# MEDICAL SERVICES RECRUITMENT BOARD (MRB)

**6th Floor, Drugs Control Building, 359, Anna Salai, Teynampet, Chennai-600 006.**

**Website:** www.mrb.tn.gov.in **E.mail:** msrb@tn.gov.in

**Phone No. : 044 -24355757**


**CV INTIMATION NO:02/MRB/2026** **DATED: 01.10.2026**

## Therapeutic Assistant (Male) and Therapeutic Assistant (Female) – 2026

You are hereby informed to appear for the verification of your certificates / documents as claimed by you in your on-line application.

The list of documents to be produced by you (in original along with one set of self-attested photocopies) is attached herewith. You are required to appear for the verification as per the following date / time / venue.

| **Date of Certificate Verification and Time** | **07.10.2026<br>Forenoon<br>10:00 AM** |
|---|---|
| MRB.No.* | Therapeutic Assistant (Male)<br>1-10 |
| | Therapeutic Assistant (Female)<br>1 - 7 |
| **Venue** | **5th Floor, Drugs Control Building,<br>359, Anna Salai,<br>Teynampet, Chennai-6.** |

* (For MRB.No. refer Annexure I and II)

**Note:**

a. If the candidate fails to appear for verification of certificates / documents on the specified date / time, it will be presumed that the candidate is no longer interested in the post and his / her candidature is liable for rejection, without any further notice.

b. Mere calling for verification of certificates / documents does not confer any right over selection / appointment.

c. The candidates are called for verification of certificates / documents based on the marks secured by the candidates as claimed for in their online applications such as age, educational qualification, community, etc and other relevant rules in vogue.

d. The provisional selection of candidates will be made only after verification/ acceptance of certain documents, educational qualification possessed by him / her, clarification regarding community status and its acceptance, marks / rank list of the candidate etc. as the case may be. If any of their claims are found to be false or incorrect, their candidature is liable for rejection at any point of time without further notice.

e. Candidate summoned for certificates verification is hereby advised to appear with all the relevant documents in original without fail. Failure to produce even any one of the essential documents will result in rejection of his / her candidature.

## MEDICAL SERVICES RECRUITMENT BOARD

**Documents for verification for the post of Therapeutic Assistant (Male) and Therapeutic Assistant (Female)**

**The following documents (original along with one set of self-attested photocopies) are to be produced at the time of certificate verification. [Please arrange and bring the certificates in the same order for easy and quick verification]**

| | |
|---|---|
| 1 | Evidence of Date of Birth (Birth Certificate / SSLC / HSC) |
| 2 | Community certificate from the competent authority of Government of Tamil Nadu (Permanent Community Certificate) |
| 3 | Evidence of Educational qualification (SSLC, HSC, and Qualification for Therapeutic Assistant (Male and Female) as per Annexure 3 of the notification. |
| 4 | Certificate of character and conduct issued by Group A or Group B Officer on or after **01.10.2026** as per Annexure 3 of the notification. |
| 5. | Certificate of character and conduct issued by the Head of the Institution in which he /she last studied. |
| 6. | Differently abled certificate issued by the competent authority. (if applicable) produced in the prescribed format as per Annexure – 7 of this notification (If applicable). |
| 7. | Certificate for having studied in Tamil Medium Should be produced in original in the prescribed format as per Annexure –10 of the notification (if applicable). |
| 8. | No Objection Certificate from the Appointing Authority concerned as per Annexure -5 of the detailed notification (if applicable). |
| 9. | The candidate shall submit an undertaking and a declaration at the time of certificate verification (Format will be provided at the venue). |
| 10. | Two (2) Passport size colour photographs (with name and Application number written on the backside). |
| 11. | Any one of Photo ID Card issued by Government Authority (other than PAN card) – showing the **Residential address for communication / permanent address as furnished in the On-line application.** |
| 12. | The candidate will also be asked to sign on the printed copy of on-line application (printed copy will be provided to the candidate at the venue). |
| 13. | Transgender ID Card with Gender (If applicable). |
| 14. | Government Order for equivalence of the qualification to the prescribed qualification (If applicable). |
| 15. | Gazette copy for name change (If applicable). |
| 16. | Documents / Court Orders proving acquitted / conviction of FIR in case of pending cases for criminal cases registered (If applicable). |

MEMBER SECRETARY

**Specimen Copy of conduct and Character Certificate (to be issued by a Group A or Group B Officer)**

Name of the Certificate issuing officer: Date :

Designation :

Address of Institution:

Phone No.:

E-mail:

