

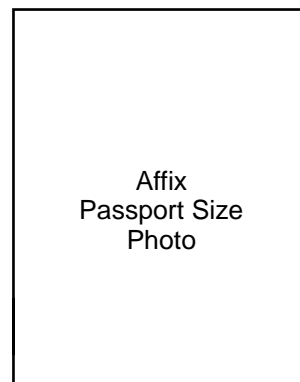
C.L.BAID METHA COLLEGE OF PHARMACY

Rajiv Gandhi Road, Thorapakkam, Chennai-600 097.

BACHELOR OF PHARMACY

201 - 201

1. Name of the applicant
(in block letters) :
2. Sex :
3. a. Date of Birth :
- b. Place of Birth :
4. a. Nationality :
- b. Religion :
- c. Community :
(SC/ST/OBC/BC/Others)
5. Blood group :
6. a. Father's Name :
- b. Mother's Name :
- c. Occupation of the parent :
- d. Annual income of the parent :
7. Address with pin code (District/State) for
correspondence :
- . Mobile No. :
- Land Line Phone No. :
8. Permanent address with pincode :
- Mobile No. :
- Land Line No. :
- Email Address :
9. Details of Educational Qualification :



School/College	Register Number	Year of Passing	Class Obtained

10. Details of Marks Obtained in H.S.C or equivalent examination:

Month & Year of Passing	Register Number	Subject	Marks Obtained	Maximum Marks
		Physics		
		Chemistry		
		Biology		
		Botany		
		Zoology		
		Mathematics		

If qualifying examination is Diploma in Pharmacy

- i) Name of the college where the candidate studied Diploma in Pharmacy :
- ii) Year of Passing :
- iii) Registration Number :
- iv) Percentage of marks obtained
 - I year :
 - II year :

- 11. Extra Curricular Activities :
- a. Sports :
- b. NCC/NSS :
- c. Others :

JOINT DECLARATION BY THE APPLICANT AND PARENT

The information furnished above is true and correct to the best of my knowledge. The original certificates will be produced at the time of admission. In case any information is found to be incorrect we agree to forego any claim for admission.

Station:

Date:

SIGNATURE OF THE PARENT

SIGNATURE OF THE APPLICANT

For office use only		
Aggregate in Physics, Chemistry, Mathematics/Biology :		
All subjects over 35% : Yes / No		
Eligible / Not Eligible		
Office Staff	Date :	Principal / Director

