APPLICATION FORM FOR ALL INDIA ENTRANCE EXAMINATION - 2016
B.Pharmacy/Pharm.D. (Doctor of Pharmacy)/
Bachelor in Audiology and Speech-Language Pathology (BASLP)/
B.Sc. (Nursing) and B.Sc. Nursing (Post Basic) Degree Course
NAME OF THE CANDIDATE : .................................................................
(IN BLOCK LETTERS)

Details of Application & Examination Fee
(Demand draft for Rs.500 should be enclosed along with application form)
(Enclose Demand Draft)

DD No. : .........................
Date : .........................
Bank Name : .................................................................
Branch : .................................................................

IMPORTANT NOTE :
Candidates should complete the check list and submit it with application.

CHECK LIST

| Application form duly filled in (only self attested photo copies to be submitted) | Enclosed |
| Mark statement(s) issued by (State Board/CBSE/ISC or any other equivalent authority) if already passed +2 Examination | Put a tick (✓) |
| Birth Certificate for proof of age (if date of birth is not given in the H.S.C. Mark Statement or Transfer Certificate) | |
| Transfer Certificate/Migration Certificate | |
| Conduct Certificate issued by the Head of the Institution last studied | |
| Community Certificate to be enclosed in case of SC/ST or BC/OBC candidates | |
| Hall ticket duly filled in with photograph affixed and signed – Original | |
| Hall ticket duly filled in with photograph affixed and signed – Duplicate | |
| Attendance sheet duly filled in with photograph affixed and signed | |
| D.D. for Rs.500/- drawn in favour of “Sri Ramachandra University” payable at Chennai towards application & examination fee. | |
APPLICATION FORM FOR ALL INDIA ENTRANCE EXAMINATION - 2016

B.Pharmacy/Pharm.D. (Doctor of Pharmacy)/ Bachelor in Audiology and Speech-Language Pathology (BASLP)/ B.Sc. (Nursing) and B.Sc. Nursing (Post Basic) Degree Course

(Note: Please fill in each column in your own handwriting and put a tick mark (√) wherever necessary and strike off the portion not applicable. Incomplete application form will be rejected summarily).

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>a) Name of the Candidate (AS PER CERTIFICATE IN BLOCK LETTERS)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Expand the initials</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) Complete address (with District, State &amp; PIN CODE) to which communication is to be sent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d) Phone No. with STD Code</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Residence:</td>
<td>Mobile:</td>
</tr>
<tr>
<td></td>
<td>e) E-mail</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>a) Father’s Name</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Mother’s Name</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Sex</td>
<td>Male [ ] Female [ ]</td>
</tr>
<tr>
<td>4.</td>
<td>a) Date of birth and age</td>
<td>Age:</td>
</tr>
<tr>
<td></td>
<td>b) Place of birth, District and State</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Nationality and Religion</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Community (self attested Photocopy to be enclosed)</td>
<td>SC [ ] ST [ ] BC/OBC [ ] OTHERS [ ]</td>
</tr>
<tr>
<td>7.</td>
<td>a) Whether appearing for the H.S.C (+2) Examination in March/April 2016</td>
<td>YES [ ] NO [ ]</td>
</tr>
<tr>
<td></td>
<td>b) If Yes, give details and enclose Photocopy of H.S.C (+2) Hall Ticket</td>
<td>Registration No. :</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Name of the Board :</td>
</tr>
</tbody>
</table>
8. Details of examination Passed/Appeared in March/April-2016

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>PUT(√) MARK</th>
<th>MARKS OBTAINED</th>
<th>MAXIMUM MARKS</th>
<th>MINIMUM MARKS FOR PASS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLISH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHYSICS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHEMISTRY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOLOGY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOTANY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZOOLOGY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MATHEMATICS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. If already passed H.S.C (+2) Registration No. Month and Year of passing the qualifying examination

   - Registration No.:
   - Month & Year:

10. Name and address of the Recognized School where studying / qualified

11. Marks obtained in the qualifying examination (If already passed, enclose self attested Photocopy of Mark Statement(s)). Please tick (√) against the subjects appeared for at the H.S.C. (+2) Examinations.