**CERTIFICATE OF CHARACTER AND CONDUCT**

This is to certify that ……..…. Son / Daughter of Thiru.…….…… who is residing at…….....……

…….……is known to me for the past ……. Years (minimum 2 years). His/ Her Character and conduct are ……...…… The individual is not related to me.

| |
|---|
| Photograph of the candidate<br>**(Photograph to be attested by the Certificate issuing officer with seal)** |
| Specimen Signature of the candidate |

**(To be attested by the Certificate issuing officer with seal)**

Signature :

Full Name :

Designation :
with seal

**Certificate for having studied in Tamil Medium** #

This is to certify that Thiru./Tmt./Selvi. ……(Name) had studied Classes …….. to..... with **Tamil as the medium of instruction**, during the year…… to ……..and had satisfactorily completed the course of studies prescribedfor Classes ……. to ……..

Thiru./Tmt./Selvi. ……(Name) was / was not awarded **scholarship meant for students studying in the Tamil medium**.

This certificate is issued with reference to Section 2(d) of the PSTM (Amendment) Act, 2020, based on verifiable documentary evidence. The undersigned assumes full responsibility for the veracity of the contents herein.

Signature of Principal/Head
Master / District Educational Officer /
Chief Educational Officer /
District Adi Dravidar Welfare Officer
**Mobile No. _____**

Place:
Date: Seal of the Institution

# *If the candidate has studied in different schools from 1st std. up to 10th std./ 12th std.,then the above certificate shall be obtained from each of the schools the candidate has studied in.*

**Certificate for having studied in Tamil Medium**@

This is to certify that Thiru./Tmt./Selvi. ……(Name) had studied ……
(Diploma/Degree/PG Degree, etc.) during the year …….. to …….. with **Tamil as themedium of instruction** and had satisfactorily completed the course of studies prescribed for …… (Certificate Course/ ITI/ Diploma/Degree/PG Degree, etc.).

Thiru./Tmt./Selvi. ……(Name)was / was not awarded **scholarship meant for students studying in the Tamil medium**.

This certificate is issued with reference to Section 2(d) of the PSTM (Amendment) Act, 2020, based on verifiable documentary evidence. The undersigned assumes full responsibility for the veracity of the contents herein.

Signature of Registrar/ Principal/
Controller of Examinations /
Head / Director of Educational Institution / Director

Date: Seal of the Institution **Mobile No. _____**

@ *If the candidate has completed different courses in different Institutions, such a certificate shall be obtained from each of these Institutions for the courses completed therein.*

## ANNEXURE-1

**List of candidates called for certificate verification for the post of Therapeutic Assistant (Male) based on their claim in the online application**

| MRB NO | REGISTRATION NO |
|---|---|
| 1 | MRBTAMW26000018 |
| 2 | MRBTAMW26000031 |
| 3 | MRBTAMW26000060 |
| 4 | MRBTAMW26000046 |
| 5 | MRBTAMW26000001 |
| 6 | MRBTAMW26000077 |
| 7 | MRBTAMW26000070 |
| 8 | MRBTAMW26000049 |
| 9 | MRBTAMW26000068 |
| 10 | MRBTAMW26000073 |

## ANNEXURE-2

**List of candidates called for certificate verification for the post of Therapeutic Assistant (Female) based on their claim in the online application**

| MRB NO | REGISTRATION NO |
|---|---|
| 1 | MRBTAFW26000317 |
| 2 | MRBTAFW26000103 |
| 3 | MRBTAFW26000049 |
| 4 | MRBTAFW26000072 |
| 5 | MRBTAFW26000314 |
| 6 | MRBTAFW26000089 |
| 7 | MRBTAFW26000326 |

**Cut off Marks of the last candidate called for Certificate Verification under each category are furnished hereunder**

**Therapeutic Assistant (Male): 5**

| CATEGORY | | MARKS OUT OF 100 | D.O.B. |
|---|---|---|---|
| **BC** | BC-G | 64.72 | 15-Jan-2002 |
| BCM | BCM-G | 48.71 | 16-Oct-1996 |
| MBC & DNC | General | 75.18 | 12-Aug-2002 |

**Therapeutic Assistant (Female): 4**

| CATEGORY | | MARKS OUT OF 100 | D.O.B. |
|---|---|---|---|
| **GT** | GT-DW | 62.16 | 12-Jun-1992 |
| **BC** | BC-G | 77.18 | 20-Aug-2003 |
| **SC** | SC-G | 77.13 | 04-Sep-2004 |

**Member Secretary**