



**VINAYAKA MISSIONS UNIVERSITY, SALEM**  
(Declared under Section 3 of the UGC Act, 1956)

TAMILNADU, INDIA

**ALL INDIA COMMON ENTRANCE EXAMINATION**  
**B.H.M.S. / B.Sc. (Nursing) / Post Basic B.Sc. (Nursing) / B.Pharm. /**  
**B.P.T. / B.A.S.L.P. / B.Opt. / B.O.T. DEGREE COURSES**

**Instructions to the Candidate**

Please fill in each column in your own handwriting. Place a tick mark (✓) wherever necessary and strike off the portion not applicable. Incomplete application forms will be summarily rejected. Do not enclose any original certificates. Ensure all information furnished in the application are true and correct, failing which the candidate is liable to forfeit his/her admission.

**Entrance Examination Centres for** : BHMS / B.Sc.(N) / Post Basic B.Sc.(N) / B.Pharm. / B.P.T. / B.A.S.L.P. / B.Opt. / B.O.T. Degree Courses :

CHENNAI, SALEM, KOLKATA, PUDUCHERRY,

**In the box against each centre in the application form write your preference number for that centre. Exhaust all the preferences 1 - 4**

**IMPORTANT DATES**

Details	B.H.M.S / B.Sc. (Nursing) / Post Basic B.Sc. (Nursing) / B.Pharm / B.P.T. / B.A.S.L.P / B.Opt / B.O.T
Last date for receipt of filled in Application Forms	10.05.2012
Date of All India Common Entrance Examination	19.05.2012
Examination Time	2.00 pm to 5.00 pm

**CHECK LIST FOR ENCLOSURES**

- A. Before sending the application, the candidate should check whether the attested copies (xerox) of the following are attached.**
1. Certificate of qualifying examination (including all mark sheets).
  2. Conduct and Transfer certificates from the Head of the Institution last studied.
  3. Birth Certificate
  4. Community Certificate
  5. Certificate of sports games and other extra - curricular activities in which the candidate has taken part / won a prize / claims special merit.
- B. At the time of admission the candidate should submit the following in ORIGINAL**
1. Qualifying Examination Mark Sheets
  2. Transfer Certificate
  3. Conduct / Character Certificate
  4. Community Certificate
  5. Migration and Provisional Certificates
  6. Physical fitness Certificate
  7. 8 copies of recent passport size photos

Selection will be made based on the marks secured in the Entrance Examination conducted by the University on All India basis. Candidates belonging to any State / Union Territory of India can apply.

Application form can be obtained from the University office in person on payment of Rs.500/-,or by post on payment of Rs. 600/-, by Demand Draft favouring "Vinayaka Missions University" payable at Salem.

Application form can also be downloaded from **[www.vinayakamission.com](http://www.vinayakamission.com)** in which case application must be submitted along with a DD for Rs.500/- The filled-in application form , along with the Demand Draft as required must reach the following address within the last date notified.

The Registrar  
VINAYAKA MISSIONS UNIVERSITY  
Sankari Main, Road (NH-47)  
Ariyanoor, Salem - 636 308, Tamilnadu  
Ph: 0427 - 3987000, 2477316 / 317

C.E.E. Reg. No. : .....  
(To be filled by the Office)

Application No. : .....



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TAMILNADU, INDIA

Affix here your passport size (4 x 5 cm) photograph and get it attested by the Head of the Institution you last studied or by any Gazetted officer, along with official seal. Photos affixed on the Hall Ticket and Application Form must be identical and most recent.

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**APPLICATION FORM FOR ALL INDIA COMMON ENTRANCE EXAMINATION - 20**  
**B.H.M.S. / B.Sc. (Nursing) / Post Basic B.Sc. (Nursing) / B.Pharm. /**  
**B.P.T. / B.A.S.L.P. / B.Opt. / B.O.T. DEGREE COURSES**

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I. Name of the candidate : .....  
(In BLOCK LETTERS)

II. Course Applied for : .....  
(Choose from Annexure)

III. Choice of the College (Refer Annexure) :

1. ....

2. ....

IV. Entrance Examination Centre Preference (Enter the choice of preference for each centre in the corresponding box. Exhaust all the preferences 1 - 4)

SALEM    CHENNAI    KOLKATA    PUDUCHERRY

1. a) Name of the candidate (with initials at the : .....  
right end) (In BLOCK LETTERS)
- b) Expansion of Initials : .....
- c) Permanent Address with : .....  
PIN Code : .....  
: .....
- d) Address for communication with PIN code : .....  
(If different from permanent address) : .....  
: .....
- e) Phone No. with STD Code : Office :  
Residence :  
Mobile :  
E-mail :
2. Gender :  Male  Female
3. a) Date of Birth (DD-MM-YYYY) :
- b) Age as on 31st Dec. 2012 : .....
- c) Place of Birth, District and State : .....
4. a) Nationality :  Foreign National  NRI  Indian  
Country (If Foreign National) : .....
- b) Religion : .....
- c) Community (✓ Tick) : 

ST	SC	OBC/MBC/DNC	BC	OC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- d) Special Category  
Are you a PH Candidate? :  Yes  No
- e) Caste : .....

