



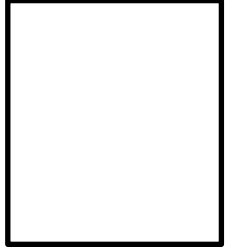
K. K. COLLEGE OF PHARMACY

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 M. Pharmacy

Application No. _____

Date _____

1. Name of the Applicant(in Block letters)

Sex

Male / Female

2. Father Name

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3. Mother Name

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4. Student Contact No

_____ Mail Id: _____

5. Parent / Guardian Contact No

6. Blood Group

_____+Ve/-Ve

7. Date of birth

___/___/___

8. Nationality

9. Religion

10. Community

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(Attach Photocopies of the certificates)

11. Occupation of the Parent

12. Annual Income

13. Communication Address

14. Permanent Address

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. M.Pharm in

A) PHARMACEUTICS

B) PHARMACOLOGY

C) PHARMA ANALYSIS

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 the applicant : _____ Signature of the parent/ Guardian : _____

Place : _____

Date : _____

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

B.Pharm Certificate

Marks cards of HSC

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