



VINAYAKA MISSIONS UNIVERSITY

(Declared under Section 3 of the UGC Act, 1956)

(Vinayaka Mission's Research Foundation)

SANKARI MAIN ROAD (NH-47), ARIYANOOR, SALEM - 636 308, TAMIL NADU, INDIA

ALL INDIA COMMON ENTRANCE EXAMINATIONS - 2014

**BHMS / BSc (Nursing) / Post Basic BSc (Nursing) / BPharm /
Pharm D / BPT / BASLP / BOpt / BOT DEGREE PROGRAMMES**

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 : SALEM, CHENNAI, 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

Programmes	:	BHMS / BSc (Nursing) / Post Basic BSc (Nursing) / BPharm / Pharm D / BPT / BASLP / BOpt / BOT
Last date for receipt of filled-in Application Forms	:	14 May 2014
Date of All India Common Entrance Examination	:	26 May 2014
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 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 CERTIFICATES.

1. Qualifying Examination Mark Sheets
2. Transfer Certificate
3. Conduct / Character Certificate
4. Community Certificate
5. Migration Certificates
6. Provisional Certificates
7. Physical fitness Certificate
8. Recent passport size photo - 8 Nos.

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 in which case application must be submitted along with a Demand Draft 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, Tamil Nadu
Ph: 0427 - 3987000

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

Application No. :



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SALEM - 636 308, TAMIL NADU, 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.

APPLICATION FORM FOR ALL INDIA COMMON ENTRANCE EXAMINATIONS - 2014
BHMS / BSc (Nursing) / Post Basic BSc (Nursing) / BPharm / Pharm D /
BPT / BASLP / BOpt / BOT DEGREE PROGRAMMES

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

II. Programme applied for :
(Choose from Annexure)

III. Choice of the College (Refer Annexure) :

1.

2.

3.

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
(as in Qualifying Examination Certificate)
(in BLOCK Letters) :
- b) Expand the 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 :
Email ID :
2. Gender (✓ Tick) : Male Female
3. a) Date of Birth (DD-MM-YYYY) :
- b) Age as on 31st Dec. 2014 :
- c) Place of Birth, District and State :
4. a) Nationality (✓ Tick) : Foreign National NRI Indian
- Country (if Foreign National) :
- b) Religion :
- c) Community (✓ Tick) :

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

5. INFORMATION ABOUT PARENTS / GUARDIAN

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

6. EDUCATIONAL BACKGROUND

A. Academic qualification :

(For programmes except Post Basic BSc (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 (✓ Tick)
- | | | | |
|---|---|---|-------------|
| 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 BSc (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 I am aware that if I contravene any of the rules and regulations of the University, 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 and correct. 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 my son / daughter and I affirm that it is true and correct and if found false I am liable for action taken by the University.

Place :

Date :

Signature of the Parent / Guardian



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HALL TICKET FOR ALL INDIA COMMON ENTRANCE EXAMINATIONS - 2014

**BHMS / BSc (Nursing) / Post Basic BSc (Nursing) / BPharm /
Pharm D / BPT / BASLP / BOpt / BOT DEGREE PROGRAMMES**

I. Programme applied for :
(Choose from annexure)

Application No. :

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

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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.

SIGNATURE OF THE CANDIDATE

(FOR OFFICE USE ONLY)

Register Number :

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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 of its choice.

ANNEXURE

SALEM CAMPUS

S.NO.	NAME OF COLLEGE	PROGRAMMES
1	Vinayaka Mission's Homoeopathic Medical College & Hospital, Salem	BHMS
2	Vinayaka Mission's Annapoorana College of Nursing, Salem	BSc (Nursing), Post Basic BSc (Nursing)
3	Vinayaka Mission's College of Pharmacy, Salem	BPharm, Pharm D
4	Vinayaka Mission's College of Physiotherapy, Salem	BPT
5	Vinayaka Missions University Salem Campus, Salem.	B Optometry, B Occupational Therapy

PUDUCHERRY CAMPUS

S.NO.	NAME OF COLLEGE	PROGRAMMES
6	Vinayaka Mission's College of Nursing, Puducherry.	BSc (Nursing), Post Basic BSc (Nursing)
7	Vinayaka Missions University Faculty of Allied Health Sciences, Puducherry.	BASLP, B Optometry, B Occupational Therapy

KARAIKAL CAMPUS

S.NO.	NAME OF COLLEGE	PROGRAMMES
8	Vinayaka Mission's College of Nursing, Karaikal.	BSc (Nursing), Post Basic BSc (Nursing)