

DECLARATION OF PARENT'S / GUARDIAN'S

I have read all the rules and regulations of this institution and I confirm that above mentioned information true and best of my Knowledge. I Know that if any mistakes found by your intutions it will be effect for application rejection.

I can confirm that I have parental responsibility.

Date: _____ Signature of the Mother _____ Signature of the Father _____ Signature of the Guardian's Name: _____

CERTIFICATE VERIFICATION (FOR OFFICE USE ONLY)

| | | | |
|-------------------------|----------------------------------|------------------|-----------------|
| ALLOTMENT ORDER | Original / Xerox | | CERTIFICATE No. |
| TRANSFER CERTIFICATE | Original / Xerox | 1. SSLC Mark | |
| SSLC MARK SHEET | Computer Copy / Original / Xerox | 2. HSC / D.Pharm | |
| HSC MARK SHEET | Computer Copy / Original / Xerox | 3. TC | |
| D. PHARM. MARK SHEET | Original / Xerox | 4. Community | |
| COMMUNITY CERTIFICATE | Original / Xerox | 5. Income | |
| INCOME CERTIFICATE | Original / Xerox | | |
| STUDY CERTIFICATE | Original / Xerox | | |
| PASSPORT SIZE PHOTO | 15 NO'S | | |
| STAMP SIZE PHOTO | 5 NO'S | | |
| SELF ADDRESSED ENVELOPE | } 25 NO'S | | |
| AFFIX 5 RUPEES STAMP | | | |

(All certificate's Xerox of 2 sets enclosed with this Application)

Seal With Date _____ Verification Officer Signature With Name _____

FOR ADMISSION OFFICE USE

| | | | | | | | | |
|----------|---|----|-----|----|---|----|-----|------|
| SEMESTER | I | II | III | IV | V | VI | VII | VIII |
| FEE | | | | | | | | |

Seal With Date _____ Admission Officer Signature With Name _____

FOR ADMISSION APPROVAL PURPOSE

| | |
|-----------|---------------|
| PRINCIPAL | CORRESPONDENT |
| PLACE : | DATE: |



Dr. KALAM COLLEGE OF PHARMACY

(Run By Unity Educational & Charitable Trust)

Periyarayagipuram Village - Avanam Post - Peravurani Taluk - Thanjavur District - 614 623

www.drkalaminstitutions.com / e-mail: drkalampharmacycollege@gmail.com

Ph : 04373 292733 / 292755

APPLICATION FORM

FOR OFFICE USE ONLY

Application No. _____

YEAR OF ADMISSION : _____

Applicant Name : _____

Contact Number (s) : _____

Roll Number (Given By Office) : _____

Date Of Admission : _____

Course (✓) :

| | |
|----------|----------|
| B. Pharm | D. Pharm |
|----------|----------|

Course Type (✓) :

| | | |
|---------|---------|----------|
| REGULAR | LATERAL | TRANSFER |
|---------|---------|----------|

Reference : _____

Affix the Passport size Photo here

TO BE FILLED BY APPLICANT (in BLOCK LETTERS)

1. (a) Name of the Student Applicant (As per SSC Marks Sheet) : _____

(b) Details of the Parent : _____

1. Father's Name : _____

Mobile Number : _____

Occupation : _____

2. Mother's Name : _____

Mobuile Number : _____

Occupation : _____

(c) Name of the Guardian (if any) : _____

Mobuile Number : _____

Occupation : _____

(d) 1. Present Address :

.....

.....

.....

.....Pin Code:

2. Permanent Address :

.....

.....

.....

.....Pin Code:

E- mail :

2. (a) Gender : (✓)

| | |
|------|--------|
| MALE | FEMALE |
|------|--------|

(b) Date of Birth (In DD/MM/YYYY format & as found in SSLC Mark Sheet)

3. (a) Religion: (✓)

| | | | |
|-------|-----------|--------|--------|
| HINDU | CHRISTIAN | MUSLIM | OTHERS |
|-------|-----------|--------|--------|

(b) Community : (✓)

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

(c) Caste: _____ (d) Community Certificate Number: _____

4. (a) Aadhar Number: _____ (b) PAN Number : _____

5. (a) Examination Passed : _____ Other Specify the Course Name : _____

| Qualification & Code Numbers | HSC/ D.Pharm | MATRIC | CBSE | OTHERS | YEAR OF PASSING |
|------------------------------|--------------|--------|------|--------|-----------------|
| | 01 | 02 | 03 | 04 | |

(b) Marks Obtained in HSC / Equivalent

| Si.no | Subject | Marks | | Month & Year of Passing |
|-------|-----------------------------|----------|---------|-------------------------|
| | | Obtained | Maximum | |
| 1 | Language | | | |
| 2 | English | | | |
| 3 | Physics | | | |
| 4 | Chemistry | | | |
| 5 | Biology/Maths/Botony | | | |
| 6 | Maths/Comp. Science/Zoology | | | |
| | Total Scored | | | |

(b) Marks Obtained in D.Pharm / Equivalent (for Lateral Entry)

| Sl.no | Subject | Marks | | Year of Passing. Month & Year of Passing |
|-------|---------------------------------------|----------------|---------------|--|
| | | Obtained (T&P) | Maximum (T&P) | |
| 1 | Pharmaceutics-I | | | |
| 2 | Pharm. Chemistry-I | | | |
| 3 | Pharmacognosy | | | |
| 4 | Biochemistry & Clinical Pathology | | | |
| 5 | Human Anatomy & Physiology | | | |
| 6 | Health Education & Community Pharmacy | | | |
| 7 | Pharmaceutics-II | | | |
| 8 | Pharm. Chemistry-II | | | |
| 9 | Pharmacology & Toxicology | | | |
| 10 | Pharm. Jurisprudence | | | |
| 11 | Drug Store & Bussiness mgt. | | | |
| 12 | Hospital and Clinical Pharmacy | | | |
| | Total Scored | | | |

6 Details of Studies:

| S.NO | Qualification | Month and year of Passing | Register No. | Name of the School/College and Address |
|------|---------------|---------------------------|--------------|--|
| | | | | |

7.(a) Nationality : Indian Sri Lankan refugee Other Countries

(b) i) Nativity : Tamil Nadu District Name: _____

Town / Village: _____ Pin code : _____

ii) Other States (Mention Details): _____

8. Mother Tongue : _____ Others Specify the Language : _____

9. Willing to join as : Hosteler / Day Scholar

If Day scholar : College Bus / Others _____ Boarding Point: _____

DECLARATION OF THE APPLICANT

I,..... (Student Name) son /daughter of

here by solemnly declare that the above information and statements given in the application, and the enclosure are true and correct. I assured and obey the rules and regulations of the institution.

If any remarks comes under my name I will obey the order and decision made by the insitution

Date: _____

Place: _____

Signature of the Student