

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 M. Pharmacy

Application no		Date
Name of the Applicant (in Block letters)		
Sex	M	
Blood group		
Date of Birth	DD MM YYYY	
Nationality		
Religion		
Community (Attach Photocopies of the certification Name of the parent / Guardian	icates)	
Occupation of the Parent Annual income		
Address for communication		
Permanent address		
Name of the Institute last studied / Board		

Examination passed (Attach Photoco	pies of mark		
sheets)			
Name of the Institution/Board/	Reg. No	Subjects	% Marks obtained
University			
_			
Documents to be submitted (3 sets of	f photo copies	s to be attached)	
	assport size ph	·	of of date of birth
Transfer certificate El	ligibility certif	ficate Community certificate	
Migration certificate Pa	assport	Ma	rks cards of HSC
The particulars furnished by the responsible for the conduct of my decision of principal in all matters	ward during	PHA PHA true to the best of my the period of course of	_
Signature of the applicant :	of my ward as	Signature of the parent/	Guardian :
Place :		Signature of the parent	Guardian
Date :			
	FOR O	FFICE USE ONLY	
Admitted to		E.C.No	
Dated		PCI Reg. No	
Remarks		Mig. Cert. No	
Receipt no		Fees	
Administrative In-charge			Principal