

APPLICATION No. REGISTER No. 

VIVEKANANDHA EDUCATIONAL INSTITUTIONS FOR WOMEN

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

(Approved by AICTE, Pharmacy Council of India /
Indian Nursing Council, New Delhi)

Affiliated to the Tamilnadu Dr. M.G.R. Medical University, Chennai.

AFFIX YOUR
RECENT
PASSPORT SIZE
PHOTO HERE

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

COLLEGE NAME : _____

SVC VCN

Master of Pharmacy (2 Yrs)	Pharmaceutics <input type="checkbox"/>	Pharmacy Practice <input type="checkbox"/>	
	Pharmacology <input type="checkbox"/>	Pharmaceutical Analysis <input type="checkbox"/>	
Master of Science in Nursing (2 Yrs)	Medical Surgical <input type="checkbox"/>	Child Health <input type="checkbox"/>	Maternity <input type="checkbox"/>
	Community Health <input type="checkbox"/>	Mental Health <input type="checkbox"/>	

1	Name										
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2	DATE OF BIRTH	D	D	M	M	Y	Y	3	AGE	4	NATIONALITY	5	RELIGION
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6	COMMUNITY	SC/ST	MBC	BC	OC	7	CASTE						
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8	NAME OF THE PARENT/GUARDIAN	9	OCCUPATION
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10	11
PERMANENT ADDRESS	COMMUNICATION ADDRESS
Phone : with STD code PIN	Phone : with STD code PIN

12. Aadhaar No. :

13. Mobile No. : E-mail ID :

14. State Whether Hostel accommodation is required or not : Yes / No

15. Name & Location (District) of Institution last studied :

S. No.	Examination Passed	Class Obtained in Degree	Month & Year of Passing	Reg. No.	Name of the University	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, regarding the eligibility criteria for admission to Paramedical PG Courses.

Signature of the Parent / Guardian

Signature of the Applicant

Date : _____ Place : _____

CERTIFICATES VERIFIED :

FOR OFFICE USE

ADMITTED

SSLC/HSC/PDC MARKS	COMMUNITY/MIGRATION	TRANSFER
UG MARK SHEETS	DEGREE/PROVISIONAL	SPL CATEGORY

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

Principal