568

REGISTER No.

## VIVEKANANDHA EDUCATIONAL INSTITUTIONS FOR WOMEN

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

(Approved by Pharmacy Council of India / Indian Nursing Council, New Delhi, Tamilnadu Nurses & Midwives Council, Chennai, Directorate of Medical Education, Govt. of Tamilnadu, DPH&PM, Chennai)

AFFIX YOUR RECENT PASSPORT SIZE PHOTO HERE

Principal

APPLICATION FORM FOR ADMISSION TO

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 Govt. of Tamil Nadu and the Pharmacy Council of India / Indian Nursing Council, New Delhi, Tamilnadu Nursing Council, Chennai, Directorate of Medical Education, Chennai.  Signature of the Parent / Guardian  Signature of the Applicant		DIPLOMA COURSE FOR THE ACADEMIC YEAR 20 - 20														
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Name & Signature of the Office Superintendent:

NAME & SIGNATURE OF THE STAFF WHO

PROCESSED THE APPLICATION .