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## EZHUTHACHAN COLLEGE OF PHARMACEUTICAL SCIENCES

Affiliated to the Kerala University of Health Sciences, Approved by the All India Council for Technical Education & Pharmacy Council of India.

Marayamuttom, Neyyattinkara, Thiruvananthapuram - 695 124, Kerala, India  
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### Application for Admission to the Six Year Pharm.D (Doctor of Pharmacy)

Application Form No. \_\_\_\_\_



Affix passport size  
photograph here

Name (in BLOCK LETTERS)	
Address for Communication _____ _____	
Tel No: _____	
Permanent Address _____ _____	
Tel No: _____	
Mob: _____	
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Age :	<input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality:	<input type="text"/>
Religion & Caste	Place of Birth

## Parent / Guardian Information

	Father	Mother	Guardian
Name			
Occupation			
Address (Use Pin code)			
	Tel. No.	Tel. No.	Tel. No.
Income			

## Qualifications (PDC / HSC / +2/ D.Pharm)

Name of the Qualifying Examination					
Name of University / Board					
Register No.		Year of Passing		Class / Division	
Marks obtained in PDC / HSC / +2	Physics	Chemistry	Biology	Maths	Total
Medium of Instruction			% of Marks Obtained		
Marks obtained in D.Pharm :					

## Other Information

Name and address of the School / College Last attended	
Whether the candidate was a member of Sports / NCC / NSS / Others (Enclose copy of certificates)	
Whether the applicant belongs to SC / ST / OBC / OEC If yes, attach attested copy of relevant pages of SSLC to prove community / certificate from the relevant authority	

## Declaration by the Applicant

I, \_\_\_\_\_ Son / Daughter of  
\_\_\_\_\_ hereby declare  
that the information furnished by me are true to the best of my knowledge and belief. If any information is proven to  
be wrong, I here by agree to abide by any action taken by the college including expulsion from the college.

\_\_\_\_\_

Place

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

## Declaration by the Parent / Guardian

I, \_\_\_\_\_ residing at \_\_\_\_\_  
\_\_\_\_\_ Father / Mother / Guardian of  
\_\_\_\_\_ hereby solemnly affirm and  
declare that I am fully aware of the declaration made by the applicant, my son / daughter / ward and take full  
responsibility for the statements made by him / her. The other statements and the information given are true,  
correct and complete to the best of my knowledge.

\_\_\_\_\_

Place

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent / Guardian

### Enclosure: attested copies of:-

- Certificate and Mark list of the Qualifying Examination
- SSLC Certificate in proof of age
- Caste and Community Certificate
- Course and conduct certificate from the Institution last attended
- Transfer Certificate (in case not enclosed should be produced at the time of Admission)
- Any other relevant certificate in proof of any claim made in the Application.

## Certificate from the Head of the Institution last attended by the student

Shri./Kumari \_\_\_\_\_ was a student of this Institution for the \_\_\_\_\_ course during \_\_\_\_\_ and he / she had successfully completed the course. He / She is declared to have passed the Plus 2 / HSC / PDC / D.Pharm \_\_\_\_\_ exam conducted in \_\_\_\_\_ year.

His / Her conduct and character are \_\_\_\_\_

Date \_\_\_\_\_  
Place \_\_\_\_\_

Signature of Head of Institution



### For Office Use Only

The Candidate \_\_\_\_\_ is provisionally admitted to the Pharm.D Course under the category mentioned below:

MERIT QUOTA

MANAGEMENT QUOTA

NRI QUOTA

If Merit Quota,  
the Rank No.

Date of Admission \_\_\_\_\_  
Admission No. \_\_\_\_\_

Signature of Principal

