

APPLICATION FOR ADMISSION TO THE PHARM.D



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of this box)

RATHINAVEL SUBRAMANIAM COLLEGE OF PHARMACEUTICAL SCIENCES

242-B Trichy Road, Sular
Coimbatore – 641 402. Tamilnadu.

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

10. Examination Passed :

S.No	Name of the Examination Passed	Name of the School/Board State	Year of Passing	Aggregate %of marks in group	Class or Grade Obtained

11. Extra curricular activities : _____

12. Any additional relevant information : _____

13. a) State whether you require hostel Accommodation? : Yes No

b) If NRI, Do you need any special Attention? Give details. : Yes No

c) Do you need any Special Medical Attention : Yes No

CERTIFICATE

The above information is true and correct to the best of our knowledge. We agree to be governed by the rules and regulations of the College as inforce and as may be revised from time to time.

Place : Date : Signature of Parent/Guardian Signature of the Applicant

FOR OFFICE USE ONLY		
Application received on:	Eligible / Not Eligible	Selected / Not Selected
Admitted on :	Under management / Government Seat	a) Free Seat
Fees Structure Fixed :		b) Payment
		c) Lapsed Seat
Date:	Signature of Principal	