

APPLICATION No. **1087**REGISTER No. 

VIVEKANANDHA EDUCATIONAL INSTITUTIONS FOR WOMEN

TIRUCHENGODE (Tk), NAMAKKAL (Dt). & SANKAGIRI, SALEM (Dt).,

(Approved by Pharmacy Council of India,
Accredited by NBA, Approved by Indian Nursing Council, New Delhi,
Tamilnadu Nurses & Midwives Council, Chennai,)
Affiliated to the Tamilnadu Dr. M.G.R. Medical University, Chennai.

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**APPLICATION FORM FOR ADMISSION TO PARAMEDICAL
UG COURSE FOR THE ACADEMIC YEAR 20 - 20**

COLLEGE NAME: _____

SVCP VPCW VCN VNCW SVPC

Bachelor of Pharmacy (4 Years)	B.Sc Nursing (4 Years)	ADMISSION CATEGORY
B.Pharmacy Lateral Entry (3 Years)	Post Basic B.Sc. Nursing (2 Years)	GOVT. QUOTA
Pharm D (6 Years)	Bachelor of Physiotherapy (4½ Years)	MGT. QUOTA
		NRI / OTHERS

1 NAME 2 DATE OF BIRTH 3 AGE 4 NATIONALITY 5 RELIGION 6 COMMUNITY SC/SCA/ST MBC BC/BCM OC 7 CASTE 8 NAME OF THE PARENT/GUARDIAN 9 OCCUPATION 10 PERMANENT ADDRESS :

Phone : PIN 11 COMMUNICATION ADDRESS :

Phone : PIN 12. Marital Status : Married / Unmarried Aadhaar No. : 13 Mobile No. : 14 E-mail ID : 15 State Whether Hostel accommodation is required or not. Yes / No 16 Name & Location (district) of School last studied 17 Last studied : Academic / Vocational

SUBJECT	Marks Obtained	Maximum Marks	Month & Year of Passing	Reg. No.	No. of Attempts
PART I : TAMIL / MALAYALAM / HINDI					
PART II : ENGLISH					
PART III :					
1.					
2.					
3.					
4.					
TOTAL					

18 Percentage of Marks - XII Std : _____

B.Pharm Lateral Entry / Post Basic B.Sc Nursing Admission only

S. No.	Examination Passed	Month & Year of Passing	Reg. No.	Class Obtained in Diploma	Name of the University / Board	Details about the Teaching / Clinical / Research Experience

Note : The Candidate should produce the Clinical / Teaching / Research Experience Certificate. Also enclose the mark list of entire Degree Programme.

JOINT DECLARATION BY THE APPLICANT AND PARENT / GUARDIAN

I hereby solemnly affirm that the particulars furnished by me in this application are true. The certificates submitted by me are genuine. If found false or bogus on verification, I am aware that I will be liable for criminal prosecution and as deemed fit for any other action. Further I state that I will not indulge in ragging during the course of my study in this institution in any manner both in college and hostel. I am aware that in the event of involving in ragging, I will be put in punitive action even upto Termination from the college and hostel. If admitted to the college, I agree to observe all the rules and regulations of this college and to pay all fees and charge assessed there under. If I am found not adhering to the above mentioned rules of discipline and code of conduct, I shall loose the privilege of continuing as a student of the college.

I accept the decision of the Tamil Nadu Dr. M.G.R. Medical University, Chennai, the Pharmacy Council of India / Indian Nursing Council, New Delhi, Tamilnadu Nursing Council, Chennai, regarding the eligibility criteria for admission to Paramedical UG Courses.

Signature of the Parent / Guardian

Signature of the Applicant

Date :

Place :

CERTIFICATES VERIFIED :

FOR OFFICE USE

SSLC / HSC / PDC MARKS	COMMUNITY / MIGRATION	TRANSFER
DIPLOMA MARKSHEETS	DEGREE / PROVISIONAL	SPL CATEGORY

ADMITTED

NAME & SIGNATURE OF THE STAFF WHO PROCESSED THE APPLICATION } :

Principal

Name & Signature of the Office Superintendent :