   - ENGLISH
   - PHYSICS
   - CHEMISTRY
   - BIOLOGY
   - BOTANY
   - ZOOLOGY
   - MATHEMATICS
   - TOTAL

DELIBERATION BY THE CANDIDATE

I declare that the information furnished by me herein are true and correct. In case any information furnished herein is found to be incorrect or any document is found to be forged, I agree to forego my claim for admission and abide by the decision of the University authorities.

I further declare that I have read the prospectus furnished with the application form fully and understood the contents therein clearly and I hereby undertake to abide by the conditions prescribed therein.

Place : Signature of the Candidate

Date : Signature of the Parent/Guardian
SRI RAMACHANDRA UNIVERSITY
(Declared under Section 3 of the UGC Act, 1956)
Accredited by NAAC with ‘A’ Grade
PORUR, CHENNAI - 600 116

HALAT TICKET FOR ALL INDIA ENTRANCE EXAMINATION - 2016
B.Pharmacy/Pharm.D. (Doctor of Pharmacy)/ Bachelor in
Audiology and Speech-Language Pathology (BASLP)/
B.Sc. (Nursing) and B.Sc. Nursing (Post Basic) Degree Course

Name and mailing address of the Candidate:
(same as in Column 1(c) of application)

Name : Mr./Ms. ________________________________
Address : __________________________________
__________________________________________
__________________________________________
State : ____________ PIN Code : __________
Mobile : ________________ Phone : __________

Affix your latest Passport size photograph and put your signature on the photograph

...................................................................
(Signature of the Candidate)

(FOR OFFICE USE ONLY)
REGISTRATION No. : __________________________
(WILL BE ASSIGNED BY OFFICE)
EXAMINATION CENTRE : SRI RAMACHANDRA UNIVERSITY
PORUR, CHENNAI - 600 116
DATE : 29.05.2016 (SUNDAY)
TIME : 10.00 a.m. to 1.00 p.m.

Signature of the Issuing Authority
Signature of the Candidate
(To be signed in the Examination Hall)

Important Note : Candidates are instructed to report at the Examination Hall atleast half-an-hour before the scheduled time. Black Ballpoint pen will be provided in the Examination Hall.

(Turn over for instructions)
INSTRUCTIONS TO CANDIDATES

- HALL TICKET MUST BE PRODUCED AT THE TIME OF ENTRANCE EXAMINATION WITHOUT FAIL. NO CANDIDATE SHALL BE ALLOWED TO WRITE THE ENTRANCE EXAMINATION WITHOUT THE HALL TICKET.

- MERE ADMISSION TO THE ENTRANCE EXAMINATION DOES NOT CONFER ON THE CANDIDATE ANY RIGHT OF ADMISSION TO THE COURSE OF STUDY APPLIED FOR.

- Candidates will not be allowed to carry any textual material, printed or written, bits of papers or any prohibited materials such as pen, pencil, calculators, mobile phones, paging devices or any other object/device including Ballpoint pen that is likely to be of unfair assistance inside the examination hall.

- No candidate will be allowed to go outside the examination hall till completion of the first one hour duration.

- Black Ball point pen for shading in the OMR Answer Sheet will be provided in the Examination Hall. Hence, candidates need not bring pens to the examination hall.

- Candidates shall maintain perfect silence and attend to their papers only. Any conversation or gesticulation or disturbance in the examination hall will be deemed as misbehaviour. If any candidate is found to be misbehaving or using unfair means or resorting to impersonation, his/her candidature will be cancelled and he/she will be liable to be debarred from taking any Entrance Examination of the University.

- All candidates appearing for the All India Entrance Examination shall be required to sign in the attendance sheet and also affix left hand thumb impression to record their presence.

