



: (04562) 232088, 231918, 231619

SANKARALINGAM BHUVANESWARI COLLEGE OF PHARMACY

3/77-C, Anaikuttam, SIVAKASI – 626 130, TAMIL NADU.

(Affiliated to the Tamil Nadu Dr.M.G.R. Medical University. Chennai.

Approved by AICTE and PCI, New Delhi.)

APPLICATION FOR MASTER OF PHARMACY 201 - 201

BRANCH:

Application No.

1. Name of the candidate (IN CAPITAL) -----

a) Initial ----- b) Expanded Initials: -----

2. Name of the Father : -----

3. Name of the Mother : -----

4. Address for Communication : Door No:

Street :

Town / Village:

Taluk:

District :

State:

Pin Code :

Phone No. with STD code :

5. Sex : Male Female

6. a) Date of Birth (Christian era) : Date Month Year

True copy of the T.C. from the Institution last studied

b) Age as on 01.06.2012 : Year Months

7. a) Community : ST SC MBC/DC BC Others

b) Particulars by ST, SC, MBC / DNC / BC only
(Attach a true copy of the Permanent Community Certificate)

(i) Name of Caste & S.NO. of the Certificate :

(ii) Date & Office of the issue of certificate :

(iii) Designation of officer issuing the certificate :

PHOTOGRAPH

Affix your recent
Passport size photograph

Signature

c) Religion :

8. Blood Group :

9. School of Study: (Attach a true copy of XIIth / Intermediate Mark sheet)

S. No	Class	Month & Year of passing	Name of the school/College	Register No.
1	XII			

10. a) Qualifying Examination Passed : B.Pharm

b) Name of the college :

c) Name of the University :

d) Month & Year of Passing :

e) Register Number :

f) Transfer Certificate Number & Date :

11. Native District/State & Place of Birth : -----

(Attach Original Residential Proof)

Village / Town / City : -----

District : -----

State : -----

12. State Extra – curricular activities (if any) : i) -----

(Attach attested Xerox copy for proof) ii) -----

iii) -----

13. a) Name of the Parents / Guardian : -----

b) Occupation of Parent / Guardian : -----

c) Annual Income of Parent / Guardian : -----

14. Whether Hostel Required (Yes / No) : -----

15. Whether Eligibility certificate obtained from the T.N. Dr.M.G.R. Medical University. Chennai.

If Yes Certificate No. Date of issue :

16. Migration Certificate Details :
Certificate No: _____ Date: _____ University: _____
17. B.Pharm Provisional / Degree Certificate :
Certificate No: _____ Date: _____
18. a) Are you physically challenged ? : Yes No
b) If yes state the nature of physical challenge :
(Documentary evidence to be produced.)
19. a) Whether Qualified in GATE : Yes / No.
b) If Yes Give Details & Proof. : Percentile score: _____ Year: _____
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CHECK LIST

(The candidate for should ensure that the documents are arranged and enclosed as per the checklist)

1. Application duty filled with all details and photograph affixed.
2. Attested Xerox copy of the X Examination Mark Sheets
3. Attested Xerox copy of the XII Examination Mark Sheets
4. Attested Xerox copy of the Entrance Examination, Hall Ticket
5. Attested Xerox copy of the Entrance Examination Mark Sheets
6. Attested Xerox copy of Transfer Certificate issued by last studied School/College
7. Attested Xerox copy of the Community Certificate (if applicable)
8. Attested Xerox copy of the Eligibility Certificate from Tamilnadu Dr. M.G.R.Medical University (if applicable)
9. Xerox copy of B.Pharmacy Mark Sheets
10. Xerox copy of B.Pharmacy Provisional Certificate / Original Degree Certificate
11. Medical fitness Certificate from a qualified doctor
12. Migration Certificate
13. Nativity Certificate
14. Course and Conduct Certificate
15. B.Pharmacy – Pharmacy Council Registration Certificate
16. Xerox copy of Bank Pass Book (First page)

DECLARATION BY THE APPLICANT AND PARENT / GUARDIAN

I hereby solemnly and sincerely affirm that the statements made and the information furnished by me in the application and also in the enclosures there to submitted by me are true. However, be found any information furnished there in is untrue in material particulars or on verification at a later stage, I am liable for criminal prosecution and I also agree to forego my seat offered in this institution for removal of my name from the rolls of the institution at whatever stage of study I may be, at that time of detection of such wrong particulars. I am aware of the institution's approach towards ragging and punishment to which he / she shall be liable if found guilty of ragging, as per supreme court order.

