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EZHUTHACHAN COLLEGE OF PHARMACEUTICAL SCIENCES

Affiliated to the Kerala University of Health Sciences, Approved by the All India Council for Technical Education & Pharmacy Council of India.

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Application for Admission to the Six Year Pharm.D (Doctor of Pharmacy)

Application Form No. _____

Affix passport size
photograph here

Name (in BLOCK LETTERS)	
Address for Communication _____ _____	
Tel No: _____	
Permanent Address _____ _____	
Tel No: _____	
Mob: _____	
Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Age : _____
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality: _____
Religion & Caste _____	Place of Birth _____

Parent / Guardian Information

	Father	Mother	Guardian
Name			
Occupation			
Address (Use Pin code)			
	Tel. No.	Tel. No.	Tel. No.
Income			

Qualifications (PDC / HSC / +2/ D.Pharm)

Name of the Qualifying Examination					
Name of University / Board					
Register No.	Year of Passing			Class / Division	
Marks obtained in PDC / HSC / +2	Physics	Chemistry	Biology	Maths	Total
Medium of Instruction			% of Marks Obtained		
Marks obtained in D.Pharm :					

Other Information

Name and address of the School / College Last attended	
Whether the candidate was a member of Sports / NCC / NSS / Others (Enclose copy of certificates)	
Whether the applicant belongs to SC / ST / OBC / OEC If yes, attach attested copy of relevant pages of SSLC to prove community / certificate from the relevant authority	

Declaration by the Applicant

I, _____ Son / Daughter of _____ hereby declare that the information furnished by me are true to the best of my knowledge and belief. If any information is proven to be wrong, I here by agree to abide by any action taken by the college including expulsion from the college.

_____ Place

_____ Date

_____ Signature of Applicant

Declaration by the Parent / Guardian

I, _____ residing at _____ Father / Mother / Guardian of _____ hereby solemnly affirm and declare that I am fully aware of the declaration made by the applicant, my son / daughter / ward and take full responsibility for the statements made by him / her. The other statements and the information given are true, correct and complete to the best of my knowledge.

_____ Place

_____ Date

_____ Signature of Parent / Guardian

Enclosure: attested copies of:-

- Certificate and Mark list of the Qualifying Examination
- SSLC Certificate in proof of age
- Caste and Community Certificate
- Course and conduct certificate from the Institution last attended
- Transfer Certificate (in case not enclosed should be produced at the time of Admission)
- Any other relevant certificate in proof of any claim made in the Application.

Certificate from the Head of the Institution last attended by the student

Shri./Kumari _____ was a student of this Institution for the _____ course during _____ and he / she had successfully completed the course. He / She is declared to have passed the Plus 2 / HSC / PDC / D.Pharm _____ exam conducted in _____ year.

His / Her conduct and character are _____

Date _____
Place _____

Signature of Head of Institution



For Office Use Only

The Candidate _____ is provisionally admitted to the Pharm.D Course under the category mentioned below:

MERIT QUOTA

MANAGEMENT QUOTA

NRI QUOTA

If Merit Quota,
the Rank No.

Date of Admission _____
Admission No. _____

Signature of Principal

