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EZHUTHACHAN COLLEGE OF PHARMACEUTICAL SCIENCES

Affiliated to the Kerala University of Health Sciences and approved by the All India Council for Technical Education and Pharmacy Council of India

Marayamuttom, Neyyattinkara, Thiruvananthapuram - 695 124.
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Application for Admission to the Two Year Master of Pharmacy Course (M. Pharm)

Application Form No.

Specialization in:

Affix passport size
photograph here

Name (in BLOCK LETTERS)

Address for
Communication

Tel No:

Permanent Address

Tel No:

Mob:

Date of Birth

Age:

Sex Male Female Marital status: Nationality:

Religion & Caste:

Place of Birth:

Parent / Guardian Information

	Father	Mother	Guardian/Local Guardian
Name			
Occupation			
Address (Use Pin code)			
Contact Numbers	Tel. No.	Tel. No.	Tel. No.
	Mob. No.	Mob. No.	Mob. No.
Annual Income			

Details of B. Pharm Examination Passed

(a) Details of the institution where the applicant studied

Name of University					
College					
Approval status of the College	By AICTE		By PCI		Month & Year of Passing
	Yes	No	Yes	No	

(b) Marks obtained*

Year	Max. marks	Marks secured	% of marks	Reg. no. & year of passing	Number of appearance	Class/Grade
I B. Pharm						
II B. Pharm						
III B. Pharm						
IV B. Pharm						
Total						

(c) GPAT details**

GPAT Score		Rank		Reg. no & year	
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(d) Pharmacy Council Registration number with date and name of state

Reg. no.		Date		State	
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*Self attested copies of mark lists of all year and provisional/original certificates should be attached.

**GPAT admit card and score sheet should be submitted.

Other Information

Name and address of the College/University last attended	
Whether the candidate was a member of Sports / NCC / NSS / Others (Enclose copy of certificates)	
Whether the applicant belongs to SC / ST / OBC / OEC If yes, attach attested copy of relevant pages of SSLC to prove community / certificate from the relevant authority	

Declaration by the Applicant

I, _____ Son / Daughter of _____ hereby declare that the information furnished by me are true to the best of my knowledge and belief. If any information is proven to be wrong, I hereby agree to abide by any action taken by the college including expulsion from the college.

_____ Place

_____ Date

_____ Signature of Applicant

Declaration by the Parent / Guardian

I, _____ residing at _____ Father / Mother / Guardian of _____ hereby solemnly affirm and declare that I am fully aware of the declaration made by the applicant, my son / daughter / ward and take full responsibility for the statements made by him / her. The other statements and the information given are true, correct and complete to the best of my knowledge.

_____ Place

_____ Date

_____ Signature of Parent / Guardian

Enclosure: attested copies of:-

- Certificate and Mark list of the Qualifying Examination ■ GPAT Proof, if applicable ■ SSLC Certificate in proof of age
- Caste and Community Certificate ■ Course and conduct certificate from the Institution last attended
- Transfer Certificate (in case not enclosed should be produced at the time of Admission) ■ Candidates who had passed their B. Pharm course from universities outside Kerala must attach the Equivalency/Eligibility Certificate ■ Physical and Medical fitness certificate ■ Migration certificate, if applicable ■ Any other relevant certificate in proof of any claim made in the Application.

Certificate from the Head of the Institution last attended by the student

Shri./Kumari _____ was a student of this Institution for the _____ course during _____ and he / she had successfully completed the course. He / She is declared to have passed the Plus 2 / HSC / PDC / _____ exam conducted in _____ year.

His / Her conduct and character are _____

Date _____
Place _____

Signature of Head of Institution



For Office Use Only

The Candidate _____ is provisionally admitted to the B. Pharm Course under the category mentioned below:

MERIT QUOTA

MANAGEMENT QUOTA

NRI QUOTA

If Merit Quota,
the Rank No.

Date of Admission _____
Admission No. _____

Signature of Principal

