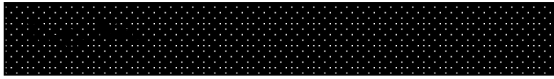


Form No.



Admission No.

A.J. COLLEGE OF PHARMACY

(Sponsored by A.R.M.C.T. and affiliated to P.C.I, A.I.C.T.E, and Govt. of Kerala)

THONNAKKAL, TRIVANDRUM - 695 317

Phone: 0471- 2618466

APPLICATION FORM FOR ADMISSION TO D. PHARM COURSE FOR 2010-2011

Space for
Photograph

1. Name of the Applicant (Capital Letters)	
2. Male or Female	
3. Age and Date of Birth	
4. Permanent Address (as per SSLC Book)	

5. Address for Communication with Tel. No.	
6. Name of Parent / Guardian	
7. Nationality and Mother tongue	
8. Religion with caste	
9. Details of qualifying Examination (V.H.S.E and Plus Two, Pre- degree)	
a) Examination Passed	
b) Institution Studied	
c) University / Board to which the Institution is affiliated	
d) Period of Study	
e) Year of Passing with Reg. No.	

DECLARATION

**I hereby declare that the information furnished above is true to the best of my knowledge
I further declare that in the event of being admitted I will abide by the rules and regulations of the College in force.**

Place:

Date:

Signature of the Applicant

Signature of the Guardian

(FOR OFFICE USE)