



SSM College of Pharmacy

(VYRATHI CHARITABLE AND EDUCATIONAL TRUST)

SF. No. 834 / 1 & 2, Chinniyampalayam Pudur, JAMBAL - 638 312.
Bhavani Taluk, Erode District. Tamilnadu. Tel : 04256 - 249699
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Application for Admission to B.Pharm / Pharm.D / D.Pharm

1. Name of the applicant in full Block Letters :
2. Expansion of Initials :
3. Age and Date of Birth :
4. Gender : Male Female
5. Marital Status :
6. Religion :
7. Community (Indicate the caste) : O.C B.C M.B.C S.C S.T
8. Nationality :
9. Name of the Father/Guardian :
10. Name of the Mother :
11. Occupation of the Parent / Guardian :
12. Annual Income of Parent / Guardian :
13. Address of the Parent / Guardian :

Permanent Address

Communication Address

14. Local Guardians if any (Address with Phone Number)
Contact Numbers STD Code & Phone :

16. Educational Qualifications :

Examination Passed	Name of the School / College	Name of the Board / University	Reg. No.	Subject Studied	Month & Year of Passing	Marks Obtained %

DECLARATION BY THE CANDIDATE

I, hereby declare that the particulars given above are true and correct to the best of my knowledge. I have filled up this application after reading all the instructions in the Prospectus carefully. I am liable to be punished for wilful suppression or misstatements of facts. I agree to confirm from this date to all the rules and regulations of the college including those relating to the hostel, if I am admitted thereto, in force at present or that may be introduced hereafter, for the due maintenance of discipline at the college and I further agree to be satisfied with the amenities now offered in the academic and social life of the college, to make good any damage to furniture, apparatus or other things which may be caused by carelessness, negligence or wantonness on my part and to leave the college at any time, if I cannot carry out this undertaking. I pledge myself never to take part directly or indirectly in any political, economic, communal subversion or any other such activities. I further pledge myself not to cause damage in any manner to the properties of the college. Should it be found that I have committed any of the above acts, I agree to receive any punishment including summary dismissal from the college and hostel and liability for damages caused. I shall accept the decision of the Tamilnadu Dr. M.G.R. Medical University, Chennai and The Pharmacy Council of India regarding Qualification / Eligibility for Admission as final.

Place :

Date :

Signature of the Parent

Signature of the Applicant

DECLARATION BY THE PARENT / GUARDIAN

I fully endorse the declaration made above by the candidate. Besides I undertake to guarantee for his good conduct and behaviour during the tenure of the candidate's period of studentship in the college. If ever, the candidate contravenes any of the rules and regulations of the college and the hostel and conditions above, I further undertake to abide by the decision of the college authorities with regard to the nature and magnitude of the punishment.

Place :

Date :

Signature of the Parent / Guardian

For Office use only

1. Name :
2. Reg. No. :
3. Qualifying Examination :
4. Eligibility :
5. Documents (Originals) :

- Transfer Certificate
- Mark Sheet
- Conduct Certificate
- Community Certificate
- Migration Certificate
- Diploma Certificate
