

# PERIYAR COLLEGE OF PHARMACEUTICAL SCIENCES

Periyar Centenary Educational Complex  
Tiruchirappalli - 620 021



Approved by Pharmacy Council of India, New Delhi  
Affiliated to The Tamilnadu Dr. M.G.R. Medical University, Chennai  
Approved by Govt. of Tamil Nadu G.O.(MS).No.560, dt.16.03.1982



**NIRF – MHRD, Govt. of India Ranked Institution - 2016**

## APPLICATION FOR BACHELOR OF PHARMACY (B.PHARM) [FOUR YEARS]

Application No:

**Affix recent  
attested  
Passport size  
photo  
35mm x 55mm**

1. Name of the Applicant  
(In Block Letters) :
2. Date of Birth :
3. Gender : Male / Female / Trans
4. Nationality :
5. Father's /Guardian's Name  
& Occupation :
6. Mother's Name  
& Occupation :
7. Mother Tongue :
8. Community (Specify Caste) : OC / BC / BCM / MBC / DNC / SC / SCA / ST
9. Blood Group :
10. Permanent Address with Pincode :
11. Contact Telephone & Mobile No. :

**An ISO 9001: 2015 Certified Institution**

**12. Qualification: H.Sc. (State Board / CBSE)**

Physics out of 100	Chemistry out of 100	Mathematics out of 100	Biology / Comp. Science out of 100	Botany out of 100	Zoology out of 100	% of Marks in Part III

**Qualification: Diploma in Pharmacy**

Course of Study	Register Number	College where Studied	Marks Obtained	Percentage of Marks
First Year			/1100	
Second Year			/1000	

**13. Extra Curricular Activities : (Give details, if any)**

- a. Sports :
- b. Games :
- c. N.S.S. :
- d. N.C.C. :
- e. Others. :

**14 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).**

**DECLARATION**

I/We do hereby declare that the particulars given above are true and correct to the best of my/our knowledge and that I/We shall render ourselves liable for any action to be taken, if the statement is found to be incorrect / false. I shall abide by the rules and regulations of the college.

I/We understand that fees once paid to the college will not be refunded. We undertake that I/We will not claim refund of fees in the event of voluntary discontinuation of my ward from the college.

Date : \_\_\_\_\_ Signature of the Applicant

Place : \_\_\_\_\_ Name & Signature of the Parent / Guardian

**Office Use**

Admission No. : \_\_\_\_\_  
Date of Admission : \_\_\_\_\_ Signature of the Principal

**Enclosures:** Attested copies of

- (i) H. Sc. Mark Statement
- (ii) H. Sc. Transfer Certificate
- (iii) Birth Certificate
- (iv) Aadhar Card
- (v) Community Certificate
- (vi) Physical Fitness Certificate (Original)
- (vii) Name of the Bank & Branch
- DD No. Date & Amount

**Note:** Application filled in all aspects should be sent to the Principal enclosing photocopies of the required documents attested by a Gazetted Officer alongwith a **Demand Draft for Rs. 1,000/-** drawn in favour of "Periyar College of Pharmaceutical Sciences", Trichy - 21 payable at Tiruchirappalli.