

APPLICATION FORM FOR ALL INDIA COMMON ENTRANCE EXAMINATION FOR POST GRADUATE DEGREE AND DIPLOMA COURSES

Last date for receipt of filled-in application forms	:	03.01.2009
Date of All India Common Entrance Examination	:	28.01.2009
Examination Time	:	10.00 am to 1.00 pm
Entrance Examination Centre	:	Vinayaka Missions University Campus, Salem, Tamilnadu

	In person	By post
Cost of Application Form	Rs. 2,000/-	Rs. 2,100/-

P.G Medical Degree Courses :

1. M.D (Obsts. & Gynae.)
2. M.D (General Medicine)
3. M.D (Paediatrics)
4. M.D (Dermatology, Venereology & Leprosy)
5. M.D (Bio-Chemistry)
6. M.D (Anaesthesiology)
7. M.D (Micro Biology)
8. M.S (Ophthalmology)
9. M.S (General Surgery)
10. M.S (Orthopaedics)
11. M.S (ENT)
12. M.D (Radio - Diagnosis) *

P.G Medical Diploma Courses :

1. D.ORTHO (Dip. in Ortho)
2. D.C.H (Dip. in Child Health)
3. D.O (Dip. in Ophthalmology)
4. D.A (Dip. in Anaesthesiology)
5. D.G.O (Dip. in Obsts. & Gynae.)
6. D.L.O (Dip. in Otorhino Laryngology)
7. D.M.R.D (Dip. in Radio - Diagnosis)*

* LOP awaited

M.D.S.:

1. ORAL & MAXILLOFACIAL SURGERY
2. PERIODONTICS,
3. PROSTHODONTICS
4. ORTHODONTICS
5. ORAL PATHOLOGY
6. ORAL MEDICINE AND RADIOLOGY*
7. PEDODONTICS & PREVENTIVE DENTISTRY*
8. CONSERVATIVE DENTISTRY & ENDODONTICS*

* LOP awaited

Selection will be made based on the marks secured in the Entrance Examination conducted by the University on All India basis, No domicile restriction and candidates belonging to any State / Union Territory of India can apply.

Application and Information Brochure for All India Common Entrance Examination can be obtained by post on requisition mentioning clearly the name of the programme along with the DD drawn in favour of **“VINAYAKA MISSIONS UNIVERSITY”** payable at **SALEM** or in person by paying cash at the **University Office**.

Application forms can also be downloaded from www.vinayakamission.com and filled in application form can be submitted along with demand draft to

The Registrar,
VINAYAKA MISSIONS UNIVERSITY
Sankari Main Road (NH-47), Ariyanoor, Salem - 636 308. Tamilnadu.
PH : 0427 - 3987000, 2477316 / 317.
Cell : 093621 28685, 093449 12553, 093835 55060, 098410 96255.

Note : The University shall not be responsible for any postal delay or loss in transit.

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

Application No. :



VINAYAKA MISSIONS UNIVERSITY

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

SANKARI MAIN ROAD (NH-47), ARIYANOOR,
SALEM-636 308, TAMILNADU, INDIA.

APPLICATION FORM FOR ALL INDIA COMMON ENTRANCE EXAMINATION FOR POST GRADUATE DEGREE / DIPLOMA COURSES

Note : Please fill in each column in your own handwriting. Put (✓) wherever necessary and Strike off the Portion not applicable. Incomplete application forms will be rejected summarily.

Affix here the passport size (4 x 5 cm) photograph and get it attested by Head of the Institution 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.

I. COURSE APPLIED FOR :
(Choose from Annexure - I)

II. Speciality applied for
(Preference) (Refer Annexure-I)

1.
2.
3.

III. Choice of the College (Refer Annexure-I): Ist Choice
IInd Choice.....

IV. 1.a) Name of the Candidate :
(In Block Letters)

b) Expansion of the Initials :

c) i. Permanent Address with
Pin Code :

ii. Address for Communication :
with Pin code

iii. Phone No. with STD Code : Residence :

Mobile:

iv. E.Mail :

2. a) Father's / Husband's / Guardian's Name, Occupation, Annual Income and Address :

b) Mother's Name, Occupation Annual Income and Address :

3. Sex (✓ Tick) :

Male / Female

4. a) Date of Birth :

Date	Month	Year

b) Age :

c) Place of Birth :

d) District and State :

5. a) Nationality and Religion :

b) Caste :

c) Community (✓ Tick) :

ST	SC	MBC/DNC	BC	OBC	OC

6. a) Qualifying examination passed (✓ Tick) :

