



EZHUTHACHAN COLLEGE OF PHARMACEUTICAL SCIENCES

Affiliated to the University of Kerala and approved by the All India Council of Technical Education and Pharmacy Council of India.

Marayamuttom, Neyyattinkara, Thiruvananthapuram - 695 131.

Phone: 0471 - 2278559, 2278560 Fax: 0471 - 2457312 E-mail: ecpsmtm@gmail.com



Application for Admission to the Four Year Bachelor of Pharmacy Course (B. Pharm)

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

Age :

Sex Male 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)

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	Bio-Tech.	Comp.Sci.	Total
Medium of Instruction				% of Marks Obtained			

Lateral Entry Applicable to D.Pharm Students

Name of University / Board		
Register No.	Year of Passing	Class / Division
Total Marks	% of Marks	

Details of Entrance Examination

Rank No.	Roll No.			
Marks obtained in Entrance Exam	Physics	Chemistry	Biology	Maths

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
- Entrance Rank Certificate
- 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 / _____ 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 B. Pharm 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

