



VINAYAKA MISSIONS UNIVERSITY

(Deemed to be University)

(Vinayaka Mission's Research Foundation)

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

SANKARI MAIN ROAD (NH-47), ARIYANOOR, SALEM - 636 308, TAMIL NADU, INDIA

ALL INDIA COMMON ENTRANCE EXAMINATIONS - 2015

MBBS DEGREE PROGRAMME

Instructions to the Candidate

Please fill in each column in your own handwriting. Place a tick mark (✓) wherever necessary and strike off the portion not applicable. Incomplete application forms will be summarily rejected. Do not enclose any original certificates. Ensure all information furnished in the application are true and correct, failing which the admission may be forfeited.

Entrance Examination Centres : SALEM, CHENNAI, KOLKATA, PUDUCHERRY

In the box against each centre in the application form write your preference number for that centre. Exhaust all the preferences 1 - 4.

IMPORTANT DATES

Programme	:	MBBS
Last date for receipt of filled-in application Forms	:	07 May 2015
Date of All India Common Entrance Examination	:	15 May 2015
Examination Time	:	10.00 am to 1.00 pm

CHECK LIST FOR ENCLOSURES

- A. Before sending the application, the candidate should check whether the attested copies of the following are attached.**
1. Certificate of qualifying examination (including all mark sheets).
 2. Conduct and Transfer certificates from the Head of the Institution last studied.
 3. Birth Certificate
 4. Community Certificate
- B. At the time of admission the candidate should submit the ORIGINALS of all the above, along with the following.**
5. Migration Certificate
 6. Physical fitness Certificate
 7. Recent passport size photos - 8 Nos.

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

Application form can be obtained from the University office in person on payment of cash for Rs.1100/- or by post on payment of Rs. 1200/- by Demand Draft favouring "Vinayaka Missions University" payable at Salem.

Application form can also be downloaded from www.vinayakamission.com in which case application must be submitted along with a Demand Draft for Rs.1100/-. The filled-in application form along with the Demand Draft, as required, must reach the following address within the last date notified.

The Registrar

VINAYAKA MISSIONS UNIVERSITY

(Deemed to be University)

(Vinayaka Mission's Research Foundation)

Sankari Main Road (NH-47)

Ariyanoor, Salem - 636 308, Tamil Nadu

Ph: 0427 - 3987000

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

Application No. :.....



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SALEM - 636 308, TAMIL NADU, INDIA

Affix here your passport size
(3.5 x 4.5 cm) photograph and get it
attested by the Head of the
Institution you last studied or by
any Gazetted officer, along with
official seal. Photos affixed on the
Hall Ticket and Application Form
must be identical and most recent.

APPLICATION FORM FOR ALL INDIA COMMON ENTRANCE EXAMINATIONS - 2015 MBBS DEGREE PROGRAMME

1. Name of the Candidate :
(In BLOCK Letters)
2. Programme applied for : MBBS
3. College preferred (✓ Tick) :
 Vinayaka Mission's Kirupananda Variyar Medical College & Hospital, Salem, Tamil Nadu
 Vinayaka Mission's Medical College & Hospital, Karaikal, (U.T. of Puducherry)
 Aarupadai Veedu Medical College & Hospital, Puducherry
4. Entrance Examination Centre Preference (Enter the choice of preference for each centre in the corresponding box.
Exhaust all the preferences 1 - 4)
 SALEM CHENNAI KOLKATA PUDUCHERRY

4. a) Name of the candidate
(as in Qualifying Examination Certificate)
(In BLOCK Letters) :
- b) Expansion of the Initials :
- c) Permanent address with
PIN CODE :
- d) Address for communication with PIN CODE
(if different from permanent address) :
- e) Phone No. with STD Code :
- Residence :
Mobile :
Email ID :
5. Gender (✓ Tick) : Male Female Others
6. a) Date of Birth (DD-MM-YYYY) :
- b) Age as on 31st Dec. 2015 :
- c) Place of Birth, District and State :
7. a) Nationality :
- b) Religion :
- c) Community (✓ Tick) :

ST	SC	MBC	DNC	OBC	BC	OC
- d) Caste :
- e) Special Category (✓ Tick)
- Are you a Differently Abled Candidate? Yes No } (if "yes" attach supporting documents)
- Do you claim consideration under sports proficiency? Yes No }

8. INFORMATION ABOUT PARENTS / GUARDIAN

DETAILS	FATHER / GUARDIAN	MOTHER
Name		
Occupation		
Designation		
Annual Income	₹.	₹.
E-mail ID		
Name and address of the employer		
Phone No :		

10. Academic qualification for admission to MBBS :

- a. Qualifying examination passed (✓ Tick) : Hsc Equivalent
 If 'equivalent' Specify :
- b. Name and address of the institution last studied :
- c. Name of the Board / University :
- d. Register Number, Month and Year of Passing of qualifying examination : Reg. No. _____
 Month : _____ Year : _____
- e. No. of attempts made for passing qualifying examination (✓ Tick)
- | | | | |
|---|---|---|-------------|
| 1 | 2 | 3 | More than 3 |
| | | | |
- f. Details of Marks secured in the Qualifying examination

SUBJECT	MAXIMUM MARKS	MINIMUM MARKS FOR PASS	MARKS OBTAINED	% OF MARKS OBTAINED
English				
Mathematics				
Physics				
Chemistry				
Biology				
Botany				
Zoology				
Biotechnology				

JOINT DECLARATION BY THE APPLICANT & PARENT

I am aware and I hereby solemnly and sincerely affirm that if I contravene any of the rules and regulations of the University, I am liable to any disciplinary action that the University management may consider necessary and appropriate.

Moreover, I hereby solemnly and sincerely affirm that the details, statements, date of birth and the information furnished by me in the application and enclosures submitted by me are true and correct. Should it, however, be found that any information/particulars furnished therein are untrue on verification, at a later date, I am liable for any action taken by the University including forfeiture of my admission. I agree that all disputes are subject to the jurisdiction of the courts at Salem only.

Place :

Date :

Signature of the Candidate

I have fully read the information furnished to the University by the applicant and I affirm that it is true and correct and if found false I am liable for action taken by the University.

Place :

Date :

Signature of the Parent / Guardian



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ALL INDIA COMMON ENTRANCE EXAMINATIONS - 2015

MBBS DEGREE PROGRAMME

HALL TICKET

I. Programme applied for : MBBS

Application No. :

II. Programme preferred (✓ Tick) :

- Vinayaka Mission's Kirupananda Variyar Medical College & Hospital, Salem.
 Vinayaka Mission's Medical College & Hospital, Karaikal, (U.T. of Puducherry.)
 Aarupadai Veedu Medical College & Hospital, Puducherry.

III. Entrance Examination Centre Preference (Enter the choice of preference for each centre in the corresponding box. Exhaust all the preferences 1 - 4)

- SALEM CHENNAI KOLKATA PUDUCHERRY

Name :
(In BLOCK Letters)

Address :

PIN

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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)

- Note :** a) Candidates are instructed to report at the Examination Hall half-an-hour before the scheduled time of starting of the examination, with Hall Ticket, pen, pencil and eraser.
b) If sufficient number of candidates are not available for a particular Examination Centre, the University may divert those candidates to the other nearest examination centre.