- The OMR answer sheet of the candidates should be handed over to the Hall Superintendent along with the question booklet. If any candidate fails to do so, his/her candidature shall be cancelled.
HALL TICKET FOR ALL INDIA ENTRANCE EXAMINATION - 2016

B.Pharmacy/Pharm.D. (Doctor of Pharmacy)/ Bachelor in Audiology and Speech-Language Pathology (BASLP)/ B.Sc. (Nursing) and B.Sc. Nursing (Post Basic) Degree Course

Name and mailing address of the Candidate:
(same as in Column 1(c) of application)

Name: Mr./Ms. ____________________________
Address: ____________________________

State: ___________ PIN Code: [__ ____ __]
Mobile: _______________ Phone: _______________

Affix your latest Passport size photograph and put your signature on the photograph

................................................
(Signature of the Candidate)

(FOR OFFICE USE ONLY)

INSTRUCTIONS TO CANDIDATES

- HALL TICKET MUST BE PRODUCED AT THE TIME OF ENTRANCE EXAMINATION WITHOUT FAIL. NO CANDIDATE SHALL BE ALLOWED TO WRITE THE ENTRANCE EXAMINATION WITHOUT THE HALL TICKET.

- MERE ADMISSION TO THE ENTRANCE EXAMINATION DOES NOT CONFER ON THE CANDIDATE ANY RIGHT OF ADMISSION TO THE COURSE OF STUDY APPLIED FOR.

- Candidates will not be allowed to carry any textual material, printed or written, bits of papers or any prohibited materials such as pen, pencil, calculators, mobile phones, paging devices or any other object/device including Ballpoint pen that is likely to be of unfair assistance inside the examination hall.

- No candidate will be allowed to go outside the examination hall till completion of the first one hour duration.

- Black Ball point pen for shading in the OMR Answer Sheet will be provided in the Examination Hall. Hence, candidates need not bring pens to the examination hall.

- Candidates shall maintain perfect silence and attend to their papers only. Any conversation or gesticulation or disturbance in the examination hall will be deemed as misbehaviour. If any candidate is found to be misbehaving or using unfair means or resorting to impersonation, his/her candidature will be cancelled and he/she will be liable to be debarred from taking any Entrance Examination of the University.

- All candidates appearing for the All India Entrance Examination shall be required to sign in the attendance sheet and also affix left hand thumb impression to record their presence.

- The OMR answer sheet of the candidates should be handed over to the Hall Superintendent along with the question booklet. If any candidate fails to do so, his/her candidature shall be cancelled.
## ATTENDANCE SHEET
FOR ALL INDIA ENTRANCE EXAMINATION-2016

<table>
<thead>
<tr>
<th>COURSES</th>
<th>DATE</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.Pharmacy/Pharm.D. (Doctor of Pharmacy)/ Bachelor in Audiology and Speech-Language Pathology (BASLP) / B.Sc. (Nursing) and B.Sc. Nursing (Post Basic) Degree Course</td>
<td>29.05.2016 (SUNDAY)</td>
<td>10.00 a.m. to 1.00 p.m.</td>
</tr>
</tbody>
</table>

EXAMINATION CENTRE: SRI RAMACHANDRA UNIVERSITY PORUR, CHENNAI - 600 116.

Name: Mr/Ms............................................................................................................
(Name in block letters)

Affix your latest Passport size photograph and put your signature on the photograph

---

THE FOLLOWING DETAILS TO BE FILLED IN THE EXAMINATION HALL IN THE PRESENCE OF HALL SUPERINTENDENT AND CHIEF SUPERINTENDENT

<table>
<thead>
<tr>
<th>REGISTRATION No.</th>
<th>Question Book Code</th>
<th>OMR Sheet No.</th>
<th>Left Thumb impression of the Candidate</th>
<th>Signature of the Candidate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(To be affixed in the Exam Hall only)</td>
<td>(To be signed in the Exam Hall only)</td>
</tr>
</tbody>
</table>

Signature of Hall Superintendent

Signature of Chief Superintendent