



PERIYAR COLLEGE OF PHARMACEUTICAL SCIENCES FOR GIRLS



Periyar Centenary Educational Complex
Tiruchirapalli - 620 021

Run by Periyar Maniammai Institute of Science & Technology
, Chennai

Affiliated to The Tamilnadu Dr.M.G.R. Medical University, Chennai

Approved by the All India Council for Technical Education, New Delhi and Pharmacy Council of
India, New DELHI

APPLICATION FOR THE MASTER OF PHARMACY (M.PHARM) TWO YEARS COURSE

- APPLICATION NO : _____
- REGISTRATION NO : _____
[FOR OFFICE USE ONLY]
1. Name of the applicant : _____
(In Block Letters)
2. Father's / Guardian's Name : _____
3. Sex : Male / Female
4. a. Date of birth & Age : _____
b. Place of Birth : _____
5. a. Nationality : _____
b. Community : OC / BC / MBC / DNC / SC /ST
c. Sub caste : _____
6. Mother Tongue : _____
7. a. Address with Pin code : _____
for Correspondence : _____
(In Block letters)
- b. Phone No. if any : _____
8. a. Name and address of parent : _____
b. Occupation of the parent : _____
c. Annual Income of the parent : _____

**Affix passport
size photo**

9. a. Name and address of the Guardian (if applicable) :
- b. Relationship of the candidate To the Guardian :
- c. Occupation and Annual income of the Guardian :
10. Details of educational qualification :
- a. Have you passed M.Pharm or equivalent examination in one attempt : YES / No (Attach Xerox copies of Mark Statements)

Course studies	Period of study	School/College	Board/ University	Register Number	Month & Year of passing	% of marks

- b. Have you qualified in any National level examination like GATE / NET : YES / NO (If Yes, give details)

11. Specialization (Indicate order of preference) :
Refer Prospectus for details
- 1.
 - 2.
 - 3.

12. Extra curricular activities :
- a. Sports
 - b. Games
 - c. N.S.S.
 - d. N.C.C etc.,

13. Whether sponsored by any member of the Periyar Self respect Propaganda Institution, Chennai, or Periyar Mainammai Institute of Science and Technology Chennai. (If yes, give details)

I do hereby declare that the particulars furnished above are true to the best of my knowledge and that I shall render myself liable for any action to be taken against me, if my statement is found to be incorrect. I shall abide by the rules and regulations of the college.

Date : Signature of the Applicant

Place : Signature of the Parent / Guardian



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APPLICATION FOR THE BACHELOR OF PHARMACY (B.PHARM) FOUR YEARS COURSE

- APPLICATION NO : _____
- REGISTRATION NO : _____
[FOR OFFICE USE ONLY]
1. Name of the applicant : _____
(In Block Letters)
2. Date of Birth : _____
3. Father's / Guardian's Name : _____
& Occupation
4. Nationality : _____
5. Community : OC / BC / MBC / DNC / SC /ST
6. Name of the Sub caste : _____
7. Name of the sub caste : _____
8. Native district : _____
9. Address with Pin code : _____

**Affix passport
size photo**

Qualification H.Sc or CBSE :

Mathematics out of 200	Physics out of 200	Chemistry out of 200	Biology / Com. Science out of 200	Botany out of 200	Zoology out of 200	% of marks in Part III

Qualification : Diploma in Pharmacy :

Course of study	Register number	College where studied	Marks obtained	% of marks

12. Extra curricular activities :
- e. Sports
 - f. Games
 - g. N.S.S.
 - h. N.C.C etc.,

- 13 Whether sponsored by any member of the Periyar Self respect Propaganda Institution, Chennai, or Periyar Mainammai Institute of Science and Technology Chennai. (If yes, give details)

I do hereby declare that the particulars furnished above are true to the best of my knowledge and that I shall render myself liable for any action to be taken against me, if my statement is found to be incorrect. I shall abide by the rules and regulations of the college.

Date : Signature of the Applicant

Place : Signature of the Parent / Guardian