

APPLICATION No. REGISTER No. 

## VIVEKANANDHA EDUCATIONAL INSTITUTIONS FOR WOMEN

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

(Approved by Pharmacy Council of India / Indian Nursing Council,  
New Delhi, Approved by Directorate of Medical Education,  
Govt. of Tamilnadu )

AFFIX YOUR  
RECENT  
PASSPORT SIZE  
PHOTO HERE

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

SVCP  VPCW  VCN  VNCW  VMCH

Diploma in Pharmacy  ANM  Diploma in Nursing  Diploma in Optometry Technology

1 NAME

2 DATE OF BIRTH  **D**  **D**  **M**  **M**  **Y**  **Y**  3 AGE  4 NATIONALITY  5 RELIGION

6 COMMUNITY  SC/SCA/ST  MBC  BC/BCM  OC  7 CASTE

8 NAME OF THE PARENT/GUARDIAN  9 OCCUPATION

10 PERMANENT ADDRESS :   
  
  
Phone : with STD code PIN

11 COMMUNICATION ADDRESS :   
  
  
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 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, regarding the eligibility criteria for admission to Paramedical Diploma Courses.

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

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

Principal