**5. INFORMATION ABOUT PARENTS / GUARDIAN :**

DETAILS	FATHER / GUARDIAN*	MOTHER
Name		
Occupation		
Designation		
Annual Income	₹	₹
Name and address of employer		
Phone No :		
E-mail		

## 6. EDUCATIONAL BACKGROUND

### A. Academic qualification :

For programmes except Post Basic B.Sc.(Nursing)

- a. Qualifying examination passed (✓ Tick) : H.Sc.  Equivalent   
 If 'equivalent' Specify :
- b. Name and address of the institution last studied :
- c. Name of the Board / University :
- d. Register Number, Month and Year of Passing of qualifying examination : Reg. No. \_\_\_\_\_  
 Month : \_\_\_\_\_ Year : \_\_\_\_\_
- e. No. of attempts made for passing qualifying examination

1	2	3	More than 3

SUBJECT	MAXIMUM MARKS	MINIMUM MARKS FOR PASS	MARKS OBTAINED	% OF MARKS OBTAINED
English				
Mathematics				
Physics				
Chemistry				
Biology				
Botany				
Zoology				

### B. Academic qualification for admission to Post Basic B.Sc. (Nursing)

- a) Qualifying examination passed : .....
- b) Name and Address of the College last studied : .....
- c) Name and place of the Board / University which awarded the Diploma : .....
- d) Details of the qualifying examination

Reg. No.	Month & Year of Passing	Marks Obtained	Max. Marks	Percentage of Marks

## JOINT DECLARATION BY THE APPLICANT & PARENT

I hereby solemnly and sincerely affirm that if I contravene any of the rules and regulations of the University, I am aware that I am liable to any disciplinary action that the University management may consider necessary and appropriate.

Moreover, I hereby solemnly and sincerely affirm that the details, statements, date of birth and the information furnished by me in the application and enclosures submitted by me are true. Should it, however, be found that any information/particulars furnished therein are untrue on verification, at a later date, I am liable for action taken by the University. I agree that all disputes are subject to the jurisdiction of the courts at Salem only.

**Place :**

**Date :**

**Signature of the Candidate**

I have fully read the information furnished to the University by the candidate and I affirm that it is true and if found false I am liable for action by the University

**Place :**

**Date :**

**Signature of the Parent / Guardian**



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## HALL TICKET FOR ALL INDIA COMMON ENTRANCE EXAMINATION

**B.H.M.S. / B.Sc. (Nursing) / Post Basic B.Sc. (Nursing) / B.Pharm. /**

**B.P.T. / B.A.S.L.P. / B.Opt. / B.O.T. DEGREE COURSES**

Application No. : .....

I. Course Applied for :   
(Choose from annexure)

II. Entrance Examination Centre Preference (Enter the choice of preference for each centre in the corresponding box. Exhaust all the preferences 1 - 4)

SALEM  CHENNAI  KOLKATA  PUDUCHERRY

Name :  
(IN BLOCK Letters)

Address :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PIN CODE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Affix here your passport size (4 x 5 cm) photograph and get it attested by the Head of the Institution you last studied or by any Gazetted officer, along with official seal. Photos affixed on the Hall Ticket and Application Form must be identical and most recent.

(FOR OFFICE USE ONLY)

SIGNATURE OF THE CANDIDATE

Register Number :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Examination Centre :

Date of Examination :

Time of Examination :

Signature of the issuing authority

\_\_\_\_\_  
Controller of Examinations

\_\_\_\_\_  
Signature of the Candidate  
(To be signed in the Examination Hall)

**Note :** a) Candidates are instructed to report at the Examination Hall half-an-hour before the scheduled time of starting of the examination, with Hall Ticket, pen, pencil and eraser.

b) If sufficient number of candidates are not available for a particular Examination Centre, the University may divert those candidates to the other nearest examination centre.

**ANNEXURE****SALEM CAMPUS**

S.NO.	NAME OF THE COLLEGE	COURSES
1.	Vinayaka Mission's Homoeopathic Medical College & Hospital, Salem	B.H.M.S.
2.	Vinayaka Mission's Annapoorana College of Nursing , Salem	B.Sc. (Nursing), Post Basic B.Sc. (Nursing)
3.	Vinayaka Mission's College of Pharmacy, Salem	B.Pharm.
4.	Vinayaka Mission's College of Physiotherapy, Salem	B.P.T.
5.	Vinayaka Missions University, Salem Campus, Salem.	B. Optometry, B. Occupational Therapy*

**PUDUCHERRY CAMPUS**

S.NO.	NAME OF THE COLLEGE	COURSES
1.	Vinayaka Mission's College of Nursing, Puducherry.	B.Sc. (Nursing), Post Basic B.Sc. (Nursing)
2.	Vinayaka Missions University Faculty of Allied Health Sciences, Puducherry.	B.A.S.L.P., B.Optomety, B.Occupational Therapy*

**KARAIKAL CAMPUS**

S.NO.	NAME OF THE COLLEGE	COURSES
1.	Vinayaka Mission's College of Nursing, Puducherry.	B.Sc. (Nursing), Post Basic B.Sc. (Nursing)