



SJM College of Pharmacy

SJM Campus, NH-4 Bye pass, Chitradurga – 577502, Karnataka, India

Date: _____

Application No: _____

Stamp Size
Photograph

Application for the course of D. Pharm B.Pharm

Pharm D Pharm D Post Baccalaureate M.Pharm in _____

Candidate Name : _____

Date and Place of Birth: _____ Sex : M F

Nationality: _____ Caste: _____

Father's Name: _____

Mother's Name: _____

Address for communication: _____

_____ State _____ Pin _____

Parent's Email: _____ Parent's contact no: _____

Candidate's Email: _____ Candidate's contact no: _____

Academic Profile of Candidate:

Class	Name and Address of Institution	Board/University	Percentage
XII th /PUC			PCM/PCB/PCMB:
B.Pharm			Aggregate:

Parent's Signature

Candidate's Signature

For Office Use Only

Herewith Mr./Ms. _____ has been admitted

to the course of _____ and has paid a fee of Rs. _____ in

the form Cash/D.D/Cheque bearing Receipt/DD/Cheque No.: _____.

Signature of the principal with seal

Check list:

1. 10th Standard original Marks Card
2. 12th Standard Original Marks Card
3. Original Transfer Certificate
4. Original Migration Certificate
5. Original Character and Conduct Certificate.
6. 10 Color passport size photo embossed with candidate name.
7. DD in favor of Principal SJM College of Pharmacy, Payable at Chitradurga.
8. Date of Birth Certificate issued from College.
9. 6 sets Xerox copies of above documents.
10. Citizenship certificate in case of international students.
11. Date of Birth conversion (from nepali calendar to English calendar) certificate
(for students from Nepal)
12. Original Marksheets of B.Pharm of all four years and Industrial Training Certificate
(In case of admission to M.Pharm and Pharm D Post Baccalaureate)
13. Xerox copy of State Pharmacy Council Registration Certificate
(In case of admission to M.Pharm and Pharm D Post Baccalaureate)
14. Xerox copy of aadhar card of parents and candidates
15. Xerox copy of parents PAN Card
16. Antiragging affidavit copy by student and Parent