

M. Krishnaveni



SBI COLLECT Transaction ID No.	Date	Amount in Rs.
		100/-

**ADMISSION TO B.N.Y.S. DEGREE COURSE
2024 - 2025 SESSION
SPECIAL CATEGORY APPLICATION FORM
SELECTION COMMITTEE,
DIRECTORATE OF INDIAN MEDICINE AND HOMOEOPATHY.**

[for office use]

Cut-off

A.R. Number

Community

Special Rank

General Rank

- Name of the candidate and :
Initial at the end.
(In caps. as in Reg. certificate)
- Father's / Guardian's Name :
- Mailing Address (Residential) :

**Space for Recent
Photograph
(To be Self Attested)**

Aadhar No.:

Mob. No.:

4. Sex (✓) :

Male	Female	Transgender
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5. Date of Birth :

D	D	/	M	M	/	Y	Y	Y	Y
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6. Community (✓) :

OC	BC	BCM	MBC/DC	SC	SCA	ST
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7. a) Sub-Caste Name :
b) Sub-Caste Code :
C) Community Cert. No. :

d) Issuing Authority. : _____ Date: _____

SPACE FOR PHOTOGRAPH
CANDIDATE SEEKING ADMISSION
UNDER PHYSICALLY DISABLED
QUOTA SHOULD AFFIX FULL SIZE
PHOTOGRAPH DULY EXHIBITING
DEFORMITY VISIBLY

8. Nationality :

INDIAN	OTHERS
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9. a) Nativity :

TAMIL NADU	OTHERS
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10. a) Qualifying Examination (✓) :

HSC	SSCE/CBSE	ISCE	OPEN SCHOOL	OTHERS
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b) +2 Roll. No:

f) Marks obtained in +2 Exam

c) Year of Passing :

d) EMIS No. :

e) Passed in first attempt (✓)

YES / NO

Subjects	Max. Marks	Marks secured
Language		
English		
Physics		
Chemistry		
Biology		
Botany		
Zoology		
Maths		
Others		

11. WEIGHTED TOTAL MARKS FOR A MAXIMUM OF 200
12. MENTION THE GENERAL APPLICATION PAYMENT DETAILS (Online)
13. SPECIFY THE SPL CATEGORY CODE NO. AND NAME OF THE SPECIAL CATEGORY
14. HAVE YOU ENCLOSED THE SUPPORTING DOCUMENTS AS REQUIRED IN THE PROSPECTUS

Signature of the Applicant.

15. JOINT DECLARATION BY THE APPLICANT AND THE PARENT / GUARDIAN*

I,son / daughter / ward ofapplicant seeking admission under special category in B.N.Y.S Courses, andParent / Guardian* ofhereby solemnly declare that the information furnished and the documents submitted are true, correct and complete. We further declare that if it is found otherwise, we are ready to forfeit the Selection whatever may be the stage of study, besides making us liable for criminal prosecution. I well aware of the fact that if the information given by me is proved false / not true. I will have to face the punishment as per the law. Also, all the benefits availed by me shall be summarily withdrawn.

..... **Signature of the Parent / Guardian***

..... **Signature of the Candidate**

PLACE:

DATE:

*Strike whichever is not applicable

Note: Evidence for the claim of Special Category and the copies of +2 Mark Sheet, Community Certificate, Transfer Certificate etc., should be enclosed.