M.B.B.S./ B.D.S / B.Sc.(N) / B.H.M.S. / B.PHARM/
B.P.T / Others

b) Month and Year of Passing :

7. a) Name and Address of the College last studied :

b) Whether the College is Recognised by the respective National Council :

Recognised / Not Recognised

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

9. Details of the Qualifying basic Degree Examination

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

10. Period during which Internship was completed

a) Internship : From.....To.....

b) College where it was done :

c) If internship not yet completed

i. Date of Commencement :

ii. Expected Date of Completion :

iii. College where it is being done :

11. Experience Details (Attested Xerox copy of Certificate to be enclosed)

12. Details of the Registration of the Candidate in the respective council

a) Name of the State Council :

b) Permanent Registration No. & Date :

13. Check List :

Have you enclosed the following xerox copies of the Documents duly attested? (✓ Tick)

- (a) (1) Mark Lists of Qualifying Examination
- (2) Provisional / Degree Certificate
- (3) Transfer Certificate
- (4) Community Certificate
- (5) C.R.R.I. / Teaching / Service Completion Certificate
- (6) State Council Registration Certificate
- (7) Migration Certificate for students other than VMU, Salem.

Yes	No

DECLARATION BY THE CANDIDATE

I declare that the information furnished by me herein are true and correct. In case of any information furnished above is found to be incorrect at any stage, I agree to forego my claim for admission. The original certificates will be produced at the time of admission.

Place :

Date :

Signature of the Candidate

Annexure - I

COURSE APPLIED FOR (A/B/C/D/E/F/G/H)

A) **MD / MS (MEDICINE)**

(a) (i) Have you passed M.B.B.S. Degree examination and Completed one year of C.R.R.I. ? (✓ Tick) : Yes / No

(ii) Have you qualified for M.B.B.S Degree recognised by the Medical Council of India and obtained permanent Registration from any State/ Central Council ? (✓ Tick) : Yes / No

Specify the Speciality (✓ Tick)

AT KARAIKAL	AT SALEM	AT PUDUCHERRY
1. MD (General Medicine)	1. MD (Anaesthesiology)	1. MD (Obstetrics & Gynaecology)
2. MD (Paediatrics)	2. MS (ENT)	2. MD (General Medicine)
3. MD (Obstetrics & Gynaecology)	3. *MD (General Medicine)	3. MD (Paediatrics)
4. MD (Dermatology, Venereology & Leprosy)	4. *MD (Paediatrics)	4. MD (Dermatology, Venereology & Leprosy)
5. MD (Anaesthesiology)	5. *MD (Obstetrics & Gynaecology)	5. MD (Bio-Chemistry)
6. MD (Bio-Chemistry)	6. *MD (Dermatology, Venereology & Leprosy)	6. MD (Micro - Biology)
7. MS (Orthopaedics)	7. *MD (Radio - Diagnosis)	7. MS (ENT)
8. MS (General Surgery)	8. *MS (Orthopaedics)	8. MS (General Surgery)
9. MS (ENT)	9. *MS (General Surgery)	9. MS (Orthopaedics)
10. MS (Ophthalmology)	10. *MS (Ophthalmology)	10. *MD (Radio - Diagnosis)

B) **P.G. DIPLOMA (MEDICINE)**

(a) (i) Have you passed M.B.B.S. Degree examination and Completed one year of C.R.R.I. ? (✓ Tick) : Yes / No

(ii) Have you qualified for M.B.B.S Degree recognised by the Medical Council of India and obtained permanent Registration from any State/ Central Council ? (✓ Tick) : Yes / No

Specify the Speciality (✓ Tick)

AT KARAIKAL	AT SALEM	AT PUDUCHERRY
1. D.G.O (Dip. in Obstetrics & Gynaecology)	1. D.A (Dip. in Anaesthesiology)	1. D.G.O (Dip. in Obstetrics & Gynaecology)
2. D.Ortho (Dip. in Orthopaedics)	2. D.L.O (Dip. in Oto Rhino Laryngology)	2. D.Ortho (Dip. in Orthopaedics)
3. D.C.H (Dip. in Child Health)	3. D.O (Dip. in Ophthalmology)	3. D.C.H (Dip. in Child Health)
4. D.O (Dip. in Ophthalmology)		4. *D.M.R.D. (Dip. in Medical Radio- Diagnosis)
5. D.A (Dip. in Anaesthesiology)		

