



# VINAYAKA MISSIONS UNIVERSITY

(Deemed to be University)  
(Vinayaka Mission's Research Foundation)  
(Declared Under Section 3 of the UGC Act, 1956)

(Accredited by NAAC)

Sankari Main Road (NH-47), Ariyanoor, Salem - 636 308  
Tamil Nadu, India

## ALL INDIA COMMON ENTRANCE EXAMINATIONS -2016 FOR POSTGRADUATE DEGREE AND DIPLOMA PROGRAMMES

### INFORMATION BROCHURE (Nursing / Pharmacy)

#### **M.Sc. (Nursing) DEGREE PROGRAMME:**

1. M.Sc.(Medical Surgical Nursing)
2. M.Sc.(Paediatric Nursing)
3. M.Sc.(Obstetrics & Gynaecological Nursing)
4. M.Sc.(Community Health Nursing)
5. M.Sc.(Psychiatric Nursing)

#### **Eligibility:**

A candidate for admission to the M.Sc. (Nursing) Degree Programmes must have a Degree of B.Sc. (Nursing) or equivalent duly recognized by the Indian Nursing Council with minimum 55% of aggregate marks for General and 5% relaxation of marks for SC/ST candidates and also should have one year experience after graduation.

#### **Duration of the Course:**

Two academic years.

#### **M.Pharm. DEGREE PROGRAMME :**

1. M.Pharm. (Pharmaceutics)
2. M.Pharm. (Pharmaceutical Chemistry)
3. M.Pharm. (Pharmacology)
4. M.Pharm. (Pharmacognosy)
5. M.Pharm. (Pharmacy Practice)
6. M.Pharm. (Pharmaceutical Analysis)
7. M.Pharm. (Pharmaceutical Biotechnology)
8. M.Pharm. (Quality Assurance)

**Eligibility:**

A candidate for admission to the M.Pharm. Degree Programme must have a degree of B.Pharm. or equivalent duly recognized by the Pharmacy Council of India and should have obtained permanent registration from any one of the State Pharmacy Councils in India.

**Duration of the Course:**

Two academic years.

Particulars	M.Sc.(N) / M.Pharm.
Last date for issue & receipt of filled-in application forms	16/06/2016 (Thursday)
Date of All India Common Entrance Examination	23/06/2016 (Thursday)
Cost of Application form	₹ 1000/-

**Entrance Examination Centre, Venue and Time will be mentioned in the Hall Ticket**

(i) Application form can be obtained from the University Office in person on payment of cash.

(ii) Application form can also be downloaded from [www.vinayakamission.com](http://www.vinayakamission.com) in which case, the application must be submitted along with a Demand Draft drawn in favour of “Vinayaka Missions University, Salem”.

The filled-in application form along with a Demand Draft, must reach the following address within the last date, as notified.

**The Registrar  
Vinayaka Missions University  
Sankari Main Road (NH-47)  
Ariyanoor, Salem - 636 308, Tamil Nadu.  
Ph: 0427-3987000**

Selection will be made only on the basis of marks secured by the candidate in the All India Common Entrance Examination conducted by the University. Candidates belonging to any State/ Union Territory of India can apply.

Candidates are advised to send the filled-in applications well in advance to avoid any delay in transit. The University shall not be liable for any postal delay or loss in transit.

The Hall Ticket will be sent by post to the all applicants before 18/06/2016. Those who do not receive the hall ticket by 20/06/2016, can contact the University office by phone: 0427-3987000.

## **COUNSELING :**

The Entrance Examination results shall be published in the University website and the call letter for counseling will be sent to the selected candidates. The selected candidates should appear for counseling on the stipulated date and time without fail. The counseling will be held at University campus or its constituent colleges. Seat allotment will be done based on the rank list subject to fulfillment of the eligibility criteria.

The tie in ranking of candidates who secure the same mark in the Entrance Examination will be resolved using the tie-breaking criteria already in force. Candidates who are not present for counseling on the specified date and time do not have any rights to claim any seat.

The selected candidates for admission, should pay the Tuition fees and other fees within the specified date, as prescribed by the University.

The following original certificates with three sets of photo copies should be submitted at the time of counseling, if selected for admission.

1. Degree Certificate & Provisional Certificate of qualifying Examination.
2. Mark sheets from first year to final year of qualifying Examination
3. State Nursing / Pharmacy Council Registration Certificate
4. Proof of Date of Birth
5. Transfer Certificate and Conduct Certificate from the institution last studied.
6. Community Certificate
7. Migration Certificate
8. Experience Certificate (Applicable for Nursing candidates only)
9. Eligibility Certificate from VMU (If applicable).
10. Physical Fitness Certificate.
11. Latest colour passport size photo 8 Nos.

E.E. Reg. No. :.....  
(To be filled by the office)

Application No. :.....



