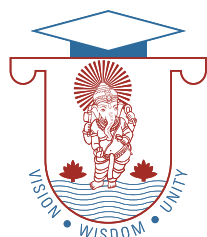


Reg. No. \_\_\_\_\_

Admission Appln. No. \_\_\_\_\_



# VINAYAKA MISSION'S RESEARCH FOUNDATION

(Deemed to be University under section 3 of the UGC Act 1956)

**(Accredited by NAAC)**

Sankari Main Road (NH-47), Ariyanoor, Salem - 636 308, Tamilnadu, India.

## **FACULTY OF ARCHITECTURE**

### **SCHOOL OF ARCHITECTURE AND PLANNING**

**AVIT Campus, Paiyanoor, Kancheepuram**

**(Approved by the Council of Architecture & AICTE, New Delhi)**

### **APPLICATION FORM**

**20 - 20**

**B.Arch**

- University** : Sankari Main Road (NH-47), Ariyanoor, Salem - 636 308.  
Tamilnadu, India.  
Phone : 0427 - 3987000 Fax : 0427 - 2477903  
E-mail : vmtrust@vmu.edu.in Web : www.vinayakamission.com
- Chennai office** : New No. 213, Old No. 160, Poonamallee High Road,  
Behind Doshi Towers, Kilpauk, Chennai - 600 010.  
Phone : 044 - 42989000/ 42989006 Fax : 26451006  
E-mail : admissions@vinayakamissions.com Web : www.avit.ac.in
- College office** : Vinayaka Nagar, Rajiv Gandhi Salai (OMR), Paiyanoor,  
Kanchipuram Dt. 603 104.  
Phone : 87545 41024 / 25  
Web : www.avit.ac.in / www.cao.gov.in

## INSTRUCTIONS

1. Read carefully all the instructions before filling up the application form.
2. Enclose Xerox Copy of the following certificates with the application
  - (a) Mark Sheet(s) of qualifying examination.
  - (b) Proof of Date of Birth
  - (c) Transfer Certificate and Conduct Certificate
  - (d) Community Certificate
  - (e) Migration Certificate (For PG)
  - (f) Provisional / Degree Certificate (For PG Programmes only)
  - (g) Aadhaar Card
3. Do not leave any column blank. (✓**Tick** the box whichever is applicable.)
4. Ensure all information furnished in the application are true and correct, failing which the candidate is liable to forfeit his/her admission.
5. Recent passport size colour photograph - 8 Nos. should be submitted at the time of admission.

**COMPLETED APPLICATION FORM SHOULD BE SENT TO**

**THE REGISTRAR,  
Vinayaka Mission's Research Foundation  
(Deemed to be University)  
Sankari Main Road (NH-47),  
Ariyanoor, Salem - 636 308,  
Tamilnadu, India.**



1. Name : \_\_\_\_\_  
(in Block Letters)

2. Gender (✓ Tick) : Male ☐ Female ☐ Others ☐

3. Date of Birth :     
D D M M Y Y Y Y

4. Age : (As on 31<sup>st</sup> December of the year of admission) \_\_\_\_\_ Years

5. a) Personal Marks of Identification :

1. \_\_\_\_\_

2. \_\_\_\_\_

b) Aadhaar No : \_\_\_\_\_

c) Blood Group : \_\_\_\_\_

6. Place of Birth : \_\_\_\_\_

7. a) Permanent Address : \_\_\_\_\_

\_\_\_\_\_

PIN CODE

Phone No with STD Code : \_\_\_\_\_

Mobile : \_\_\_\_\_ E-mail : \_\_\_\_\_

b) Mailing Address : \_\_\_\_\_

\_\_\_\_\_

PIN CODE

Phone No with STD Code :

8. Nationality : Foreign National ☐ NRI ☐ Indian ☐

Country : \_\_\_\_\_  
(If Foreign National)

9. a) Religion (✓Tick) : Hindu ☐ Islam ☐ Christian ☐ Others ☐  
Others Specify : \_\_\_\_\_

b) Community (✓Tick) : OC ☐ BC ☐ OBC ☐ MBC ☐ DNC ☐ SC ☐ ST ☐  
Caste : \_\_\_\_\_

c) State (✓Tick) : Tamilnadu ☐ Kerala ☐ Andhra Pradesh ☐ Karnataka ☐  
Others specify : \_\_\_\_\_

d) You are belong to : Rural ☐ Urban ☐

10. Languages Known : \_\_\_\_\_ Mother Tongue : \_\_\_\_\_

11. Name of the Father/ : \_\_\_\_\_ Occupation : \_\_\_\_\_ Age : \_\_\_\_\_  
Guardian

Name of the Mother : \_\_\_\_\_ Occupation : \_\_\_\_\_ Age : \_\_\_\_\_

Annual Income : \_\_\_\_\_

Name of the  
Office and Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
PIN CODE 

