

SELECTION
COMMITTEE
APPLICATION



DD No	Name of Bank	Date	Amount

A.R No:

(To be assigned by the Selection Committee Office)

**ADMISSION TO DIPLOMA IN PHARMACY COURSE 2016-2017 SESSION
APPLICATION FORM**

1. +2 Examination Register Number/ Roll Number & Year and Month (2016 students enter Roll No. Others enter Registration No.) :

REGISTER/ROLL NUMBER										YEAR		MONTH	

2. Name in Block Letters (Initial at the end) :

3. Address for Communication :

.....

.....

PIN CODE Phone No :

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

4. Name of Parent / Guardian

5. Sex : (Encircle a code)

6. Nationality : (Encircle a code)

INDIAN	OTHERS
1	2

MALE	FEMALE	TRANSGENDER
1	2	3

7. Nativity :
(Encircle a code)

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

TN	OTHERS
1	2

Studied from VIII Std to + 2 in Tamil Nadu	Studied from VIII Std to + 2 in Other State
1	2

8. School(s) of study (Evidence to be produced from the schools studied):

STANDARD STUDIED	NAME & ADDRESS OF SCHOOL WITH NAME OF STATE & PINCODE
VIII STD	
IX STD	
X STD	
XI & XII STD/ EQUIVALENT	

9. Date of Birth :

DATE		MONTH		YEAR		

10. Community (Encircle a code)

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

11. Caste Code : Refer List of Communities (For 'OC' use code 500) 12 . Name of the Caste :

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13. Qualifying Examination : (Encircle a code) 13 a. Particulars of passing the Qualifying Examination:

HSE	SSCE/ CBSE	ISCE	OTHERS
1	2	3	4

	1 st Attempt	2 nd Attempt	3 rd Attempt
REG NO			
MONTH & YEAR			

14. Religion :

15. Marks obtained in subjects in the Qualifying Examination:

SUBJECT	MARKS OBTAINED	MAXIMUM MARKS	AGGREGATE OF MARKS OBTAINED	MONTH & YEAR OF PASSING
PHYSICS (A)			Y= A + B	
CHEMISTRY (B)				
MATHEMATICS (W)			W	
BIOLOGY (X)			X	
BOTANY (C)			Z= C + D	
ZOOLOGY (D)				
TOTAL MARKS (X+Y) OR (Z+Y) OR (W+Y)				

WEIGHTED TOTAL MARKS OBTAINED = $\frac{(X+Y) \text{ OR } (Z+Y) \text{ OR } (W+Y)}{\text{Maximum total marks in subjects for calculation}} \times 100$ FOR A MAXIMUM OF 100

		●		
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16. a. Are you applying Special Category

YES	NO

b. If Yes specify the Special Category

Special Category

17. Medium of Instruction : (Encircle a code)

English	Tamil	Others
1	2	3

18. Mother Tongue :

19. District Code (as given in the Prospectus)

Native District	District In Which Studied School

20. Declaration By The Candidate:

I..... Daughter/ Ward of hereby solemnly declare that the information furnished and the statements given in the application and the enclosures are true, correct and complete. I further declare that if found otherwise, I will be liable to forfeit my seat and/ or to be removed from the rolls of the Institution at whatever stage of study I may be, besides making me liable for criminal prosecution.

Signature of Parent / Guardian
Date & Place :

Signature of Candidate

Note : The guardian can execute the above declaration only if both parents are not alive



DIPLOMA IN PHARMACY 2016-2017 SESSION
SPECIAL CATEGORY FORM
(Circle the relevant category)

CODE NO	Category of Special Reservation
1	CHILDREN OF EX-SERVICEMEN
2	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 Special 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 relevant 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 Item No., Code No., Category of the Special Category and number of seats

Category of Special Reservation	NO OF SEATS
CHILDREN OF EX-SERVICEMEN	8
ORTHOPAEDICALLY PHYSICALLY DISABLED	3% OF TOTAL SEATS

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

**3% of total seats under Single Window System

(For Office Use Only)

SCRUTINY FORM

1. Details of Qualifying Exam

Registration/ Roll Number

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Passing Month

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 Passing Year

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INSTRUCTIONS TO FILL UP SCRUTINY FORM
<p>1. To be filled by the candidates as per the entries made in the application form and returned</p> <p>2. Use only Blue color Ball Point Pen for ticking and writing</p> <p>3. Put Tick mark(✓) in the correct Gray color boxes</p> <p>4. Write inside the white box, wherever writing is required</p>

2. Name (In BLOCK LETTERS)
3. Address

Pincode : <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												
Mobile : <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												

<p>Paste here firmly your recent Photograph 4cm x 5 cm</p>
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5. Sex

1. M	2. F	3. TG
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 6. Nationality

1. Indian	2. Others
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 7. Nativity

1. TN	2. Others
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7a. Details of Education

1	2
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 9. Date of Birth

		/			/				
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10. Community

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

 11. Caste Code

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13. Qualifying Examination

1.HSC	2.SSCE/CBSE	3. ISCE	4.OTHERS
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 13a. Passed all the Subjects of the Qualifying Examination in Attempt No.

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14. Religion

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15. Marks in Subjects (Except - Languages)

Subject	Maximum Marks	Marks Obtained

16. Special Category	1. Yes	2. No
If Yes?		
1. Children of Ex- Servicemen		
2. Physically Disabled		

17. Medium of Instruction	1. English	2. Tamil	3. Others
19. District Code	Native District	School District	

18. Mother Tongue

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<p>I sincerely affirm that the information furnished above are true.</p> <p>Station : <table border="1" style="display: inline-table;"><tr><td> </td></tr></table></p> <p>Date : <table border="1" style="display: inline-table;"><tr><td> </td></tr></table></p>			<table border="1" style="width: 100%; height: 50px;"> <tr> <td> </td> </tr> </table> <p>Signature of the Candidate within the box</p>	

APPLICATION FORM FOR DIPLOMA IN PHARMACY COURSE 2016-2017 SESSION

(TICK THE RELEVANT COLUMN)

+2 Examination Register Number/ Roll Number (2016 students enter Roll No. Others enter Registration No.) :

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Year of Passing +2 Exam

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COMMUNITY

OC	BC	BCM	MBC/DNC	SC	SCA	ST

SPECIAL CATEGORY

YES	NO
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If Special Yes

Code No.	1	2
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From: (Candidate's Mailing Address)

.....

PINCODE

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Phone/Mobile

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