

SELECTION
COMMITTEE
APPLICATION



DD No	Name of Bank	Date	Amount

ADMISSION TO B.Pharm (Lateral Entry) COURSE 2016-2017 SESSION
APPLICATION FORM
SELECTION COMMITTEE, DIRECTORATE OF MEDICAL EDUCATION

1. Name in Block Letters
(Initials at the end) :

2. Address for Communication :
.....
.....
.....

SPACE FOR
PHOTOGRAPH WITH
NAME AND DATE
(TO BE ATTESTED
BY GRADE A / B
OFFICERS OF
CENTRAL / STATE
GOVERNMENTS)

PIN CODE

Phone / Mobile No

4. Sex : (Encircle a code)

MALE	FEMALE	TRANSGENDER
1	2	3

3. Name of Parent / Guardian :

5. Nationality : (Encircle a code)

INDIAN	OTHERS
1	2

6. Nativity :
(Encircle a code)

TN	OTHERS
1	2

6 a. Details of Education:
(Encircle a code whichever is applicable)

Studied from X Std to + 2 & D.Pharm in TN	Studied from X Std to + 2 & D.Pharm in other state
1	2

7. Date of Birth :

DATE	MONTH	YEAR

8. Community (Encircle a code)

OC	BC	BCM	MBC/DNC	SC	SCA	ST
1	2	2A	3	4	4A	5

9. Name of the Caste:

10. Caste Code :

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Refer list of Communities
(For "OC" use code 500)

11. Religion :

12. Mother Tongue :

13. Marks obtained in select subjects in the Higher Secondary Course :

SUBJECT	MAXIMUM MARKS	MARKS OBTAINED	PERCENTAGE
PHYSICS			
CHEMISTRY			
BIOLOGY			
BOTONY			
ZOOLOGY			
MATHEMATICS			

14. District Code (as given in the Prospectus) :

Native District	District in which School Studied

15. MARKS OBTAINED IN DIPLOMA IN PHARMACY : -

SUBJECT		Maximum Marks	Marks Obtained	SUBJECT		Maximum Marks	Marks Obtained
1 YEAR D.PHARM.,				II YEAR D.PHARM.,			
TG	Health Education & Comm. Pharmacy	100		TJ 2	Pharmaceutics II	100	
TH	Human Anatomy & Physiology	100		PJ 2	Pharmaceutics II	100	
PH	Human Anatomy & Physiology	100		TK 2	Pharmaceutical Chemistry II	100	
TJ 1	Pharmaceutics I	100		PK 2	Pharmaceutical Chemistry II	100	
PJ 1	Pharmaceutics I	100		TL 2	Pharmacology & Toxicology	100	
TK 1	Pharmaceutical Chemistry I	100		PL 2	Pharmacology & Toxicology	100	
PK 1	Pharmaceutical Chemistry I	100		TM 2	Pharmaceutical Jurisprudence	100	
TL1	Pharmacognosy	100		TN	Drug Store & Business Management	100	
PL1	Pharmacognosy	100		TR	Hospital & Clinical Pharmacy	100	
TM1	Bio-Chemistry & Clinical Pathology	100		PR	Hospital & Clinical Pharmacy	100	
PM1	Bio-Chemistry & Clinical Pathology	100					
TOTAL		1100		TOTAL		1000	

16. a) Percentage of marks obtained in D.Pharm course : (both I and II year) (accurate to two decimals)

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b) Number of attempts in II year D.Pharm Course:

17.a) Whether completed 750/500 hours, whichever is applicable, in practical training after passing D.Pharm (mark ✓ in the relevant box).

YES	NO

b) Date of completion of 750/500 hrs, whichever is applicable in practical training after passing D.Pharm course.

Date	Month	Year

18.a Whether provisional certificate for having passed Diploma in Pharmacy examination attached (mark ✓ in the relevant box)

YES	NO

b. Pharmacist Registration Number :

19. Present occupation (encircle) :

Govt. Service / Private

20. Are you Applying for Orthopaedically Physically Disabled Category : Yes/ No

Date :

Station :

Signature of the candidate

SERVICE PROFORMA :**(To be filled by the forwarding authority)**

1	Name of the Candidate					
2	Designation					
3	Date of entry into Government Service					
4	Date of completion of two years of regular continuous service					
5	Total Service as on 31.05.2016					
6	Whether selected by Govt (or) other Agency (Specify)					
7	Name of the appointing authority					
8	Service status (Put \sqrt Mark)	Temporary	Probationer	Approved Probationer		
9	Status of the Institution	State			Local Bodies	
10	Complete Service particulars till date (May be furnished in a separate sheet in the format duly signed by the forwarding authority)	Sl No	Post	Place	From	To
11	Whether the candidate is under any subsisting contractual obligation, if so give details.					
12	Whether the candidate is working under the control of : (Put \sqrt Mark)	DME	DMS	DPH	OTHERS	
13	Station in which the candidate is presently working and address.					