*LOP Awaited

C) M.D.S., Salem

(a)(i) Have you passed B.D.S. Degree examination and Completed one year of C.R.R.I. ? (✓ Tick) : Yes / No
(or)

One year of House Surgeonship in a recognised Dental College, if you belong to old regulations (✓ Tick) : Yes / No

(ii) Have you qualified for B.D.S. Degree recognised by the Dental Council of India and obtained permanent Registration from any State / Central Dental Council ? (✓ Tick) : Yes / No

(iii) Do you possess three years of experience in Dental practice after the B.D.S. qualification and registration with the State Dental Council ? (✓ Tick) : Yes / No

(b) **Specify the Specialities** (✓ Tick)

- | | | |
|---|---|----------------------------------|
| (1) Orthodontics | (2) Prosthodontics | (3) Oral & Maxillofacial Surgery |
| (4) Oral Pathology | (5) Periodontics | (6) *Oral Medicine & Radiology |
| (7) *Pedodontics & Preventive Dentistry | (8) *Conservative Dentistry & Endodontics | |

* Lop awaited

D) M.D. (Homoeopathy) - Salem

REGULAR

(a) (i) Have you passed B.H.M.S. Degree Examination and completed one year compulsory internship? (✓ Tick) : Yes / No

(ii) Have you qualified for B.H.M.S. Degree recognised by the Central Council of Homoeopathy and obtained permanent Registration? (✓ Tick) : Yes / No

(b) **Specify the Speciality** (✓ Tick)

1. Homoeopathic Materia Medica including applied aspects
2. Organon of Medicine & Homoeopathic Philosophy
3. Repertory
4. Paediatrics
5. Homoeopathic Pharmacy
6. Practice of Medicine
7. Psychiatry

E) M.Sc. (Nursing) - Salem

- (a) (i) Have you qualified for Degree in Nursing as per the Indian Nursing Council Norms?(✓ Tick) : Yes / No
- (ii) Have you registered with the State Council for Nursing and Midwifery / Psychiatry ?(✓ Tick) : Yes / No
- (iii) Have you got two years of experience in Teaching or Clinical after registration in the State Nursing Council ?(✓ Tick) : Yes / No
- (iv) Are you a Member of Trained Nurses Association of India?(✓ Tick) : Yes / No

(b) Specify the Speciality (✓ Tick)

1. Medical Surgical Nursing
2. Obstetrics and Gynaecology Nursing
3. Paediatric Nursing
4. Community Health Nursing
5. Psychiatric Nursing

F) M.Pharm - Salem

- (a) Have you qualified for Degree in Pharmacy as per Pharmacy Council of India Norms (✓ Tick) : Yes / No

(b) Specify the Speciality (✓ Tick)

1. Pharmaceutics
2. Pharmaceutical Chemistry
3. Pharmacology
4. Pharmacognosy
5. Pharmaceutical Analysis
6. Pharmacy Practice
7. Pharmaceutical Bio-Technology

G) M.P.T. - Salem

(a) Have you qualified for Degree in
Physiotherapy from a Recognised University (✓ Tick) : Yes / No

(b) **Specify the Speciality** (✓ Tick)

1. Orthopaedic Physiotherapy
2. Neurological Physiotherapy
3. Cardio-Thoracic Physiotherapy
4. Sports Physiotherapy
5. Paediatric Physiotherapy
6. Hand Rehabilitation
7. Obstetrics and Gynaecological Physiotherapy
8. Community Physiotherapy

H) P.G. DIPLOMA COURSES IN PHYSIOTHERAPY, Salem

(a) Have you qualified for Degree in
Concerned area from a Recognized University : Yes / No

(b) **Specify the Speciality** (✓ Tick)

1. Sports Physiotherapy
2. Cardio-Thoracic Physiotherapy
3. Orthopaedic Physiotherapy
4. Neurological Physiotherapy
5. Manual Therapy
6. Acute care Physiotherapy



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HALL TICKET FOR ALL INDIA COMMON ENTRANCE EXAMINATION FOR POST GRADUATE DEGREE / DIPLOMA COURSES

Name of the Course :

Application No. :

Speciality : _____

Name : _____

(In Block Letters)

Address : _____

PIN CODE

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Affix here the passport size (4 x 5 cm) photograph and get it attested by Head of the Institution 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.

(SIGNATURE OF THE CANDIDATE)

(For Office Use Only)

Registration 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 **Half - an - Hour** before the scheduled time of starting of the examination. They have to bring with them the Hall Ticket, Pen, Pencil and Eraser.