



S.A. RAJA PHARMACY COLLEGE

RAJA NAGAR, VADAKKANGULAM - 627 116.
TIRUNELVELI DISTRICT,

APPLICATION FORM FOR DIPLOMA IN PHARMACY COURSE 20 - 20

- The entries in the application should be made by the applicant in his / her own handwriting
- Before filling the application form the candidate is advised to carefully read the prospectus

Name : <input type="text"/>	Initial <input type="text"/>	Colour Photo
(Block letters)		
Address : <input type="text"/>		
<input type="text"/>		
<input type="text"/>	<input type="text"/>	
Pin	Phone with STD Code	
Date of Birth : <input type="text"/> <input type="text"/> <input type="text"/>	Sex : <input type="checkbox"/> M <input type="checkbox"/> F	Age <input type="text"/> <input type="text"/> on July 1 st
D	M	Y

Place of Birth : District : State :

Community : F.C. B.C. M.B.C. S.C. S.T.

Religion : Nationality : Mother Tongue :

Name of the Parent / Guardian Mr./Mrs. :

Occupation :

Address for Communication :

Dist : State : Pin : Tel. :

Qualifying Examination

S.S.L.C. H.S.C. Any other

Reg. No : Year of Passing :

Name of the Institution : Place :

Extra Curricular activities Sports N.C.C. N.S.S. Others
(Xerox copies of the Certificate to be enclosed).

11. School / College in which last studied :

12. Statement of Marks (Attested copies) :

JOINT DECLARATION

I Hereby declare that the Informations furnished above are true to the best of our Knowledge and belief.

Place :

Signature of the Parent / Guardian

Date :

Signature of the Candidate