

**APPLICATION FOR ADMISSION TO THE M.PHARMACY**



**RATHINAVEL SUBRAMANIAM COLLEGE OF PHARMACEUTICAL SCIENCES**

242-B Trichy Road, Sulur

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

