

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

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(PHARMACEU		PHARMACOLOGY	
Name of the Student :		os puchtan d a n	the the grade comment of the state of the
(in Block Letters & Initial at the end)			Seta Sough TASS
Sex : Male /Female			Falls (
Date of Birth :			
Father's Name :			
Occupation of the Father :	at enginal	ogyi sup talut sit fit.	nd stills of observation region !
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Present Address /Local Guardian Address (with Pin code)		Permanent Address (with Pin code)	
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Mobile:		Mobile:	
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Nationality: Co	ommunit	y: GEN./ B.C/ M.B.C/ S.C	C/S.T (Please Tick Mark)
Academic Particulars B.Pharm/Other:			
Name of the Board /University:			
Register Number :		_ Month & Year o	f Passing:
Year / Semester	 Gentle, All Stock (Section 10) 10, 10 	Aarks Scored / Laximum Marks	Percentage / Grade
			CONTROL OF THE OWNER.

Please Tick the facilities you require: Hostel / Transport

RECEIVED ALL THE ORIGINAL CERTIFICATES: Yes /No

PENDING CERTIFICATES:

Sl.No.	Details of original Certificate	Submission Details (Submitted / Not Submitted)
1.	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.	Aadhar card 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	position of mark to the second

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.

responsibility a	and I Know the delay of the same will attract penal charges decided by the Management.
Place:	
Date:	Signature of the Candidate
	ATTESTATION BY THE PARENT/ GUARDIAN
I he	ereby that declaration made above has been duly signed by ward in my presence.
Place:	
Date:	Signature of the Parent/Guardian
EXTRA CURR	ICULAR ACTIVITIES (LIST OF ANY REWARDS / ACHIEVEMENTS):
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SIGNATURE OF THE PRINCIPAL