



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 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. Mother's Name & 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 & Phone No. :

**Affix
passport size
photo**

An ISO 9001: 2000 Certified Institution

10. 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

11. Qualification : Diploma in Pharmacy :

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

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