

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

ADDITION FORM FOR DILADM D COURSE. 20 20

APPLICATION FORM I			NSID - 20
Name of the Student :			
(in Block Letters & Initial at the end)			
Sex : Male /Female			
Date of Birth :			
Father's Name :	11 2 W - 1 1 7 - 1		
Occupation of the Father:	<u> </u>		
Blood Group :			
Present Address /Local Guardian Address (with Pin code)		Permanent Ad	dress (with Pin code)
Mobile:		Mobile:	
Email.id:		Email.id :	
Nationality:	Communi	ty: GEN./ B.C/ M.B.C/ S.C.	S.T (Please Tick Mark)
Academic Particulars : 10+2/D.Pharm:			
Name of the Board /University:			
Register Number :		Month & Year of	Passing:
Name of the Subject		Marks Scored / Iaximum Marks	Percentage / Grade

Please Tick the facilities you require: Hostel / Transport

Sl.No.	Details of original Certificate	Submission Details (Submitted / Not Submitted)
1.	Transfer certificate	
2.	Higher secondary first and second year Mark Statement	
3.	D.Pharm (I & II Year) Mark statement	
4.	Community Certificate	
5.	Income Certificate	
6.	Nativity Certificate	
7.	Original Diploma Certificate	
8.	Aadhar card Xerox copy	
9.	Migration Certificate (Qualifying HSC/D.Pharm from Other state)	
10.	Eligibility Certificate (Qualifying HSC/D.Pharm from Other state)	
11.	Pharmacy Council Registration Certificate	
12.	First Graduation Certificate	
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.

Place:	
Date:	Signature of the Candidate
	ATTESTATION BY THE PARENT/GUARDIAN
	I hereby that declaration made above has been duly signed by ward in my presence.
Place:	
Date:	Signature of the Parent/Guardian
EXTRA CU	URRICULAR ACTIVITIES (LIST OF ANY REWARDS / ACHIEVEMENTS):
	FOR OFFICE USE ONLY

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