

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 D. Pharmacy

Application no									Ι	Date _.	 		
Name of the Applicant (in Block letters)													
Sex	M	F	7										
Blood group													
Date of Birth	D I	M M		Y	Y	Y	Y						
Nationality													
Religion													
Community (Attach Photocopies of the certific Name of the parent / Guardian	cates)]	
Occupation of the Parent Annual income													
Address for communication													
Permanent address] - - -		
Name of the Institute last studied / Board													

Examination passed (Attach Photocop	pies of mark		
sheets)			
Name of the Institution/Board/ University	Reg. No	Subjects	% Marks obtained
Documents to be submitted (3 sets of Marks cards of SSLC Pa	photo copies		Proof of date of birth
Transfer certificate Eli	gibility certifi	cate	Community certificate Marks cards of HSC
Class to which seeking admission The particulars furnished by the or responsible for the conduct of my decision of principal in all matters of	candidate are	the period of course	•
Signature of the applicant : Place : Date :		Signature of the par	ent/ Guardian :
	FOR OI	FFICE USE ONLY	
Admitted to		E.C.No	
Dated		PCI Reg. No	
Remarks		Mig. Cert. No	
Receipt no		_ Fees	
Administrative In-charge			Principal