ADMISSION TO
M.PHARM COURSE
2012 - 2013 SESSION
SCRUTINY FORM

AR No

For Office Use only

Instructions to fill up scrutiny form

1. To be filled by the candidates as per the entries made in the Application form.

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 isrequired.

Pharmacy Council Reg. No

First appearance of the Final Year B.Pharm Exam
Registration Number   Year

1.Name :

3.Date of Birth   /   /   4. Sex : | 1.M | 2.F

7a. Community

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

5a. Nationality | 1.Indian | 2.Others
5b. Nativity : | 1.TN | 2.Others

7b.Caste Code

8a. +2 studied at | 1.TN | 2.Others

8b. B.Pharm studied at | 1.TN | 2.Others

10. Date of Passing of B.Pharm   /   /

11.Total No. of completed years after Passing B.Pharm as on 30.04.2012 (Weightage restricted to a maximum of 10)

12a. Total Marks in Final Year / Semester in B.Pharm
Maximum Marks   Marks Obtained   Attempts

12b. Grand Total of All Semester / Years
Maximum Marks   Marks Obtained

13. Are you undergoing any PG Degree course at the time of applying | 1.Yes | 2.No

14a. Whether completed   PG Degree Course | 1.Yes | 2.No

14b. Whether discontinued PG Degree Course | 1.Yes | 2.No

14c. If yes mention the date of dicontinuation   /   /

15a. Service Particulars | 1. TN Govt. Service | 2.Non Service

If TN Govt. Service candidate, Fill in the box below.

| 15b.If Service Candidate | 15d. If working in TN State Govt Service whether working under |
| 1. State Govt | 2. Local Bodies | 1.DMS | 2.DPH | 3.DME | 4.Others |

15c. Date of Entry into Govt. Service   /   /

15e. No. of completed Years of Service as on 30.04.2012 in **Hilly Areas**

Space for Photograph with Name & Date

16. Are you applying under Special Category(PH) | 1.Yes | 2.No

I sincerely affirm that the information furnished above are true.

Candidate's Signature

2a & 2b. Address:

Name :

Pincode :

Mobile :

₹ **1000/- DD Details of**

DD No.

DD Date

Bank Name & Branch

Community of the Candidate