

S.A.RAJA PHARMACY COLLEGE

RAJA NAGER, VADAKANGULAM -627116. TIRUNELVELI DIST, TAMILNADU, INDIA. Phone No:04637-230257, Mobile No:9677526800

Email.id:sarpharmc123@gmail.com

APPLICATION FORM FOR M.PHARM COURSE: 20 -20 (PHARMACEUTICS/PHARMACOLOGY)

Name of the Student :			
(in Block Letters & Initial at the end)			
Sex : Male /Female			
Date of Birth :			
Father's Name :			
Occupation of the Father :			
Blood Group :			
Present Address /Local Guardian Address (with Pin code)		Permanent Address (with Pin code)	
Mobile : Email.id : Nationality : Academic Particulars B.Pharm/Other : Name of the Board /University :	Commu	Mobile : Email.id : nity : GEN./ B.C/ M.B.C/ S.C	/ S.T (Please Tick Mark)
Register Number :		Month & Year of	Passing:
Year / Semester		Marks Scored / Maximum Marks	Percentage / Grade
			,

Please Tick the facilities you require : Hostel / Transport

SLNo.	Details of original Certificate	Submission Details (Submitted / Not Submitted)
J.	Transfer certificate	
2.	Higher secondary first and second year Mark Statement	
3:	B.Pharm (I -VIII semester) Mark statement	
4.	Community Certificate	
5.	Income Certificate	
6.	Nativity Certificate	
7.	Convocation Certificate	
8.	Andhar eard Xerox copy	
9.	Migration Certificate (Qualifying B.Pharm from Other state)	
10.	Eligibility Certificate (Qualifying B.Pharm from Other state)	
11.	Pharmacy Council Registration Certificate	
12.	GPAT Mark Card	
13.	Allotment order	
14.	Others	

DECLARATION BY THE APPLICANT

I hereby declare that the information given below is true and complete to the best of my knowledge. I hereby undertake to abide by all the rules and regulations inforce and those enforced from time to time. I will not do anything unworthy being student of this college either inside or outside or anything that will interfere with its orderly working and discipline. I am aware that the management has the full authority to expel me for lack of interest in studies, misbehaviour or continuous failures. Payment of fees in time is my responsibility and I Know the delay of the same will attract penal charges decided by the Management.

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Date:	Signature of the

ATTESTATION BY THE PARENT/ GUARDIAN

I hereby that declaration made above has been duly signed by ward in my presence

Place 7	
Date :	Signature of the Parent/Guardia

EXTRA CURRICULAR ACTIVITIES (LIST OF ANY REWARDS / ACHIEVEMENTS):

FOR OFFICE USE ONLY

RECEIVED ALL THE ORIGINAL CERTIFICATES : Yes /No PENDING CERTIFICATES : Candidate