

PERIYAR COLLEGE OF PHARMACEUTICAL SCIENCES

Periyar Centenary Educational Complex
Tiruchirappalli - 620 021



Approved by Govt. of Tamil Nadu G.O.(MS).No.560, dt.16.03.1982

Directorate of Medical Education, Chennai
Pharmacy Council of India, New Delhi



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

APPLICATION FOR DIPLOMA IN PHARMACY (D.PHARM) [TWO 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

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. 500/-** drawn in favour of “Periyar College of Pharmaceutical Sciences”, Trichy - 21 payable at Tiruchirappalli.