



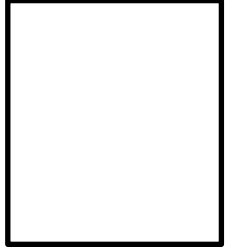
K. K. COLLEGE OF PHARMACY

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 form for Pharm.D

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.Pharm.D

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)

SSLC Mark sheets	Marks Sheet 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