

APPLICATION No. REGISTER No. 

## VIVEKANANDHA EDUCATIONAL INSTITUTIONS FOR WOMEN

ELAYAMPALAYAM - 637 205, TIRUCHENGODE (Tk),  
NAMAKKAL (Dt), TAMILNADU.

( 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.

AFFIX YOUR  
RECENT  
PASSPORT SIZE  
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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 <input type="checkbox"/>
Pharm D (6 Years)	Bachelor of Physiotherapy (4½ Years)	MGT. QUOTA <input type="checkbox"/>
		NRI / OTHERS <input type="checkbox"/>

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 / No16 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 AICTE New Delhi, 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 MARK SHEETS	DEGREE / PROVISIONAL	SPL CATEGORY

**ADMITTED**

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

**Principal**

Name & Signature of the Office Superintendent :