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EZHUTHACHAN COLLEGE OF PHARMACEUTICAL SCIENCES

Approved by the All India Council of Technical Education and Pharmacy Council of India. Recognised by Govt. of Kerala

Marayamuttom, Neyyattinkara, Thiruvananthapuram -695 131.
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Application for Admission to the Two Year Diploma in Pharmacy Course (D. 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			

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	

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.

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

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

