

DECLARATION OF PARENT'S / GUARDIAN'S

I have read all the rules and regulations of this institution and I confirm that above mentioned information true and best of my Knowledge. I Know that if any mistakes found by your intutions it will be effect for application rejection.

I can confirm that I have parental responsibility.

Date: _____ Signature of the Mother _____ Signature of the Father _____ Signature of the Guardian's Name: _____

CERTIFICATE VERIFICATION (FOR OFFICE USE ONLY)

		CERTIFICATE No.
ALLOTMENT ORDER	Original / Xerox	
TRANSFER CERTIFICATE	Original / Xerox	
SSLC MARK SHEET	Computer Copy / Original / Xerox	1. SSLC Mark
HSC MARK SHEET	Computer Copy / Original / Xerox	2. HSC / D.Pharm
D. PHARM. MARK SHEET	Original / Xerox	3. TC
COMMUNITY CERTIFICATE	Original / Xerox	4. Community
INCOME CERTIFICATE	Original / Xerox	5. Income
STUDY CERTIFICATE	Original / Xerox	
PASSPORT SIZE PHOTO	15 NO'S	
STAMP SIZE PHOTO	5 NO'S	
SELF ADDRESSED ENVELOPE	} 25 NO'S	
AFFIX 5 RUPEES STAMP		

(All certificate's Xerox of 2 sets enclosed with this Application)

Seal With Date _____ Verification Officer Signature With Name _____

FOR ADMISSION OFFICE USE

SEMESTER	I	II	III	IV	V	VI	VII	VIII
FEE								

Seal With Date _____ Admission Officer Signature With Name _____

FOR ADMISSION APPROVAL PURPOSE

PRINCIPAL	CORRESPONDENT
PLACE :	DATE:



Dr. KALAM COLLEGE OF PHARMACY

(Run By Unity Educational & Charitable Trust)

Periyarayagipuram Village - Avanam Post - Peravurani Taluk - Thanjavur District - 614 623

www.drkalaminstitutions.com / e-mail: drkalampharmacycollege@gmail.com

Ph : 04373 292733 / 292755

APPLICATION FORM

FOR OFFICE USE ONLY

Application No. _____

YEAR OF ADMISSION : _____

Applicant Name : _____

Contact Number (s) : _____

Roll Number (Given By Office) : _____

Date Of Admission : _____

Course (✓) :

B. Pharm	D. Pharm
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Course Type (✓) :

REGULAR	LATERAL	TRANSFER
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Reference : _____

Affix the Passport size Photo here

TO BE FILLED BY APPLICANT (in BLOCK LETTERS)

1. (a) Name of the Student Applicant (As per SSC Marks Sheet) : _____

(b) Details of the Parent : _____

1. Father's Name : _____

Mobile Number : _____

Occupation : _____

2. Mother's Name : _____

Mobuile Number : _____

Occupation : _____

(c) Name of the Guardian (if any) : _____

Mobuile Number : _____

Occupation : _____

(d) 1. Present Address :

.....

.....

.....

.....Pin Code:

2. Permanent Address :

.....

.....

.....

.....Pin Code:

E- mail :

2. (a) Gender : (✓)

MALE	FEMALE
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(b) Date of Birth (In DD/MM/YYYY format & as found in SSLC Mark Sheet)

3. (a) Religion: (✓)

HINDU	CHRISTIAN	MUSLIM	OTHERS
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(b) Community : (✓)

(c) Caste: _____ (d) Community Certificate Number: _____

4. (a) Aadhar Number: _____ (b) PAN Number : _____

5.(a) Examination Passed : Other Specify the Course Name :

Qualification & Code Numbers	HSC/ D.Pharm	MATRIC	CBSE	OTHERS	YEAR OF PASSING
	01	02	03	04	

(b) Marks Obtained in HSC / Equivalent

Si.no	Subject	Marks		Month & Year of Passing
		Obtained	Maximum	
1	Language			
2	English			
3	Physics			
4	Chemistry			
5	Biology/Maths/Botony			
6	Maths/Comp. Science/Zoology			
	Total Scored			

(b) Marks Obtained in D.Pharm / Equivalent (for Lateral Entry)

Sl.no	Subject	Marks		Year of Passing. Month & Year of Passing
		Obtained (T&P)	Maximum (T&P)	
1	Pharmaceutics-I			
2	Pharm. Chemistry-I			
3	Pharmacognosy			
4	Biochemistry & Clinical Pathology			
5	Human Anatomy & Physiology			
6	Health Education & Community Pharmacy			
7	Pharmaceutics-II			
8	Pharm. Chemistry-II			
9	Pharmacology & Toxicology			
10	Pharm. Jurisprudence			
11	Drug Store & Bussiness mgt.			
12	Hospital and Clinical Pharmacy			
	Total Scored			

6 Details of Studies:

S.NO	Qualification	Month and year of Passing	Register No.	Name of the School/College and Address

7.(a) Nationality : Indian Sri Lankan refugee Other Countries

(b) i) Nativity : Tamil Nadu District Name: _____

Town / Village: _____ Pin code : _____

ii) Other States (Mention Details): _____

8. Mother Tongue : Others Specify the Language : _____

9. Willing to join as : Hosteler / Day Scholar

If Day scholar : College Bus / Others Boarding Point: _____

DECLARATION OF THE APPLICANT

I,..... (Student Name) son /daughter of here by solemnly declare that the above information and statements given in the application, and the enclosure are true and correct. I assured and obey the rules and regulations of the institution. If any remarks comes under my name I will obey the order and decision made by the insitution

Date: _____

Place: _____

Signature of the Student