Date :

Office Seal :

Signature of the Forwarding Officer with Seal
Office Phone / Fax Numbers**Note:** The above particulars should be verified scrupulously and in the event of any misinformation found later, the forwarding officer will be held responsible.

DECLARATION BY THE APPLICANT & PARENT

I(Name in Full & in Block Letters) Son/ Daughter / Ward of an applicant for B.Pharm (Lateral Entry) course 2016-2017 session hereby solemnly declare that I have not claimed dual nativity in this regard and I belong to(Community) and sub casteI also declare that the information and the statements given in the application, ,Scrutiny form and enclosures are true, correct & complete. I further declare that if it is found otherwise, I will be liable to forfeit the seat and / or be removed from the rolls of the institution at whatever stage of study, I may be, besides making me liable for criminal prosecution.

I(Name in Full & in Block Letters) Father/ Mother/ Guardian of an applicant for B.Pharm (Lateral Entry) course 2016-2017 session hereby solemnly declare that I am fully aware of the above declaration & the particulars furnished are correct. I declare that if it is found otherwise my ward will be liable to forfeit the seat and also be liable for criminal prosecution.

Signature of the Parent/ Guardian.

Signature of the Candidate.



**B.PHARM LATERAL ENTRY 2016-2017 SESSION
SPECIAL CATEGORY FORM**

S. NO	Category of Special Reservation
1	ORTHOPAEDICALLY PHYSICALLY DISABLED

ARNO:
(To be assigned by Selection Committee)

1.Name of the Candidate:.....

2. Address:.....
.....
.....
.....
Pincode:..... **Mobile:**.....

3. Details of Demand Draft

D.D .No	D.D Date	Amount	Details of Bank

4. Certificates of Physically Disabled Category enclosed : YES / NO

Signature of the candidate

(For instructions see overleaf)

Instructions

1. The Special Category form is to be sent along with the application in the same cover.
2. Put [✓] in the relevant box in the outer cover.
3. Candidate should enclose a DD for 100/- drawn in favour of "The Secretary. Selection Committee, Kilpauk" payable at Chennai. The Name of the Candidate, Application No. & Address should be written on the reverse of the DD.
4. Candidates should enclose medical certificate for orthopaedically physically disabled and certificate of locomotory disability certificates obtained from the Competent Authority.
5. Application without a DD for 100/- and without the relevant certificates will be summarily rejected without intimation to the candidate.

Table showing the Category of the Special Category and number of seats

Category of Special Reservation	NO OF SEATS
ORTHOPAEDICALLY PHYSICALLY DISABLED	01

*G.O. (Rt) No 145, HE (J1) Dept. dt. 16.05.2008

MEDICAL CERTIFICATE FOR ORTHOPAEDICALLY PHYSICALLY DISABLED
(To be issued by the District Medical Board)
(Locomotory disability of the lower limbs should be between 40% and 70%)

The District Medical Board of ----- District , -----
certify that we have this ----- --Day of ----- 2016 examined the candidate whose
particulars are given below:

1. Name of the candidate :
2. Father's name :
3. Sex :
4. Age :
5. Identification marks : 1.
- 2.
6. a. Orthopaedically handicapped : YES / NO

b. Diagnosis :-

7. Extent of permanent disability
(mention the % disability)

- a) 50% to 70% :
- b) 40% to 50% :

(Upper limbs must be functional and normal)

8. Whether the candidate fulfills the following
standard and may be considered for admission
to undergo studies in Diploma in Pharmacy Course :

- (a) Normal Blood Pressure : Yes/No
- (b) Mentally normal : Yes/No
- (c) No visual and auditory handicaps : Yes/No
- (d) No gross speech disorders : Yes/No
- (e) Independent in ambulation with or
without calipers but without any support : Yes/No
- (f) Good standing balance with or without
calipers but without any support : Yes/No

- (g) Hand function within normal limits without any aid : Yes/No
- (h) Good control over bowel and bladder : Good/Not Good
- (i) a. Is the disability non-progressive ? : Yes/No
- b. If progressive, is the candidate eligible for further studies : Yes/No
- (j) Height

1. Certified that the above candidate does not have any upper limb disability.
2. Certified that the above candidate has only locomotory lower limb disability..

