**APPLICATION FOR DR NAGARUBAN ARUMUGAM MEMORIAL SCHOLARSHIP**

**For elective Appointment**

1. **Name :**
2. **Registration Number:**
3. **Address :**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Result in**  | Pass | 2nd class lower | 2nd class upper | 1st Class |
| 1st MBBS |  |  |  |  |
| 2nd MBBS |  |  |  |  |

1. **Regarding Elective appointment**
	1. **Selected Institution:**
	2. **Specialty:**
	3. **Official approval from the Institution: Received / Not received**

**I herewith acknowledge the truthfulness of the above information.**

**Signature of the Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**