinations	24
Madhya Pradesh Board of Secondary Education	25
Maharashtra State Board of Secondary and Higher Secondary Education	26
Manipur Council of Higher Secondary Education	27
Meghalaya Board of Secondary Education	28
Mizoram Board of School Education	29
Nagaland Board of School Education	30
National Institute of Open Schooling	31
Orissa Board of Secondary Education	32

Punjab School Education Board	33
Rajasthan Board of Secondary Education	34
Tamil Nadu Board of Higher Secondary Education	35
Tripura Board of Secondary Education	36
U.P. Board of High School & Intermediate Education	37
Uttaranchal Shiksha Evam Pariksha Parishad	38
West Bengal Council of Higher Secondary Education	39

21. PARENT / GUARDIAN OCCUPATION: Write the occupation of your parent using the table given below. if your parent is in Business, it should be written as:

6	0
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OCCUPATION	CODE	OCCUPATION	CODE
GOVERNMENT SERVICES		PROFESSION	
I.A.S	11	Engineer	41
I.P.S	12	Doctor	42
I.F.S	13	Chartered Accountant	43
SERVICE CATEGORY		Lawyer	44
Army	21	Agriculturalist	45
Air Force	22	Artist	46
Navy	23	Software	47
Police	24	Consultant	48
Judiciary	25	Teacher	49
Other Govt. Services	26	Self Employed	50
PUBLIC SERVICE		Other Private Sector	51
Minister, Central Govt.	31	Business	60
Minister, State Govt.	32	Others	70
MP	33		
MLA	34		
MLC	35		
Member of Local Body	36		

22. PARENT'S ANNUAL INCOME (₹): For example, if the parent's income is ₹2,22,000, tick as:

Below 50,000	50,001 to 1,00,000	1,00,001 to 2,00,000	2,00,001 to 4,00,000	Above 4,00,000
			✓	

23. HOSTEL REQUIREMENT: Tick 'YES' if you require an on-campus Hostel Accommodation. For eg:

YES	NO
✓	

24. PROGRAM APPLIED: Tick the box as below:

MBBS	BDS
✓	

25. TEST CITY CODE:

TEST CITY	CODE
Chennai – Kattankulathur	167

26. PAYMENT OF APPLICATION FEE: ₹1000/-

a. TO BE DRAWN IN FAVOUR OF 'SRMIST', PAYABLE AT CHENNAI

b. DEMAND DRAFT: Fill-up the DD number, Amount, Date, Issuing Bank & Branch name. Also, write your name on the reverse of the DD.

27. DECLARATION: Applicants and the Parent / Guardian must sign (with date) the declaration to authenticate the information provided by them. Unsigned applications will not be accepted.

**MAIL THE FILLED APPLICATION ALONG WITH A DD FOR ₹1000/- TO THE FOLLOWING ADDRESS  
SO AS TO REACH HIM BEFORE LAST DATE**

THE DIRECTOR (ADMISSIONS)  
SRM UNIVERSITY, SRM NAGAR,  
KATTANKULATHUR 603 203, KANCHEEPURAM DT.  
TAMIL NADU, INDIA.  
E-MAIL: admissions.india@srmuniv.ac.in  
TEL: +91-44- 2745 5510 / 4743 7500 / 2741 7400  
FAX: +91-44-2745 3622