



K. M. COLLEGE OF PHARMACY

UTHANGUDI, MELUR ROAD, MADURAI - 625 107. Phone: 2423312.

APPLICATION FORM FOR B. PHARMACY DEGREE COURSE

No. _____

1. Name in Full (In Capital) :
2. Sex :
3. Date of Birth & Age :
4. Nationality :
5. Community :
6. Name of Parent / Guardian :
7. Annual Income of the Parent :
8. Permanent Address :
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9. Mailing address with Phone No.
(If it is different from above) :
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10. Past Educational Records :
(Copies of mark sheets should be enclosed Original to be produced at the time of interview)

Year	School / College	Std. / DIP / Degree	% age marks	% age attendance	Hostler / Day Scholar

11. Family Background:

Name	Age	Qualification	Occupation
Father			
Mother			
Brothers 1			
& 2			
Sisters 3			

12. Sports / Games Regularly Practiced :
13. Other Talents :
14. Is Hostel Accommodation needed :
15. Reason for Choosing Pharmacy as Profession :

We hereby declare that the information furnished above are true, and that we agree to abide by the rules and regulations of the college.

Date:

Signature of Parent / Guardian

Signature of Student