



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 NO	:	006	Affix passport size photo
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 Pincode 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	:		

An ISO 9001 Certified Institution

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)

Degree Awarded	Name of the Institution	University	Year of study	% of Marks	Class / Rank
D.Pharm					
B.Pharm					
M.Pharm () Specify your specialization					

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

11. SERVICE PARTICULARS

- a. Designation and Department :
In which working
- b. Full address of the institution

Pin code :

Phone No :

- c. Service particulars
(Separate sheet may be attached :
giving details of date first
appointment and posts
held and duration)
- d. Field of specialization :
- e. Teaching experience after post :
Graduation
Under graduate : _____ Years
Post Graduate : _____ Years
12. Seminars / QIP / Conference / Symposium :
attended
13. Research publication details (If any)
14. 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