I will abide by the rules, regulations, and code of conduct of the College mentioned in college calendar.

Place :

Date :

Signature of the Student

I am fully aware of the above declaration and I have understood the same.

Place :

Date :

Signature of the parent / Guardian

Note : Guardian can execute the above declaration only if both the parents are not alive.

UNDERTAKING

From:

To

The Principal

Sankaralingam Bhuvanewari College of Pharmacy

Anaikuttam, Sivakasi – 626 130

Sir,

I,parent /Guardian of.....
.....residing at
.....seeking admission for my son /daughter / ward, understand the following terms and conditions and undertake to abide by the same in case my son / daughter / ward is admitted to Sankaralingam Bhuvanewari College of Pharmacy in the year 2012 – 13.

1. I agree that admission to the College will be based on the criteria approved by Tamil Nadu State Government and The Tamilnadu Dr.M.G.R.Medical University.
2. I agree to pay promptly the fees and other charges as stipulated by the management with in the stipulate time.
3. I also agree to pay any further increase in these fees and other charges as decided by the management.
4. I also agree to pay entire course fees for the First & Second Year in the event of discontinue the course in the middle of the course.
5. If admission is sought under NRI Quota/candidate from other states. I understand that the admission is subject to production of Eligibility Certificate from Dr.M.G.R. Medical University.
6. I am aware of the institution's approach towards ragging and punishment for my son / daughter / ward if found guiltier ragging as per the T.N. Prohibition or Ragging act 1997.

Yours faithfully.

Parent / Guardian

FOR OFFICE USE ONLY

- | | | | |
|------------------------------|---|--------|-------------|
| 1. Any specific major change | : | | |
| 2. Reason for rejection | : | | |
| 3. Important particulars | : | | |
| Verified by | : | | |
| | | (Name) | (Signature) |
| 4. Originals verified by | : | | |
| | | (Name) | (Signature) |
| 5. Countersigned by | : | | |
| | | (Name) | (Signature) |
| 6. Registration No. | : | | |

INSTRUCTIONS TO CANDIDATES

1. Put a Tick [] mark in the appropriate box wherever a box is provided.
 2. Enclose Attested Xerox copies of T.C. and mark Sheets (X Std. & XII Std)
 3. Enclose Xerox copy of Entrance Examination Marks Sheet and Hall Ticket.
 4. Enclose attested Xerox copies of Community, Nativity. Permanent Residence, Linguistic Minority, Provisional Diploma, Sports, Games, NCC. Mark sheets of Diploma etc. if applicable.
 5. Attached two Self-addressed Rs. 10/-stamped envelopes with the application.
 6. An attached photo of the candidate should be affixed.
 7. The candidate should ensure that the furnished by the candidates in the application form should be and correct. The candidate is informed that if any of the details furnished by the candidate in the event of false found either by institution or by the university then.
 - i) He / She will forfeit the admission no matter at what stage of the course He/ She may be at that time with out reimbursement of any fees.
 - ii) He / She will be debarred from pursuing any course of study for a period of three years.
 - iii) Legal action will be instituted against him/her furnishing wrong information about his/her marks.
 8. The application and the parent/ guardian sign the undertaking on page 04.
 9. Application form duly filled in should be given in person at **SANKARALINGAM BHUVANESWARI COLLEGE Of PHARMACY, Anaikuttam, Sivakasi**. The candidate and the Parent at the time of registration **with all the original certificates**.
 10. **LAST DATE FOR REGISTRATION OF APPLICATION**
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CERTIFICATE OF PERMANENT RESIDENCE IN TAMILNADU

(See Note)

Certified that Thiru / ThirumathiParent / Guardian

of thiruan application for admission to.....

In Tamilnadu has/had permanent residence atin

Tamilnadu.

Signature of the village Administrative officer.

Town of

In theTaluk of

..... District

Signature

Name and Designation

Station :

Office Seal

Date :