

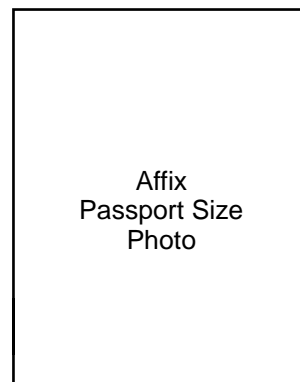
C.L.BAID METHA COLLEGE OF PHARMACY

Rajiv Gandhi Road, Thorapakkam, Chennai-600 097.

MASTER 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 :



Year of Passing	College	Affiliated University	Class Obtained

10. Details of Marks Obtained in B.Pharm :

Year / Semester	Month & Year of Passing	Register Number	Percentage of Marks
I			
II			
III			
IV			
V			
VI			
VII			
VIII			

12. PCI Registration No. :

13. Specialization

(Mention the order of the preference for the choice of specialization (at least three preferences))

- 1.
- 2.
- 3.
- 4.

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