



DD No	Name of Bank	Date	Amount

A.R No:

(To be assigned by the Selection Committee Office)

**ADMISSION TO DIPLOMA IN PHARMACY COURSE 2017-2018 SESSION
APPLICATION FORM**

1. +2 Examination Register Number :

REGISTER NUMBER									

YEAR		

MONTH	

 1 (a) +2 Examination Roll Number :

ROLL NUMBER									

YEAR		

MONTH	

 Year and Month

2. Name in Block Letters (Initial at the end) :

3. Address for Communication :

 PIN CODE Phone No :

SPACE FOR
PHOTOGRAPH WITH
NAME AND DATE
(TO BE ATTESTED
BY GRADE A / B
OFFICERS OF
CENTRAL / STATE
GOVERNMENTS)

4. Name of Parent / Guardian 5. Sex : (Encircle a code)

6. Nationality : (Encircle a code)

INDIAN	OTHERS
1	2

MALE	FEMALE	TRANSGENDER
1	2	3

7. Nativity : (Encircle a code) 7 a. Details of Education: (Encircle a code whichever is applicable)

TN	OTHERS
1	2

Studied from VIII Std to + 2 in Tamil Nadu	Studied from VIII Std to + 2 in Other State
1	2

8. School(s) of study (Evidence to be produced from the schools studied):

STANDARD STUDIED	NAME & ADDRESS OF SCHOOL WITH NAME OF STATE & PINCODE
VIII STD	
IX STD	
X STD	
XI & XII STD/ EQUIVALENT	

9. Date of Birth :

DATE	MONTH	YEAR

10. Community (Encircle a code)

OC	BC	BCM	MBC/DC	SC	SCA	ST
1	2	2A	3	4	4A	5

11. Caste Code : Refer List of Communities (For 'OC' use code 500)

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12 . Name of the Caste :

13. Qualifying Examination : (Encircle a code) 13 a. Particulars of passing the Qualifying Examination:

HSE	SSCE/ CBSE	ISCE	OTHERS
1	2	3	4

	1 st Attempt	2 nd Attempt	3 rd Attempt
REG NO			
MONTH & YEAR			

14. Religion :

15. Marks obtained in subjects in the Qualifying Examination:

SUBJECT	MARKS OBTAINED	MAXIMUM MARKS	AGGREGATE OF MARKS OBTAINED	MONTH & YEAR OF PASSING
PHYSICS (A)			Y= A + B	
CHEMISTRY (B)				
MATHEMATICS (W)			W	
BIOLOGY (X)			X	
BOTANY (C)			Z= C + D	
ZOOLOGY (D)				
TOTAL MARKS (X+Y) OR (Z+Y) OR (W+Y)				

WEIGHTED TOTAL MARKS OBTAINED = $\frac{(X+Y) \text{ OR } (Z+Y) \text{ OR } (W+Y)}{\text{Maximum total marks in subjects for calculation}} \times 100$
 FOR A MAXIMUM OF 100

		●		
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16. a. Are you applying Special Category

b. If Yes specify the Special Category

YES	NO

Special Category

17. Medium of Instruction : (Encircle a code)

English	Tamil	Others
1	2	3

18. Mother Tongue :

19. District Code (as given in the Prospectus)

Native District	District In Which Studied School

20. Declaration By The Candidate:

I..... Daughter/ Ward ofhereby solemnly declare that the information furnished and the statements given in the application and the enclosures are true, correct and complete. I further declare that if found otherwise, I will be liable to forfeit my seat and/ or to be removed from the rolls of the Institution at whatever stage of study I may be, besides making me liable for criminal prosecution.

Signature of Parent / Guardian
 Date & Place :

Signature of Candidate

Note : The guardian can execute the above declaration only if both parents are not alive

SCRUTINY FORM

1. Details of Qualifying Exam

Registration Number

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Passing Month

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 Passing Year

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INSTRUCTIONS TO FILL UP SCRUTINY FORM

1. To be filled by the candidates as per the entries made in the application form and returned
2. Use only Blue color Ball Point Pen for ticking and writing
3. Put Tick mark(✓) in the correct Gray color boxes
4. Write inside the white box, wherever writing is required

2. Name (In BLOCK LETTERS)

3. Address

	Pincode :								
Mobile :									

Paste here firmly your recent Photograph
4cm x 5 cm

5. Sex

1. M	2. F
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6. Nationality

1. Indian	2. Others
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7. Nativity

1. TN	2. Others
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7a. Details of Education

1	2
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9. Date of Birth

		/			/				
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10. Community

1. OC	2. BC	2A. BCM	3. MBC
4. SC	4A. SCA	5. ST	

11. Caste Code

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13. Qualifying Examination

1. HSC	2. SSCE/ CBSE	3. ISCE	4. OTHERS
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13a. Passed all the Subjects of the Qualifying Examination in Attempt No.

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14. Religion

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15. Marks in Subjects

Subject	Maximum Marks	Marks Obtained

16. Special Category

1. Yes	2. No
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If Yes?

- | |
|-------------------------------|
| 1. Children of Ex- Servicemen |
| 2. Physically Disabled |

17. Medium of Instruction

1. English	2. Tamil	3. Others
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18. Mother Tongue

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19. District Code

Native District	School District

I sincerely affirm that the information furnished above are true.

Station :

Date :

Signature of the Candidate with in the box

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APPLICATION FORM FOR DIPLOMA IN PHARMACY COURSE 2017-2018 SESSION

(TICK THE RELEVANT COLUMN)

+2 Examination Registration Number

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Year of Passing +2 Exam

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COMMUNITY

OC	BC	BCM	MBC/DNC	SC	SCA	ST

SPECIAL CATEGORY

YES	NO
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If Special Yes		
Code No.	1	2

Form No.

From: (Candidate's Mailing Address)

.....

.....

.....

.....

PINCODE

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Phone/Mobile

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TO

**The Secretary
Selection Committee,
No.162, Periyar E.V.R. High Road,
Kilpauk, Chennai-600 010**