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

Office Telephone No. with STD Code : \_\_\_\_\_

E-mail : \_\_\_\_\_

Residence Phone No. with STD Code : \_\_\_\_\_

Mobile : \_\_\_\_\_

12. Extra curricular activities (Give the details against each item)

a) Sports : b) Games :  
c) N.C.C. : d) N.S.S. :  
e) Others :

**EDUCATIONAL DETAILS**

**13. Academic Qualification for Admission to B.Arch Course :**

- a) Qualification (✓ Tick) : HSC/CBSE/PDC/INTERMEDIATE/PUE/OTHERS.....
- b) Medium of Instruction : .....
- c) Name of the Board / University : .....
- d) Name of the School / College : .....
- e) Month & Year of Passing : .....
- f) Register No. : .....
- g) Qualifying Examination Marks

| NAME OF SUBJECT | MAXIMUM MARKS | MINIMUM MARKS FOR PASS | MARKS OBTAINED | PERCENTAGE OF MARKS |
|-----------------|---------------|------------------------|----------------|---------------------|
| ENGLISH         |               |                        |                |                     |
| PHYSICS         |               |                        |                |                     |
| CHEMISTRY       |               |                        |                |                     |
| MATHS           |               |                        |                |                     |
| TOTAL           |               |                        |                |                     |

- h) Centre(s) and Date(s) of appeared NATA : .....
- I) Marks secured in NATA : .....

## DECLARATION

I, .....hereby affirm that the particulars given in this application form are true and correct to the best of my knowledge. If it is found at any stage that there is suppression, distortion, incorrect or false statement of data, i am aware of the fact that this may lead to my dismissal from the University and I would also be liable to make good any loss that may be caused due to my covert action. I also agree that I would lose all rights and claims consequently whatsoever. I further state that I shall not partake in any strike, demonstration or political activity. I agree that all disputes that may arise will be subject to the jurisdiction of the court in salem only.

1. If admitted I / we agree to follow the Rules & Regulations now in force and those that will be made from time to time. I / we will make good the loss of damage to the property of the institution caused by us.
2. I / we also promise that I / we will do nothing either inside or outside the institution that will interfere with its discipline.
3. I / we accept all the decisions of the authorities in all matters of training, conduct, process of examinations and discipline.
4. I / we promise to abide by the Rules and Regulations of the University.
5. I / we further accept that, if I / we want to leave the course in the middle, I / we shall pay the full Tuition fees for the remaining duration of the course to the college / University office.

Signature of the Parent / Guardian

Signature of the Applicant

Place :

Date :

**DETAILS OF ORIGINAL CERTIFICATES TO BE SUBMITTED**

**(If Submitted, Put (✓) Tick Mark)**

| SL.No. | PARTICULARS OF CERTIFICATE            |                          |
|--------|---------------------------------------|--------------------------|
| 1      | H.Sc. Mark Sheets                     | <input type="checkbox"/> |
| 2      | Transfer Certificate                  | <input type="checkbox"/> |
| 3      | Community Certificate                 | <input type="checkbox"/> |
| 4      | Degree / Diploma Mark Sheets          | <input type="checkbox"/> |
| 5      | Degree / Diploma Certificates         | <input type="checkbox"/> |
| 6      | Provisional Certificate               | <input type="checkbox"/> |
| 7      | Migration Certificate                 | <input type="checkbox"/> |
| 8      | Copy of NATA Mark Sheet               | <input type="checkbox"/> |
| 9      | Physical Fitness Certificate          | <input type="checkbox"/> |
| 10     | Copy of Aadhaar Card Student / Parent | <input type="checkbox"/> |

**DECLARATION OF THE CANDIDATE**

We declare that all the above certificates submitted during the admission are original, true and genuine.

Signature of the Parent / Guardian

Signature of the Candidate

Place :

Date :

**FOR OFFICE USE ONLY**

**Eligibility Verified by :**

Signature of Assistant / Section In-charge :

**Joint Registrar  
(Admissions)**