

Regn. No. :
(To be filled by Office)



SRI RAMACHANDRA UNIVERSITY

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

Accredited by NAAC with 'A' Grade

Porur, Chennai - 600 116

Affix your latest
passport size
photograph here.

APPLICATION FORM FOR ALL INDIA ENTRANCE EXAMINATION - 2017
M.Pharmacy/Pharm.D. (Post Baccalaureate)/
M.Sc.(Nursing)/M.Phil. - Clinical Psychology and
M.A.S.L.P. (Master of Audiology and Speech-Language Pathology) Degree Courses

NAME OF THE CANDIDATE :
(IN BLOCK LETTERS)

COURSE APPLIED FOR :

<p>Details of Application & Examination Fee (Demand draft for Rs.1000/- should be enclosed along with application form) (Enclose Demand Draft)</p>	<p>DD No. :</p> <p>Date :</p> <p>Bank Name :</p> <p>Branch :</p>
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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 of certificates to be submitted)	Enclosed Put a tick (√)
Photocopy of the Degree Examination Mark Statements (First year to Final year);	
Provisional Pass / Degree Certificate	
Attempt Certificate	
Transfer Certificate/Migration Certificate	
Internship (if applicable) and 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	
PCI / INC / RCI Council Registration Certificate	
Working experience certificate (M.Sc. Nursing candidates only)	
In case of downloaded application form, D.D. for Rs.1000/- drawn in favour of “Sri Ramachandra University” towards application & examination fee	
Last date for submission of application	09.06.2017



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**M.Pharmacy/Pharm.D. (Post Baccalaureate)/
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M.A.S.L.P. (Master of Audiology and Speech-Language Pathology) Degree Courses**

(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).

1.	a) Name of the Candidate (AS PER CERTIFICATE IN BLOCK LETTERS)	
	b) Expand the initials	
	c) Complete address (with District, State & PIN CODE) to which communication is to be sent	
	d) Phone No. with STD Code	Residence : Mobile :
	e) E-mail	
2.	a) Father's Name	
	b) Mother's Name	

3.	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female					
4.	a) Date of birth and age		Age:				
	b) Place of birth, District and State						
5.	Nationality and Religion						
6.	Community (self attested Photocopy to be enclosed)	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 2px;">SC</td> <td style="padding: 2px;">ST</td> <td style="padding: 2px;">BC/OBC</td> <td style="padding: 2px;">OTHERS</td> </tr> </table>		SC	ST	BC/OBC	OTHERS
SC	ST	BC/OBC	OTHERS				
7.	Qualifying examination passed (Photocopy of Degree Certificate and Statement of Marks of all Examinations to be enclosed)	Name of the Degree :..... Univ. Exam Regn. No.:..... Month :..... Year :.....					
8.	a) Name and address of the recognised College where qualified						
	b) Whether the College is recognised by the P.C.I./A.I.C.T.E./I.N.C./R.C.I.	<input type="checkbox"/> Recognised <input type="checkbox"/> Not Recognised					
	c) Details of Council Registration	State : Regn. No & Date :					

9. Marks Secured inDegree Course:

	Subject(s)	Marks Secured	Maximum Marks	Month & Year of Passing	No.of attempts
I YEAR					
II YEAR					
III YEAR					
FINAL YEAR					
	GRAND TOTAL			Percentage of Marks	

10.	Name of the University which awarded the Degree	
11.	Whether the candidate has passed all the examinations in the first attempt	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	Whether appeared / appearing for final year Degree examination (Photocopy of the Hall Ticket or a certificate from the College Principal as specified should be enclosed)	
13.	Details of working Experience (For M.Sc. Nursing Candidates) (Photocopy of experience certificate to be enclosed)	

DECLARATION 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 :

Date :

Signature of the Candidate



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Original

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Name and mailing address of the Candidate: (IN BLOCK LETTERS)

(Same as in Column 1(c) of application)

Name : Mr./Ms. _____

Address : _____

State : _____ PIN Code :

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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)	: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
EXAMINATION CENTRE	: SRI RAMACHANDRA UNIVERSITY PORUR, CHENNAI - 600 116									
DATE	: 18.06.2017 (SUNDAY)									
TIME	: 10.00 a.m. to 1.00 p.m.									
Signature of the Issuing Authority	<p>.....</p> 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 THE CANDIDATE

- 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, wrist watch, 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 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.



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Duplicate

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(Same as in Column 1(c) of application)

Name : Mr./Ms. _____

Address : _____

State : _____ PIN Code :

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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. :

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(WILL BE ASSIGNED BY OFFICE)

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

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ATTENDANCE SHEET

FOR ALL INDIA ENTRANCE EXAMINATION- 2017

COURSES	DATE	TIME
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EXAMINATION CENTRE : **SRI RAMACHANDRA UNIVERSITY**

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Name : Mr/ Ms.....

(Name in block letters)

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put your signature
on the photograph

.....
(Signature of the Candidate)

THE FOLLOWING DETAILS TO BE FILLED IN THE EXAMINATION HALL IN THE PRESENCE OF HALL SUPERINTENDENT AND CHIEF SUPERINTENDENT										
REGISTRATION No.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
Question Book Code :	OMR Sheet No.:									
Signature of the Candidate (To be signed in the Exam Hall only)										
Signature of Hall Superintendent										
Signature of Chief Superintendent										