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**APPLICATION FORM FOR  
M.PHARM COURSE  
2012 – 2013 SESSION**

(TICK ✓ THE RELEVANT COLUMN)

<b>GENDER</b>	<b>MALE</b>	<b>FEMALE</b>

<b>SERVICE PARTICULARS</b>	<b>TN. Govt. SERVICE</b>	<b>NON SERVICE</b>

<b>COMMUNITY</b>	<b>OC</b>	<b>BC</b>	<b>BCM</b>	<b>MBC/ DNC</b>	<b>SC</b>	<b>SCA</b>	<b>ST</b>

<b>PHYSICALLY DISABLED</b>	<b>YES</b>	<b>NO</b>

<b>B.Pharm Studied at</b> .....
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**From :**  
(Candidate's Mailing Address)

**Name :**.....  
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.....  
**Pincode :**.....  
**Phone/Mobile :** .....

<b>To.</b> <b>The Secretary,</b> <b>Selection Committee,</b> <b>Directorate of Medical Education,</b> <b>No. 162, Periyar E.V.R. High Road,</b> <b>Kilpauk, Chennai – 600 010</b>
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