**Application No.**

**THE ERODE COLLEGE OF PHARMACY&RESEARCH INSTITUTE**

**Perundurai Main Road, Veppampalayam, Erode-638 112.**

**DIPLOMA IN PHARMACY**

1. **- 201**

1**. Name of the Applicant :**

Affix

PassportSize

Photo

 (In block letters)

2. Sex :

3. a. Date of Birth :

 b. Place of Birth :

4. a. Nationality :

 b.Religion :

 c. Community :

 (SC/ST/OBC/BC/Others)

5. Blood group :

6. a. Father’s Name :

 b. Mother’s Name :

 c. Occupation of the parent :

 d. Annual income of the parent :

7. Address with pin code (District/State) for

 Correspondence :

 Mobile No. :

8. Permanent address with Pincode :

 Mobile No. :

 Email Address :

9. Details of Educational Qualification:

|  |  |  |  |
| --- | --- | --- | --- |
| School/College | Register Number | Year of Passing | Class/Marks obtained |
|  |  |  |  |
|  |  |  |  |

10. Details of Marks Obtained in H.S.C or equivalent examination:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Month& Year of Passing | Register Number | Subject  | Marks Obtained | Maximum Marks |
|  |  | Physics  |  |  |
|  |  | Chemistry  |  |  |
|  |  | Biology  |  |  |
|  |  | Botany  |  |  |
|  |  | Zoology  |  |  |
|  |  | Mathematics  |  |  |

 11. Extra Curricular Activities:

 a. Sports:

 b. NCC/NSS:

 c. Others:

**JOINT DECLARATION BY THE APPLICANT AND PARENT**

 The information furnished above is true and correct to the best of my knowledge. The original certificates will be produced at the time of admission. In case any information is found to be incorrect we agree to forego any claim for admission.

Station: Date:

 **Signature of the Parent Signature of the Applicant**

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| --- |
| **For Office use only**Aggregate in Physics, Chemistry, Mathematics/ Biology:All subjects over 35%: Yes/NoEligible / Not Eligible**Date: Office Staff Principal**  |