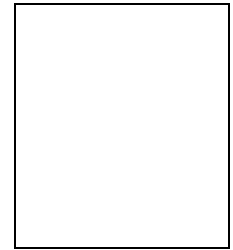




# K. K. COLLEGE OF PHARMACY

1/161, Sankaralinganar Road, Gerugambakkam,  
Chennai – 600122

(Affiliated to The TN Dr MGR Medical University, Approved by AICTE & PCI, New Delhi)  
Web: www.kkcp.ac.in / Phone: 044-32546162, 23821272, Fax : 044-23821272



## Application for B. Pharmacy

Application no \_\_\_\_\_

Date \_\_\_\_\_

Name of the Applicant (in Block letters)

Sex M  F

Blood group

Date of Birth

Nationality

Religion

Community 



  
(Attach Photocopies of the certificates)

Name of the parent / Guardian

Occupation of the Parent 



  
Annual income

Address for communication

Permanent address

Name of the Institute last studied / Board

Examination passed (Attach Photocopies of mark sheets)			
Name of the Institution/Board/ University	Reg. No	Subjects	% Marks obtained

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

Marks cards of SSLC     Passport size photo     Proof of date of birth   
Transfer certificate     Eligibility certificate     Community certificate   
Migration certificate     Passport     PCI Registration certificate

Class to which seeking admission  I. B Pharm  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 the applicant : \_\_\_\_\_ Signature of the parent/ Guardian : \_\_\_\_\_

Place : \_\_\_\_\_

Date : \_\_\_\_\_

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

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

Administrative In-charge

Principal