

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 MASTER OF PHARMACY (M.PHARM) [TWO YEARS]

Application No:

**Affix recent
attested
passport size
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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. Details of Educational Qualification (Plus Two onwards)
(Attach Xerox copies of Mark Statement)

Course	Period of Study	School/ College	Board/ University	Register Number	Month & Year of Passing	% of Marks

a. Have you passed B.PHARM or the equivalent examination in one attempt: YES/NO

b. Have you qualified in any National level examinations like GATE/NET/GPAT : YES/NO
(If yes, give details)

13. M.Pharm Specialization Sought: 1.
(in order of preference)
(Refer Prospectus for details) 2.
3.

14. Extra Curricular Activities
(Give details if any)

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) B.Pharm.Degree/Provisional Certificate (ii) UG Transfer Certificate

(iii) Degree Mark Statements (iv) PCI Registration Certificate

(v) Birth Certificate (vi) Aadhar Card

vii) Community Certificate (viii) Physical Fitness Certificate (Original)

(ix) 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. 1,500/-** drawn in favour of "Periyar College of Pharmaceutical Sciences", Trichy - 21 payable at Tiruchirappalli.