

APPLICATION FOR ADMISSION TO THE B.PHARMACY



RATHINAVEL SUBRAMANIAM COLLEGE OF PHARMACEUTICAL SCIENCES

242-B Trichy Road, Sular

Coimbatore – 641 402. Tamilnadu.

Affix
Passport
Size Photo
(Trim it to
the size of
this box)

1. Name (In BLOCK LETTERS) : Mr. /Miss./Mrs. _____

2. Permanent Address : _____

_____ Pincode _____

3. Address for communication : _____

_____ Pincode _____

Phone No. _____ Mobile No. _____

E.mail.I.D _____

4. Father's Name / Guardian Name : _____
(If Guardian mention the relationship) _____
Occupation, his Annual _____
Income, PhoneNo. _____
Mobilie No. _____

5. Sex : Male Female

6. Age & Date of Birth : Years / /

7. Mother Tongue : _____

8. Nationality / Religion : _____

9. Community : SC ST MBC OBC BC Others

