

Not Transferable

Application No.



PALLAVAN PHARMACY COLLEGE

(Recognised by Government of Tamil Nadu - G.O. M.S. No. 1333 Dated : 15.12.1992)

Approved by AICTE, New Delhi, PCI, New Delhi

Affiliated to the Tamil Nadu Dr. M.G.R. Medical University, Chennai.

KOLIVAKKAM, IYENGARKULAM Post - 631 502.

KANCHIPURAM Taluk & District. Tamilnadu, India. ☎: 044 - 27242161.

E-mail: pallavan1994@gmail.com Website: www.pallavanpharmacy.com

APPLICATION FORM FOR ADMISSION TO B. PHARMACY DEGREE COURSE 20 -20

1. Read all the instructions carefully before filling up the application form
2. Fill up the application form and the acknowledgement card.
3. Fill up the required certificate and get them signed by appropriate Officers.
No copies or originals of any kind should be attached to the application.
4. The candidate should ensure that correct marks are furnished by him / her in his / her application, He / She is informed that if after proper scrutiny of his / her marks it is found that the marks furnished by him/her in the application are not correct, then.
 - (i) He / She will forfeit the admission no matter at what stage of the course he/she will be in at that time.
 - (ii) He / She will be debarred from pursuing any course of study for a period of three years.
 - (iii) Legal action will be instituted against him/her for furnishing wrong marks.
5. Last date for receipt of application is

Space for affixing
Passport Size
Photograph duly
attested by
Grade 'A' or 'B' Officer
of the Central/State
Government

Marks out of 200
(Refer to Item 15)

Address for Communication

Pin Code No.

E.mail ID:

1. Name (in Block letters with initial at the end)
2. Sex
3. Date of Birth (Christian Era) Age as on
4. Community (ST/SC/MBC/BC/OC)
5. Mother Tongue
6. Name of the Parent/Guardian and Address with Phone No.
7. Occupation of the Parent /Guardian
8. Monthly Income of Parent / Guardian
9. Place of Birth

Village / Town / City

District

State

10. Are You a Citizen of India?

11. Extra curricular Activities (Originals must be produced at the time of Admission)
- a) Sports : i) Games in which proficient?
ii) Level of representation in each case (National / State / District)
- 1b) N.C.C.
c) Social Service
d) Others

12. Academic performance (Since IX Standard, X Standard and H.S.C.)

Sl. No.	Name of the School and Address	Class	Year of Passing
1.			
2.			
3.			
4.			
5.			

13. Qualifying Examination:

Reg. No.....Year of passing.....Name of the School / Polytechnic.....

Examination: Diploma / * PUC/HSC (Academic) ISC/HSC (Central School) / others

*Strike out which is not applicable

14. Medium of Instruction:

15. Marks obtained in the Qualifying Examination**

(i) PUC/HSC Equivalent

Note. (1) Supplementary P.U.C. Candidates should enter the marks secured in the attempt in which part III was passed in full.

Subjects	Marks Obtained	Maximum Marks	Percentage
Maths (M) or Biology			
Physics (P)			
Chemistry (C)			

Marks out of 200.....

%M or B + % of P + % of C put together

I fulfill following eligibility requirements:

Age: No. of appearance (a in the qualifying Examination /

Nativity:

Marks:

Signature of the applicant

Certificate of marks in qualifying examination (To be attested by Grade A/B Officer of the Central / State Government)

(a) Qualifying Examination:

Name of the School last studied with Address :

(b) University Board:

(c) Number of appearance (s)

(d) Reg. Number with month and year of appearance (s)

(i) First appearance

(ii) Second appearance

(iii) Third appearance

(Reg. No.)

Month

Year

PUC / HSC Equivalent

Part I Tamil or language :out of
Part II English :out of
Part III Maths :out of
Physics: :out of
Chemistry :out of
Biology :out of
Total :out of

D. PHARMACY

First Year Subjects

1. Health Education & Community Pharmacy	T :	out of.....
2. Human Anatomy & Physiology	T :	out of.....
3. Human Anatomy & Physiology	P :	out of.....
4. Pharmaceutics I	T :	out of.....
5. Pharmaceutics I	P :	out of.....
6. Pharmaceutical Chemistry I	T :	out of.....
7. Pharmaceutical Chemistry I	P :	out of.....
8. Pharmacognosy	T :	out of.....
9. Pharmacognosy	P :	out of.....
9. Biochemistry & Clinical Pathology	T :	out of.....
10. Biochemistry & Clinical Pathology	P :	out of.....
Total :	out of.....

