

K. K. COLLEGE OF PHARMACY

1/161, Sankaralinganar Road, Gerugambakkam, Chennai – 600128 (Affiliated to The TN Dr MGR Medical University, Approved by AICTE & PCI, New Delhi) Website : www.kkcp.ac.in Phone : 044-23821272

Application for B. Pharmacy

Application No	Date													
1. Name of the Applicant(in Block letters)														
Sex	Ν	Iale /	Fema	ale										
2. Father Name														
3. Mother Name														
4. Student Contact No						_ M	[ail]	d: _			 	 	_	
5. Parent / Guardian Contact No														
6. Blood Group		+Ve/-	Ve											
7. Date of birth	/	_/												
8. Nationality							_							
9. Religion							_							
10. Community														
(Attach Photocopies of the certificate	s)													
11. Occupation of the Parent								_						
12. Annual Income								_						
13. Communication Address														
14. Permanent Address														
				+						-				
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15. Name of the Institute/ Board last studied _____

Details of Qualified Exams (Attach Photocopies of mark sheets)

Name of the Institution/ Board/University	Register Number	Subjects	Marks obtained

Class to which seeking admission

I. B.Pharm (or) II. B.Pharm – Lateral Entry

The particulars furnished by the candidate are true to the best of my knowledge. I shall be Responsible for the conduct of my ward during the period of course of study. I will accept the decision of principal in all matters of my ward as final.

Signature of	f the applicant	:	Signature of the parent/ Guardian	:
Place	:			
Date	:			

Documents to be submitted (3 set of photo copies to be attached)

SSLC/Diploma Mark sheets	HSC Mark sheets	Transfer certificate
Community certificate	Proof of date of birth	Eligibility certificate
Migration certificate	Passport copy	Passport size photos

-----FOR OFFICE USE ONLY------

Admitted to	E.C.No
Dated	PCI Reg. No
Remarks	Mig. Cert. No
Receipt no	Fees

Administrative In-charge

Principal