



# PERIYAR COLLEGE OF PHARMACEUTICAL SCIENCES FOR GIRLS



Periyar Centenary Educational Complex  
Tiruchirapalli - 620 021

Run by Periyar Maniammai Institute of Science & Technology, Chennai

Approved by Director of Medical Education, Chennai

& Approved by The Pharmacy Council of India, New DELHI.

Approved by Govt.of Tamil Nadu G.O.Ms.No.560, dt.16.03.1982

## APPLICATION FOR THE DIPLOMA IN PHARMACY (D.PHARM) TWO YEARS

APPLICATION No. :

REGISTRATION No. :  
[ FOR OFFICE USE ONLY]

**Affix  
passport size  
photo**

1. Name of the Student

(In Block Letters) :

2. Date of Birth :

3. Father's /Guardian's Name :

Mother's Name :

4. Father's /Guardian's Occupation :

5. Nationality :

6. Community : OC/BC/MBC/DNC/SC/ST

7. Name of the sub caste :

8. Native District :

9. Address with Pin code :

10. Phone No, if any :

**Qualification H.Sc or CBSE (Attach attested copy of Mark Statement)**

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

**12. Extra curricular activities : (Give details, if any)**

- 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 Maniammai 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