Second Year Subjects

1. Pharmaceutics II	T :	out of.....
2. Pharmaceutics II	P :	out of.....
3. Pharmaceutical Chemistry II	T :	out of.....
4. Pharmaceutical Chemistry II	P :	out of.....
5. Pharmacognosy & Toxicology	T :	out of.....
6. Pharmacognosy & Toxicology	P :	out of.....
7. Pharmaceutical Jurisprudence	T :	out of.....
8. Drug Store & Business Management	T :	out of.....
9. Hospital & Clinical Pharmacy	T :	out of.....
10. Hospital & Clinical Pharmacy	P :	out of.....
Total :	out of.....

(g) Date of Birth _____ (as found in SSLC or its equivalent certificate) Certified that the above entries are the true extracts from the relevant original certificates of Thiru./ Selvi. _____.

Station :

Signature

Date :

Office Seal

Name and Designation

Certificate of Social Status

Certified that Thiru/Selvi Son/Daughter of Thiru.....

- (a) Belongs to..... Community, recognised by the Government as Backward Class / Most Backward Class / Scheduled Tribe / Scheduled Caste / Denotified Community (if he/she belongs to Denotified Community specify whether BC / MBC / SC / ST).
- (b) is a convert to from community which is treated by the Government as a Backward Class as per the G.O. Ms. No. 733. S.W. 16-9-75 & Government Memo No.661/ H.W. / VIII/77-1, dated 29-1 -77 and G.O. Ms. No. 2069, S.W. Dt 5-8-83.
- (c) is a convert tofrom the community recognised by the Government as Scheduled Tribe.

Station:

Signature

Date:

Office Seal

Name and Designation

NOTE:

1. The certificate of Social Status should be signed by an Officer of the Revenue Department not lower in rank than a Deputy Tahsildar or by the Block Development Officer cum Panchayat Union Commissioner in the Block concerned. All Officers of the IAS. and Officers of the Secretariat not lower in status than a Deputy Secretary to Government are competent to Sign the Certificate provided they have personal knowledge of the facts stated and make themselves fully responsible for the same. The Certificate shall bear the stamp of the office of the Officer signing the Certificate.
2. The Community certificate should have been issued by the competent authorities referred to above, after personal enquires and proper verification. The Community Certificate issued by the Special Tahsildars and Deputy Tahsildars. (Such as Loans, Land acquisition. Excise etc.,) will not be accepted.
3. Where a candidate claim to belongs to a community other than the one mentioned in the SSLC Book, there should be a through enquiry by the certifying authority before the certificate is issued and the certifying authority will be held personally responsible for the correctness of the certificate.
4. The community Certificate issued in the form other than the one in the Application will not be accepted certificate issued by any other Authority or on the basis of entries in SSLC TC or other School College records will not be accepted.
5. Strike off the alternatives which do not apply
6. In respect the candidates belonging to 'Konda Reddi' the certificate should be signed by the Revenue Divisional Officer of the Native District or place.
7. The Community Certificate issued by the special Deputy Collector, Asst. Commissioner of agri income tax Excise and similar officer equal in status of Revenue Divisional Officer will not be accepted, in place of a community Certificate to be issued by the Revenue Divisional Officer, stipulated under (6) above.
8. All the original certificates should be submitted at the time of admission.

JOINT DECLARATION BY THE APPLICANT AND PARENT

The information furnished above are true and correct to the best of our knowledge. The original certificates will be produced at the time of admission or on demand. In case any information furnished above is a found to be incorrect we agree to forego any claim for admission/or found to be false at later date on verification. I/my/son/daughter will forfeit the admission / seat. No matter at what stage of course / class I/my/son/daughter will be at that time.

Signature of the Applicant

Station :

Date :

Signature of the Parent/Guardian