

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

Stream in +2	Put a (√) mark
Biology Stream	
Non-Biology Stream	



**SRI RAMACHANDRA
 INSTITUTE OF HIGHER EDUCATION AND RESEARCH
 (Deemed to be University)**

Placed in 'Category - I Universities' by the UGC

**Accredited by NAAC with 'A' Grade
 Porur, Chennai - 600 116.**

Affix your latest
 passport size
 photograph here.

APPLICATION FORM FOR ALL INDIA ENTRANCE EXAMINATION – 2019

(Put a tick (√) mark)

- | | | | |
|---|--------------------------|--|--------------------------|
| Pharm.D. (Doctor of Pharmacy) | <input type="checkbox"/> | B.Pharmacy | <input type="checkbox"/> |
| Bachelor in Audiology and Speech-
Language Pathology (B.ASLP) | <input type="checkbox"/> | B.Sc. (Nursing) | <input type="checkbox"/> |
| B.P.T. (Bachelor of Physiotherapy) | <input type="checkbox"/> | B.Sc. Nursing (Post Basic) | <input type="checkbox"/> |
| BOT (Bachelor of Occupational Therapy) | <input type="checkbox"/> | B.Sc. (Hons) Allied Health Sciences (A.H.S) | <input type="checkbox"/> |
| B.Optom. (Bachelor of Optometry) | <input type="checkbox"/> | B.Sc. (Hons) Biomedical Sciences | <input type="checkbox"/> |
| M.Sc. Medical Radiology and Imaging
Technology (5-year Integrated) | <input type="checkbox"/> | | |
-

NAME OF THE CANDIDATE :
(IN BLOCK LETTERS)

<p>In case of submission of downloaded application from website, should enclose a D.D. for Rs.1000/- drawn in favour of “Sri Ramachandra Institute of Higher Education and Research (Deemed to be University)” payable at Chennai. (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.

Sl. No.	CHECK LIST	Enclosed Put a tick (✓)
1	Application form duly filled in (only self attested photo copies of the certificates need to be submitted)	
2	Photocopy of the H.S.C. (+2) equivalent examination Hall Ticket, if appeared for H.S.C. or equivalent Examination in March/April 2019	
3	Mark statement(s) issued by (State Board/CBSE/ISC or any other equivalent authority) if already passed +2 Examination	
4	For B.Sc. Nursing (Post Basic) candidates only Diploma Nursing First to Final year Mark Statements	
5	Birth Certificate for proof of age (if date of birth is not given in the H.S.C. Mark Statement or Transfer Certificate)	
6	Transfer Certificate/Migration Certificate	
7	Conduct Certificate issued by the Head of the Institution last studied	
8	Photocopy of Aadhaar Card	
9	Hall ticket duly filled in with photograph affixed and signed – Original	
10	Hall ticket duly filled in with photograph affixed and signed – Duplicate	
11	Attendance sheet duly filled in with photograph affixed and signed	
12	In case of downloaded application form, D.D. for Rs.1000/- drawn in favour of “Sri Ramachandra Institute of Higher Education and Research (Deemed to be University)” payable at Chennai towards application & examination fee.	
Note: Last date for submission of application		15.05.2019

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Pharm.D. (Doctor of Pharmacy)/B.Pharmacy/ Bachelor in Audiology and Speech-Language
Pathology (B.ASLP)/B.Sc. (Nursing)/ B.Sc. Nursing (Post Basic)/ B.P.T. / BOT (Bachelor of
Occupational Therapy)/ B.Sc. (Hons) Allied Health Sciences (A.H.S)/ B.Optom. (Bachelor of
Optometry) B.Sc. (Hons) Biomedical Sciences and M.Sc. Medical Radiology and Imaging Technology
(5-year Integrated) 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 of Candidate		
	f) E-mail of Parent		
	g) Aadhaar No. of Candidate (Self Attested Photocopy to be enclosed)		
2.	a) Father's Name		
	b) Mother's Name		
3.	Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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)	<input type="checkbox"/> SC	<input type="checkbox"/> ST <input type="checkbox"/> BC/OBC <input type="checkbox"/> OTHERS
7.	a) Whether appearing for the H.S.C (+2) Examination in March/April 2019	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	b) If Yes, give details and enclose Photocopy of H.S.C (+2) Hall Ticket	Registration No. :	Name of the Board :

8.	Details of examination passed/appeared in March/April-2019:	HSC Academic	CBSE	ISC	Any other equivalent Examination
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 Recognised School where qualified / studying				
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.				
	SUBJECT	PUT (✓) MARK	MARKS OBTAINED	MAXIMUM MARKS	MINIMUM MARKS FOR PASS
	ENGLISH				
	PHYSICS				
	CHEMISTRY				
	BIOLOGY				
	BOTANY				
	ZOOLOGY				
	MATHEMATICS				
	TOTAL				
12.	For B.Sc. Nursing (Post Basic) Candidates Name of the State Nursing Council where you have registered. Registration No. & Date.				

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 fully the prospectus furnished with the application form 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



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Original

HALL TICKET FOR ALL INDIA ENTRANCE EXAMINATION – 2019

Pharm.D. (Doctor of Pharmacy)/B.Pharmacy/ Bachelor in Audiology and Speech-Language Pathology (B.ASLP)/B.Sc. (Nursing)/ B.Sc. Nursing (Post Basic)/ B.P.T. / BOT (Bachelor of Occupational Therapy)/ B.Sc. (Hons) Allied Health Sciences (A.H.S)/ B.Optom. (Bachelor of Optometry) B.Sc. (Hons) Biomedical Sciences and M.Sc. Medical Radiology and Imaging Technology (5-year Integrated) Degree Courses

Name and mailing address of the Candidate:

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

Name : Mr./Ms. _____

Address : _____

State : _____ PIN Code :

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Mobile : _____ Phone (with STD Code) : _____

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 INSTITUTE OF HIGHER EDUCATION & RESEARCH
 (DEEMED TO BE UNIVERSITY)
 PORUR, CHENNAI - 600 116**

DATE : **01.06.2019 (SATURDAY)**
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, watches, 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 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 I(c) of application)

Name : Mr./Ms. _____

Address : _____

State : _____ PIN Code :

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Mobile : _____ Phone (with STD Code): _____

Affix your latest
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photograph and
put your signature
on the photograph

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 (Signature of the Candidate)

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 PORUR, CHENNAI - 600 116**

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ATTENDANCE SHEET
 FOR ALL INDIA ENTRANCE EXAMINATION-2019

COURSES	DATE	TIME
Pharm.D. (Doctor of Pharmacy)/B.Pharmacy/ Bachelor in Audiology and Speech-Language Pathology (B.ASLP)/B.Sc. (Nursing)/ B.Sc. Nursing (Post Basic)/B.P.T./BOT(Bachelor of Occupational Therapy)/ B.Sc. (Hons) Allied Health Sciences (A.H.S)/ B.Optom. (Bachelor of Optometry) B.Sc. (Hons) Biomedical Sciences and M.Sc. Medical Radiology and Imaging Technology (5-year Integrated) Degree Courses	01.06.2019 (SATURDAY)	10.00 a.m. to 1.00 p.m.

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

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

.....
 (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.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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	