

SELECTION
COMMITTEE
APPLICATION



DD No	Name of Bank	Date	Amount

**ADMISSION TO B.Pharm (Lateral Entry) COURSE 2014-2015 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
1	2

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/DC	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

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 31.05.2014					
6	Whether selected by Govt (or) other Agency (Specify)					
7	Name of the appointing authority					
8	Service status (Put ✓ 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 ✓ 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 2014-2015 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 sheet 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 2014-2015 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

ADMISSION TO B.PHARM.(LATERAL ENTRY) COURSE 2014-2015 SESSION SCRUTINY FORM

1. NAME 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">A.R.No.</td> <td style="width: 70%;">(for Office use only)</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSTRUCTION TO FILL UP SCRUTINY FORM</td> </tr> <tr> <td colspan="2"> 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. </td> </tr> </table>	A.R.No.	(for Office use only)	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.																							
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2.ADDRESS 	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> Paste here Firmly your recent photograph 4cm x 5cm with name & Date </div>																												
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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																													

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 2014-2015 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

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