

APPLICATION No :

REGISTRATION NO.

(To be assigned by office)



L.N. COLLEGE OF PHARMACY

New Court Road, Thadangam - Village, Thokkampatty Post, Dharmapuri - 636 705.

Cell : 96290 17057

COURSES

1	Diploma in Pharmacy - 2 Years	
2	Bachelor of Pharmacy - 4 Years	
3	Bachelor of Pharmacy - 3 Years (LE)	
* PLEASE TICK (✓) THE COURSE		

PHOTO

YEAR OF ADMISSION : FIRST YEAR ☐ SECOND YEAR ☐

TO BE FILLED UP BY THE APPLICANT

(IN BLOCK LETTERS)

NAME OF THE CANDIDATE : _____

NAME OF THE PARENT / GUARDIAN : _____

NAME OF THE MOTHER : _____

ADDRESS FOR COMMUNICATION : _____

PINCODE

STUDENT AADHAR No : _____

MOBILE No : _____

STUDENT MOBILE No : _____

STUDENT E-MAIL ID : _____

BLOOD GROUP : _____

EMIS / UMIS No : _____

SEX : MALE ☐ FEMALE ☐

DATE OF BIRTH (CHRISTIAN ERA) :
(AS FOUND IN SSLC OR ITS EQUIVALENT CERTIFICATE) DAY MONTH YEAR

AGE AS ON 31.12.20

NATIONALITY : _____

MOTHER TONGUE : _____

NAME OF THE COMMUNITY : ST ☐ SC ☐ MBC & DNC ☐ BC ☐ OC ☐

CASTE : _____

SI. No. OF THE COMMUNITY CERTIFICATE : _____

EXAMINATION PASSED :

Reg. No.

MONTH & YEAR OF PASSING

SCHOOL STUDIED

HSC ACADEMIC

GOVT / PRIVATE

D. PHARMACY

H.SC First Year

S.No.	SUBJECT	MARKS OBTAINED	MAX MARKS
1.	TAMIL		100
2.	ENGLISH		100
3.			100
4.			100
5.			100
6.			
TOTAL			500
PERCENTAGE			

H.SC Second Year

S.No.	SUBJECT	MARKS OBTAINED	MAX MARKS
1.	TAMIL		100
2.	ENGLISH		100
3.			100
4.			100
5.			100
6.			100
TOTAL			600
PERCENTAGE			

STUDENT BANK DETAILS

NAME OF THE BANK			
NAME OF THE BRANCH		IFSC CODE	
ACCOUNT NUMBER		MICR CODE	

DECLARATION BY THE APPLICANT

I(Name in full)Son/ Daughter of hereby solemnly declare that the information furnished in the statements given in the application, and the enclosures are true, correct and complete. I further declare if it is found otherwise, I will be liable to forfeit my seat or removal from the rolls of the Institution at whatever stage of study. I may be, besides making me liable for Criminal Prosecution. I further declare that I will claim my original certificates only after paying the remaining course fee if I discontinue at any stage of the study.

Date :

Signature of Candidate

DECLARATION BY THE PARENT

I(Name in full) Parent ofhereby solemnly declare that I am fully aware of the declaration made by the applicant, my Son / daughter / ward and I declare and bind myself on the same terms contained in the above declaration. The statement and information given are true, correct and complete. If it is found otherwise, the applicant is liable to forfeit the seat or remove from the rolls of the Institution at whatever may be the stage of study besides making me liable for Criminal Prosecution, I further declare that the applicant will claim his/her original certificates only after paying the remaining course fee if he/she discontinues at any stage of the study.

Date :

Signature of Parent