



(Photo of the
applicant)

VAEL'S EDUCATIONAL TRUST

Velan Nagar, P.V.Vaithiyalingam Road, Pallavaram, Chennai - 600 117.
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E-mail: velscollege@vsnl.net / Web Site: <http://www.velscollege.com>

PRELIMINARY REGISTRATION FORM

- **VEL'S COLLEGE OF SCIENCE**
Approved by the Govt. of Tamil Nadu & by A.I.C.T.E., New Delhi and Affiliated to the **University of Madras**
- **VEL'S COLLEGE OF PHYSIOTHERAPY**
Approved by the Government of Tamil Nadu and Affiliated to the **Tamil Nadu Dr.M.G.R.Medical University**
- **VEL'S COLLEGE OF PHARMACY**
Approved by the Government of Tamil Nadu and Affiliated to the **Tamil Nadu Dr.M.G.R.Medical University**

PLEASE INDICATE THE COURSE IN ORDER OF PRIORITY

Application for Course Bachelor of Pharmacy / Diploma in Pharmacy.
Application for Course Master of Pharmacy / Ph.D. in Pharmaceutical Sciences.

COURSE PREFERENCE

COURSE CODE

A _____

B _____

BIOGRAPHICAL INFORMATION

Name _____ Age _____

Sex: Male/Female _____ Date of Birth _____

Place of Birth _____

State/Country _____

Nationality _____

Religion _____ Community _____

Mother Tongue _____

Address for Communication _____

Name of the Parent/Guardian_____

Occupation_____

Address_____

Name of the Local Guardian_____

Occupation_____

Address_____

Annual Income_____

Tel Number_____ Fax No_____

Email_____

Extra curricular Activities _____

SECTION A: Details of Educational Qualification

Details of qualifying examination:_____

Name of Qualifying Exam-HSC/CBSE,PRE-DEGREE/X Std.:_____

Year of passing:_____ No. of attempts: _____

Affiliating body: _____

The place and institution last studied:_____

Kindly fill in mark as applicable:

SUBJECT	MARKS OBTAINED	% OF MARKS
Maths		
Physics		
Chemistry		
Biology		
Botany		
Zoology		

ACADEMIC DATA

NAME OF EXAM	PERIOD OF STUDY	MAIN SUBJECT	YEAR OF PASSING	% OF MARKS
B. Pharm				
M. Pharm				

Name of Qualifying Exam_____

Year of Passing_____

* Applicants for Ph.D. Programme only.

Is the College from where the applicant studied B.Pharm is approved by PCI? YES / NO

Whether registered with State Pharmacy Council? YES / NO

If Yes submit copy of registration certificate.

Specialization into which admission is sought:

Do you require hostel accommodation: Yes No

DECLARATION BY THE CANDIDATE

The information furnished above is true and correct. The original certificates will be produced at the time of admission. In case any information is found to be incorrect we agree to forgo any claim for admission. I submit that I will abide the rules and regulations of the college.

I shall abide by the rules and regulations mentioned in the prospectus.

Name: _____ Name: _____

& _____ & _____

Signature of parent/Guardian:

Signature of Candidate:

Place:

Date :

Note:

1. The application should be signed by the Parent/Guardian and candidate otherwise it is invalid.
2. Most of the students are personally interviewed by the College to ensure their suitability for the courses. Students/Parents may call on us at the admission office any day for full briefing.
3. Every application form must be accompanied by the following:
 - a. Photocopies of certificates and mark sheets of qualifying examinations passed.
 - b. Conduct certificates & Three passport size photographs in colour.
 - c. Only for Post Graduate applicants: Send in your resume and write briefly, Why you are interested in taking this course.

FOR OFFICE ONLY

List of certificates submitted: _____

Eligible / Not Eligible _____

MANAGER (ADMISSIONS)

DIRECTOR

FEES REMITTANCE SLIP

Ref.No./Folio

FOR OFFICE ONLY

Regn.No

Name of the candidate: _____ Course: _____

Date of registration: _____ Amount Payable: _____

DATE	MODE OF PAYMENT	AMOUNT PAID

CHIEF ACCOUNTANT