



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 B.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 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