

Admission No.

A.J. COLLEGE OF PHARMACY

(Sponsored by ARMCT. and affiliated to PCI, AICTE, and Govt of Kerala)
THONNAKKAL, TRIVANDRUM - 695 317

Phone: 0471 - 2618466, Fax: 0471-2618466

Email: principal_ajcpthonnakkal@yahoo.com, Web: www.ajcpkerala.org

APPLICATION FORM FOR ADMISSION TO D- PHARM COURSE

APPLICATION FORWI FOR ADMISSION TO D- FTIARM COOKSE							
1,	Name of 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	AFTOT CHAND					
7.	Nationality and Mother tongue						
8.	Religion with caste	and seem perfainted node over a cru terts evisibelt year					
9.	Details of qualifying Examination	The first of the second of the					
	(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.	THE RESERVE TO SERVE THE PROPERTY OF THE PROPE					

SUBJECT	IIND YEAR			GRADE OBTAINED		
OF PHARMACY	CE	PE	TE	TOTAL	GRADE	PERCEI
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GRAND TOTAL				mere)		enevi
DECLARA	TION				d engl y it	in della

Place:			
Date:		Signature of the Applican	nt
0:			
Signature of the Guardian			

(EOR OFFICE USE)