

## Press Release

Applications are invited from eligible candidates for admission to Allied Healthcare Certificate Courses available in the Government Medical College in Dindigul District for the academic year 2025-2026, through District-level admission followed by Walk-in admission.

### 1. Certificate Courses offered:

S. No	Name of the Course
1.	Emergency Care Technician
2.	Dialysis Technician
3.	Anesthesia Technician
4.	Theatre Technician
5.	Orthopeadic Technician
6.	Multi Purpose Hospital Worker (MPHW)

### 2. Vacancies:

A total of 49 Seats are vacant in the Certificate Courses in Dindigul Government Medical College in this district. The details of vacancies are available in the Website <https://gmcdindigul.ac.in/> and displayed on the notice board in the Dindigul Government Medical College.

S.No.	Name of the Course	Details of Vacancies							
		OC	BC	BCM	MBC DNC	SC	SC A	ST	TOTAL
1.	Emergency Care Technician		3		2	1			6
2.	Dialysis Technician		2		2	1			5
3.	Anesthesia Technician		3		1	2			6
4.	Theatre Technician		3		1	1			5
5.	Orthopeadic Technician	2	2		2	1	1		8
6.	Multi Purpose Hospital Worker (MPHW)	5	6		4	3	1		19
<b>Total</b>		<b>7</b>	<b>19</b>	<b>0</b>	<b>12</b>	<b>9</b>	<b>2</b>	<b>0</b>	<b>49</b>

3. Eligibility:

- 1) Candidates should have completed 17 years as on 31.12.2025.
- 2) Pass in SSLC/HSC, as prescribed by the Selection Committee.
- 3) Reservation: Admissions will follow the Government of Tamil Nadu Rule of Reservation, including 5% for Differently Abled candidates.
4. Application Process (Free of cost):

Application forms are available free of cost at the District Collectorate Help desk and the Office of the Dean/ Vice Principal, Government Medical College, Dindigul District. Submit duly filled-in applications at the office of the Dean/Vice Principal on or before 12.09.2025.

5. Schedule:

1.	Receipt of applications	From 08.09.2025 to 12.09.2025
2.	Publication of the Merit list on	16.09.2025
3.	Joining time	20.09.2025
4.	Walk-in admission (for left over seats)	22.09.2025 on wards
5.	Completion of entire admission process	30.09.2025
6.	Commencement of courses	06.10.2025

6. Counselling Venue:

Government Medical College, Dindigul District.

7. Documents Required:

- 1) HSC and SSLC Mark Sheet
- 2) Transfer Certificate
- 3) Nativity Certificate (if applicable)
- 4) Community Certificate
- 5) Proof of age (Birth Certificate/ School Certificate)
- 6) PWD Certificate, from the District Medical Board (if applicable)
- 7) Aadhaar card or photo ID
8. Selection will be strictly based on merit and communal reservation as per the prescribed rules. Allotment orders will be issued on the spot during counselling.
9. Eligible students are encouraged to make use of this opportunity to pursue skill-based certificate courses, which enhance employability in the healthcare sector.

10. Students admitted to these courses may be eligible for assistance under the 'Vetri Nichayam' scheme, subject to applicable norms.
11. Helpdesk contact numbers: 7708385925, 9994340622 & 8072050881
12. E-Mail ID for applicant queries: [dgmch2024@gmail.com](mailto:dgmch2024@gmail.com)

**Issued by:**

Dean, Government Medical College, Dindigul District.

Date: 04.09.2025

Place: Dindigul

## ANNEXURE – II

\_\_\_\_\_MEDICAL COLLEGE\_\_\_\_\_DISTRICT

### Application for Admission to Allied Healthcare Certificate Courses (2025–2026)

(To be submitted at the Government Medical College Office)

#### 1. Personal Details

1. Name of the Candidate (in BLOCK letters): \_\_\_\_\_

2. Gender: ☐ Male ☐ Female ☐ Transgender

3. Date of Birth (DD/MM/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

4. Age as on 31.12.2025: \_\_\_\_ Years \_\_\_\_ Months

5. Father's / Mother's / Guardian's Name: \_\_\_\_\_

6. Occupation of Parent/Guardian: \_\_\_\_\_

7. Annual Family Income: ₹ \_\_\_\_\_

8. Address for Communication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

District: \_\_\_\_\_ PIN: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email ID (if any): \_\_\_\_\_

#### 2. Educational Qualification

1. Medium of Instruction: ☐ Tamil ☐ English ☐ Others \_\_\_\_\_

2. SSLC Passed: ☐ Yes ☐ No -Year of Passing \_\_\_\_\_

3. HSC Passed: ☐ Yes ☐ No -Year of Passing \_\_\_\_\_

Subject	Max Marks	Obtained Marks	Total marks filled up by officials
Physics			
Chemistry			

Botany			
Zoology			
Biology			
Total			

### 3. Community / Reservation Category

☐ OC ☐ BC ☐ BCM ☐ MBC / DNC ☐ SC ☐ SCA ☐ ST

(Attach attested copy of valid Community Certificate)

### 4. Nativity

☐ Tamil Nadu Native

(Attach Nativity Certificate)

**5. Differently Abled Candidate** Yes ☐ No ☐

### 6. Course Preference

Please indicate order of preference by writing 1, 2, 3... against courses

Preference

- |                                           |                          |
|-------------------------------------------|--------------------------|
| 1. Cardio Sonography Technician           | <input type="checkbox"/> |
| 2. ECG / Tread Mill Technician            | <input type="checkbox"/> |
| 3. Pump Technician                        | <input type="checkbox"/> |
| 4. Cardiac Catheterisation Lab Technician | <input type="checkbox"/> |
| 5. Emergency Care Technician              | <input type="checkbox"/> |

- |                                   |                          |
|-----------------------------------|--------------------------|
| 6. Respiratory Therapy Technician | <input type="checkbox"/> |
| 7. Dialysis Technician            | <input type="checkbox"/> |
| 8. Anaesthesia Technician         | <input type="checkbox"/> |
| 9. Theatre Technician             | <input type="checkbox"/> |
| 10. Orthopaedic Technician        | <input type="checkbox"/> |
| 11. EEG / EMG Technician (1 Year) | <input type="checkbox"/> |
| 12. Home Health Care (1 Year)     | <input type="checkbox"/> |
| 13. Psychiatric Support Worker    | <input type="checkbox"/> |
| 14. Multipurpose Hospital Worker  | <input type="checkbox"/> |
| 15. Medical Record Technician     | <input type="checkbox"/> |

**7. Enclosures (Tick ✓ the documents attached)**

(Xerox + Original for verification)

1. ☐ SSLC
2. ☐ HSC Mark Sheet
3. ☐ Transfer Certificate
4. ☐ Community Certificate
5. ☐ Nativity Certificate (if applicable)
6. ☐ Aadhar Card

7. ☐ For Differently Abled candidates disability certificate from District Medical Board should be attached .

### **8. Declaration by the Candidate**

I hereby declare that the particulars furnished above are true and correct to the best of my knowledge. I understand that my application may be rejected and/or admission cancelled if any information provided is found to be false.

Signature of the Candidate: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 2025

Place: \_\_\_\_\_

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### **Acknowledgement Slip (To be returned to Candidate)**

Received application from \_\_\_\_\_ (Name of Candidate) for admission into Allied Healthcare Certificate Courses 2025–2026.

Application No: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 2025

Signature & Seal of Receiving Officer