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SALEM - 636 308, TAMIL NADU, INDIA

**APPLICATION FORM FOR ALL INDIA COMMON ENTRANCE  
EXAMINATIONS FOR POSTGRADUATE DEGREE PROGRAMMES - 2016  
( Nursing / Pharmacy )**

Affix here your latest  
colour passport size  
Photograph.

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

1. Programme applied for  
(Choose from annexure)

:
2. Specialities applied for  
in the order of preference  
(Refer annexure)

:

1. ....

2. ....

3. ....
3. Choice of the College  
in the order of preference (if applicable)  
( Refer annexure for college names  
and exhaust all the preferences 1 - 3 )

:

SALEM

☐

PUDUCHERRY

☐

KARAIKAL

☐
4. Entrance Examination Centre

:

SALEM
5. a. Name of the Candidate  
(In BLOCK Letters)

:
- b. Expansion of the Initials

:
- c. Permanent address with  
PIN Code

:
- d. Address for communication  
with PIN Code

:

e. Phone No.with STD Code : Residence :

Mobile :

f. E-mail :

6. Information on Parents / Spouse / Guardian :

	Father	Mother	Husband / Wife (if any)	Guardian (if any)
Name				
Occupation				
Annual Income (in ₹ )				
Address				
Contact No.				

7. Sex ( ✓ Tick) : Male ☐ Female ☐ Other ☐

8.a. Date of Birth and Age : 

D	D	M	M	Y	Y	Y	Y
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 Age

b. Place of Birth, District and State :

9.a. Nationality and Religion :

b. Community ( ✓ Tick)  
( Copy of the self attested  
Community Certificate should be  
enclosed )

ST	SC	MBC/DNC	BC	OBC	OC

10. Qualifying Examination passed : B.Sc.(N) ☐ B.Pharm. ☐  
( ✓ Tick)  
Others (Specify) \_\_\_\_\_

11. a. Name and address of the College last studied :

b. Whether the College is recognised by the respective Statutory Council : Yes / No

12. Name and place of the University which awarded the Degree :

13. Details of the qualifying basic degree examination :

Reg. No.	Month & Year of Passing	Marks Obtained	Max. Marks	Percentage of Marks

14. Details of previous experience (Photo copy of certificate to be enclosed) :

15. Details of the Registration of the Candidate in the respective Statutory Council :-

a. Name of the State Council :

b. Permanent Registration No. & Date :

16. **CHECK LIST :**  
Have you enclosed the following photo copies of the documents duly self attested?
- a. Mark statements of qualifying Examination

b. Provisional / Degree Certificate

c. Transfer / Migration / Conduct Certificate

d. Community Certificate

e. State Council Registration Certificate

f. Experience Certificate

If enclosed, put a tick mark ( ✓ )

**DECLARATION BY THE CANDIDATE**

*I declare that the information furnished by me herein are true and correct. If any information furnished above is found to be incorrect at any stage, I agree to forego my claim for admission and abide by the decision of the University authorities. The original certificates will be produced at the time of counseling / admission.*

*Place :  
Date :*

*Signature of the Candidate*



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**ALL INDIA COMMON ENTRANCE EXAMINATIONS  
POSTGRADUATE DEGREE PROGRAMMES - 2016  
( Nursing / Pharmacy)**

**HALL TICKET**

Application No. : .....

Name of the Programme :

Speciality : \_\_\_\_\_

Entrance Examination Centre : SALEM

Name : \_\_\_\_\_

(In BLOCK Letters) \_\_\_\_\_

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

PIN

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Affix here your latest  
colour passport size  
Photograph.

\_\_\_\_\_  
(SIGNATURE OF THE CANDIDATE)

**(For office use only)**

Register Number :

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Examination Centre :

Date of Examination :

Time of Examination :

**Signature of the  
issuing authority**

\_\_\_\_\_  
(Controller of Examinations)

\_\_\_\_\_  
**Signature of the Candidate  
(To be signed in the Examination Hall)**

**Important Note :** Candidates are instructed to report at the Examination Hall at least half-an-hour before the scheduled time of starting of the examination with Hall Ticket, Ballpoint Pen, Pencil and Eraser.



## **ANNEXURE**

### **COLLEGES AND PROGRAMMES**

- 1. Vinayaka Mission's Annapoorana College of Nursing, Salem, Tamil Nadu.**
- 2. Vinayaka Mission's College of Nursing, Puducherry.**
- 3. Vinayaka Mission's College of Nursing, Karaikal, U.T. of Puducherry.**

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- (2) M.Sc. (Medical Surgical Nursing)
- (3) M.Sc. (Obstetrics & Gynaecology Nursing)
- (4) M.Sc. (Paediatric Nursing)
- (5) M.Sc. (Psychiatric Nursing)

- 4. Vinayaka Mission's College of Pharmacy, Salem.**

#### **M.Pharm. DEGREE PROGRAMME**

- (1) M.Pharm. (Pharmaceutics)
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