

PERIYAR COLLEGE OF PHARMACEUTICAL SCIENCES

Periyar Centenary Educational Complex
Tiruchirappalli - 620 021



Approved by Pharmacy Council of India, New Delhi
All India Council for Technical Education, 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

New Logo

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

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

Application No:

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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 200	Chemistry out of 200	Mathematics out of 200	Biology / Comp. Science out of 200	Botany out of 200	Zoology out of 200	% 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 “The Correspondent, Periyar College of Pharmaceutical Sciences”, Trichy - 21 payable at Tiruchirappalli.