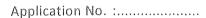
Extra Curricular activities

(Xerox copies of the Certificate to be enclosed)



Others

N.S.S.



S.A. RAJA PHARMACY COLLEGE

RAJA NAGAR, VADAKKANGULAM - 627 116.

TIRUNELVELI DISTRICT.

APPLICATION FORM FOR B. PHARMACY COURSE 20 - 20

			nade by the applicant in his / her own			
2. Bej	fore filling the appli	cation form the car	ndidate is advised to carefully read th	ne prospectus		
Name (Block letters	:		Initial	Colour		
Address				Photo		
Pin code			Phone with STD code/ Mobile			
Date of Birth	:	Y	Sex: M F Age: on	July 1st		
Place of Birth):	District :	State:			
Community	:F.C.	B.C.	M.B.C. S.C.	S.T.		
Religion	:	Nationality:	Mother Tongue:			
Name of the F	Parent / Guardian M	r./Mrs. :				
Occupation	·		Income P.M. Rs			
Official Address	:					
	Dist.:	State:	Pin:Tel			
Qualifying Examination:						
	H.S.C.	P.D.C.	D. Pharmacy	Any other		
Reg. No.	:		Year of Passing:			
Name of th	neSchool / Institution		Place:			
Name of th	ne University / Board					

N.C.C.

Sports

ACADEMIC PERFORMANCE : MARKS OF HSC / D. PHARMACY

SI.No.	SUBJECT STUDIED	MARKS OBTAINED	%
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	280	0.811	0.8
	Total	A Distriction of the Company of the	
el accomi	modation required : Yes N	0	
: Attested	I copies of (a) Certificate / Marks list (b) T.C.	(c) Conduct (d) Age Proof	
	Declaration by the	Applicant	
I		(Name	e in full) Son / Dauç
n in the on	pplication and the enclosures are true, correct	that the information furrect and complete. I furthe	nished and the state or declare that shou
d otherwis	se. I will be liable to forfeit my seat and or rer I may be besides making me liable for crim	moved form the rolls of t	the institution at w
	(Apr.)	nemm	Signature of the A
on :			
		Signatu	re of the Parent/G