Signature of the Applicant Signature of Members Signature of Chairman of the
 Medical Board
 Designation :

- 1.
- 2.

Office Stamp

Place :

Date :

Full size Recent photograph of the candidate exhibiting the deformity duly attested by the medical certificate issuing authority.

- Foot Note:**
1. Upper limbs should be normal.
 2. The above certificate should be issued only by the Medical Board of Medical Colleges of the area concerned constituted for the purpose after due physical examination by board
 3. The Candidate seeking admission under this category should produce a **full size photograph** exhibiting the deformity

CERTIFICATE OF LOCOMOTORY DISABILITY

(For Admission to B.Pharm Lateral entry Course)

Certificate No.....

Date.....

This is to certify thataged years,

Son / Daughter of Mr.....residing at

..... is

suffering fromand has

permanent Physical Impairment of Left /Right /Both Lower Limbs.

He / She is Locomotor disabled and has the percentage ofin figure)

..... (in words) disability of Lower Limbs.

BothUpper Limbs –are without any deformity and Functionally Normal

He/ She is **eligible /NOT eligible** for admission to B.Pharm Lateral entry Course.

Signature with Name&Seal
(Chairman of Board)

Signature with Name &Seal
(Member of Board)

Signature with Name & Seal
(Member of Board)

Note : 1)The Selected candidates have to under-go a second Medical Examination by a Medical Board constituted for the purpose by the Director of Medical Education to ascertain and confirm the nature and extent of physical disability.

2) Candidates with any other disability other than the locomotory disability of the lower limb will not be considered for admission under this category.

3) The decision of the Director of Medical Education in this regard will be final.

ADMISSION TO B.PHARM.(LATERAL ENTRY) COURSE 2016-2017 SESSION SCRUTINY FORM

1. NAME	A.R.No. (for Office use only)
2.ADDRESS	INSTRUCTION TO FILL UP SCRUTINY FORM 1. To be filled by the candidates as per the entries made in the application form and returned. 2. Use only Blue color Ball Point Pen for ticking and writing. 3. Put tick mark (✓) in the correct Gray color boxes. 4. Write inside the white box, wherever writing is required.

PINCODE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>										
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Paste here Firmly
your recent
photograph
4cm x 5cm
with name & Date

3. Name of the Parent / Guardian

4. Sex 1. M 2. F 3. TG Nationality 1. Indian 2. Others

6. Nativity 1. TN 2. Others 6.(a). Details of Nativity & Education 1 2

7. Date of Birth

8. Community 1. OC 2. BC 2A. BCM 3. MBC/ DNC
4. SC 4A. SCA 5. ST

9. Name of the Caste 10. Caste code:

11. Religion 12. Mother Tongue

13. Marks obtained in Subjects in the Higher Secondary course

Subject	Physics	Chemistry	Biology	Botany	Zoology	Mathematics
Maximum Marks						
Marks Obtained						
Percentage						

14. District Code

Native District	District in which school studied

15. MARKS OBTAINED IN DIPLOMA IN PHARMACY

Subject	1 st year	2 nd year
Maximum Marks		
Marks Obtained		

16a. Percentage of marks obtained in D.Pharm. course

16b. No. of Attempts in II year D.Pharm Course

17a. Whether completed 750/500 Hours Practical training after passing D.Pharm. Course

1. Yes 2. No.

17b. Date of Completion of 750/500 Hours Practical training after passing D.Pharm. course.

18a. Whether provisional certificate for having passed Diploma in pharmacy Examination attached 1. Yes 2. No

18b. Pharmacist Registration Number

19. Present Occupation 1. Govt. Service
2. Private

20. Are you Applying for Orthopaedically Disabled Category : 1. Yes 2. No

I Sincerely affirms that information furnished above are true.

Station: _____
Date : _____

Signature of the Candidate within the box

To be pasted on Outer Cover



To be sent to THE SECRETARY SELECTION COMMITTEE in person/
By REGD. POST / SPEED POST / COURIER SERVICE

APPLICATION FOR ADMISSION TO
B.PHARM. (Lateral Entry)
(D.Pharm. to B.Pharm.)
GOVERNMENT / SELF FINANCING COLLEGES 2016-2017 SESSION

COMMUNITY
(ENCIRCLE the correct number)

OC	BC	BCM	MBC/DC	SC	SCA	ST
1	2	2A	3	4	4A	5

From: (Candidate's Mailing Address)

.....
.....
.....
.....
.....

PINCODE

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TO

The Secretary
Selection Committee,
No.162, Periyar E.V.R. High Road,
Kilpauk, Chennai-600 010.