

APPLICATION No. 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).

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

SVCP VPCW VCN VNCW

Diploma in Pharmacy ANM Diploma in Nursing

1 NAME

2 DATE OF BIRTH 3 AGE 4 NATIONALITY 5 RELIGION

6 COMMUNITY 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

13. Mobile No. :

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

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

16. Last Studied : Academic / Vocational

Board of Study :

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					

Percentage of Marks - XII Std :

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

Date :

Place :

CERTIFICATES VERIFIED :

FOR OFFICE USE

ADMITTED

SSLC MARKS	HSC/PDC MARKS	TRANSFER	COMMUNITY	MIGRATION	SPL CATEGORY
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NAME & SIGNATURE OF THE STAFF WHO
PROCESSED THE APPLICATION . } :

Principal

Name & Signature of the Office Superintendent :