



Application No.

SHIFA INSTITUTE OF MEDICAL SCIENCES (SIMS)

(A JOINT VENTURE OF ALSHIFA HOSPITAL AND SHIFA MEDICARE TRUST)

ALSHIFA COLLEGE OF PHARMACY

Poonthavanam Post, Kizhattur, Peinthalmanna, Malappuram District, Kerala. Pin 679 325

Phone : 04933 271416, 212100 E-mail: sims@sims_alshifa.com Web: www.alshifahospital.com/pharmacy.htm

APPLICATION FOR ADMISSION TO THE B.Pharm COURSE FOR THE ACADEMIC YEAR

Instructions to the Candidate

Use only capital letters for filling the application form

Attach self attested copies for the proof of age and qualification

Last date of submission of application form 200.....

Affix Recent
Passport size
photo

1. Name of Applicant _____
2. Expansion of Initial(s) _____
3. Age and Date of Birth
_____ _____ _____ _____
Age Date Month Year
4. Sex (Please tick) Male Female
5. Marital Status Single Married
6. Caste & Religion _____
7. Name of the Parent _____
8. Occupation of the Parent _____
9. Annual Income _____
10. Nationality _____
11. Address

Permenent Address	Address for Communication	Address of local Guardian if any
Ph:	Ph:	Ph:

14. Are you Physically Handicaped Yes _____ No _____

15. Are you in need of Hostel Accommodation Yes _____ No _____

16. Are you appeared for Entrance Examination conducted by the Government of Kerala/All India

Yes _____ No _____ If Yes give details:

Kerala Rank No. _____ All India Rank No. _____

17. Details of Qualifing examination

Reg. No/ Month/ Year	
School/ College	
Board / University	

18. Subject wise marks obtained in 10+2

Subject	Marks Obtained			Maximum Marks in	%Mark
	Theory	Practical	Total		
Physics					
Chemistry					
Biology					
Mathematics					
Bio-Technology					

DECLARATION BY THE CANDIDATE

I..... Son / Daughter / Spouse of
Shri.....do hereby declare that the
particulars are true and correct to the best of my knowledge. I have filled up this application after
reading all the insturctions in the Prospectus carefully. I am liable to be punished for willful suppression
or misstatements of facts.

I agree to conform from this date to all the rules and regulations including those relating to the
hostel, if I am admitted thereto, in force at present or that may be introduced hereafter, for the
due maintenance of the discipline of the college, and I further agree to be satisfied with the
amenities now offered in the academic and social life of the college, to make good any damage to
furniture, apparatus or other things which may be and carelessness, negligence or wantonness on
my part and to leave the college at any time, if I cannot carry out this undertaking.

I pledge myself never to take part directly or indirectly in any political, economic, communal
subversive or any other such activities.

I further pledge myself not to cause damage in any manner to the properties of the college and to
pay regularly all the fees and dues. Should it be found that I have committed any of the above
acts, I agree to receive any punishment including summary dismissal from the College and Hostel
and liability for damages caused.

I shall accept the decisions of the Calicut University, the Govt. of Kerala, the Pharmacy Council of
India, AICTE and other statutory bodies constituted if any regarding qualification/eligibility for
admission as final.

Counter Signature by Parent/Guardian/Spouse

Signature of the Candidate

DECLARATION BY THE PARENT/GUARDIAN/SPOUSE

I fully endorse the declaration made above by the candidate. Besides I undertake to guarantee for his good conduct and behaviour during the tenure of the candidate's studentship in the college. However, if the candidate contravenes any of the rules and regulations of the college and the hostel or indulges in any unauthorised activities, I further undertake to abide by the decision of the college authorities with regard to the nature and magnitude of the Punishment.

Place :

Date:

Signature of the Parent/Guardian/Spouse

For Office Use Only

Rank No.	
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Application No.	
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Roll No	
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Category	
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Details of Certificates verified and deposited

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Particulars verified by

Name

Signature

Original Certificates verified by

Name

Signature

Location of the deposited Original Certificates

REMARKS

Principal