

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



# **SRI RAMACHANDRA**

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

**Porur, Chennai – 600 116**

**Graded as a Category – I University by the UGC and Accredited by NAAC with ‘A’ Grade**

Affix your latest  
passport size  
photograph here.

## **APPLICATION FORM FOR ALL INDIA ENTRANCE EXAMINATION PG Paramedical / Health Sciences Degree Programs – 2019**

(Please put a tick (✓) in the appropriate box)

- 
- |  |                          |
|--|--------------------------|
| <b>i. M.Pharmacy</b>                       | <input type="checkbox"/> |
| <b>ii. Pharm.D. (Post Baccalaureate)</b>   | <input type="checkbox"/> |
| <b>iii. M.Sc. Nursing</b>                  | <input type="checkbox"/> |
| <b>iv. M.Phil. - Clinical Psychology</b>   | <input type="checkbox"/> |
| <b>v. M.Sc. Audiology</b>                  | <input type="checkbox"/> |
| <b>vi. M.Sc. Speech-Language Pathology</b> | <input type="checkbox"/> |
-

- i. NAME OF THE CANDIDATE : .....  
(IN BLOCK LETTERS)
- ii. COURSE APPLIED FOR : .....
- iii. Demand Draft Details :

<p>In case of submission of application downloaded from website, 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. <b>(Enclose Demand Draft)</b></p>	<p>DD No. : .....</p> <p>Date : .....</p> <p>Bank Name : .....</p> <p>Branch : .....</p>
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**IMPORTANT NOTE:**

Candidate should check the list and submit it with application.

S.No.	Item of Document	Whether enclosed (Put a tick (✓) )
1	Application Form duly filled in (only self attested photo copies of the certificates to be submitted)	
2	Photocopy of the Degree Examination Mark Statements (First year to Final year)	
3	Provisional Pass / Degree Certificate	
4	For final semester appearing students, letter from the college Principal last studied	
5	Attempt Certificate	
6	Transfer Certificate/Migration Certificate	
7	Internship Certificate (if applicable)	
8	Conduct Certificate issued by the Head of the Institution last studied	
9	Photocopy of Aadhaar Card	
10	<b>Original</b> Hall ticket duly filled in with photograph affixed and signed	
11	<b>Duplicate</b> Hall ticket duly filled in with photograph affixed and signed	
12	Attendance sheet duly filled in with photograph affixed and signed	
13	Registration Certificate issued by PCI/ INC/ RCI (if applicable)	
14	Working experience certificate (for M.Sc. Nursing candidates only)	
15	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.	
<b>Note:</b>	<b>Last date for submission of filled in application</b>	<b>15.06.2019</b>



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INSTITUTE OF HIGHER EDUCATION AND RESEARCH

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Porur, Chennai – 600 116

## APPLICATION FORM FOR ALL INDIA ENTRANCE EXAMINATION

PG Paramedical / Health Sciences Degree Programs – 2019

M.Pharmacy/ Pharm.D. (Post Baccalaureate)/ M.Sc. Nursing /

M.Phil. – Clinical Psychology/ M.Sc.Audiology and M.Sc. Speech-Language Pathology

(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 (IN BLOCK LETTERS AS GIVEN IN HSC CERTIFICATE)	
	b) Gender	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
	c) Expand the initials	
2.	a) Father's Name	
	b) Mother's Name	
3.	a) Complete address (with District, State & PIN CODE) to which communication is to be sent	
	b) Phone No. with STD Code	Residence : Mobile :
	c) E-mail of Candidate	
	d) E-mail of Parent	
	e) Aadhaar No. of Candidate (Self Attested Photocopy to be enclosed)	

4.	a) Date of birth and age		Age: .....Yrs.
	b) Place of birth, District and State c) Community (Put a tick (✓))	OC <input type="checkbox"/>	OBC <input type="checkbox"/> SC/ST <input type="checkbox"/>
5.	Nationality and Religion		
6.	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 :.....	
7.	a) Name and address of the 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 Registration with the Professional Council (if applicable)	Council Name & State : ..... Regn. No. & Date : .....	

8. Marks Secured in .....Degree Course:

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

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

**DECLARATION BY THE CANDIDATE**

I declare that the information furnished by me hereinabove is 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 :

Date :

Signature of the Candidate



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Original

## HALL TICKET FOR ALL INDIA ENTRANCE EXAMINATION

PG Paramedical / Health Sciences Degree Programs – 2019

M.Pharmacy/ Pharm.D. (Post Baccalaureate)/ M.Sc. Nursing /

M.Phil. – Clinical Psychology/ M.Sc.Audiology and M.Sc. Speech-Language Pathology

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

(Same as in Column 3 (a) of application)

Name : Mr./Ms. \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State : \_\_\_\_\_ PIN Code : 

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Mobile : \_\_\_\_\_ Phone No. (with STD Code) \_\_\_\_\_

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

.....  
(Signature of the Candidate)

<b>(FOR OFFICE USE ONLY)</b>										
<b>REGISTRATION No.</b> (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>									
<b>EXAMINATION CENTRE</b>	: <b>SRI RAMACHANDRA INSTITUTE OF HIGHER EDUCATION AND RESEARCH (DEEMED TO BE UNIVERSITY) PORUR, CHENNAI - 600 116</b>									
<b>DATE</b>	: <b>23.06.2019 (SUNDAY)</b>									
<b>TIME</b>	: <b>10.00 a.m. to 1.00 p.m.</b>									
<b>Signature of the Issuing Authority</b>	..... <b>Signature of the Candidate</b> (To be signed in the Examination Hall)									
<b>Important Note</b> : 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, watches, mobile phones, paging devices or any other electronic gadget, that is likely to be of unfair assistance inside the examination hall. In case of violation, the candidate shall not be allowed to write the entrance exam and his candidature shall be cancelled.
- 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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Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State : \_\_\_\_\_ PIN Code : 

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Mobile : \_\_\_\_\_ Phone No. (with STD Code) \_\_\_\_\_

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

.....  
(Signature of the Candidate)

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## ATTENDANCE SHEET

**ALLINDIA ENTRANCE EXAMINATION PG PARAMEDICAL/HEALTH SCIENCES - 2019**

Name of Course	DATE	TIME
M.Pharmacy/ Pharm.D. (Post Baccalaureate)/ M.Sc. Nursing / M.Phil. - Clinical Psychology/ M.Sc. Audiology and M.Sc. Speech-Language Pathology	23.06.2019 (SUNDAY)	10.00 a.m. to 1.00 p.m.

EXAMINATION CENTRE : **SRI RAMACHANDRA INSTITUTE OF HIGHER  
EDUCATION AND RESEARCH  
(DEEMED TO BE 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

.....  
(Signature of the Candidate)

THE FOLLOWING DETAILS TO BE FILLED IN BY THE CANDIDATE 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"/> <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	