

SHIFA INSTITUTE OF MEDICAL SCIENCES(SIMS)

RUN BY SHIFA MEDICARE TRUST
AL SHIFA COLLEGE OF PHARMACY

Poonthavanam Post, Kizhattur, Perintalmanna, Malappuram District, Kerala - 679 325
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 Web:www.alshifacollegeofpharmacy.com

APPLICATION FOR ADMISSION TO PHARM. D. COURSE FOR THE ACADEMIC YEAR 20.....



Instructions to the Candidate

- Use only capital letters for filling the application form
- Attach self attested copies for the proof of age and qualifications
- Last date for submission of the Application form.....20.....

1. Name of the Applicant	<input type="text"/>																				
2. Expansion of Initial (s)	<input type="text"/>																				
3. Age & Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Age	Date	Month	Year																	
4. Sex (please tick)	Male <input type="checkbox"/>		Female <input type="checkbox"/>																		
5. Blood Group	A+ve <input type="checkbox"/>	A-ve <input type="checkbox"/>	B+ve <input type="checkbox"/>	B-ve <input type="checkbox"/>	AB+ve <input type="checkbox"/>	AB-ve <input type="checkbox"/>	O+ve <input type="checkbox"/>	O-ve <input type="checkbox"/>													
6. Marital Status	Unmarried <input type="checkbox"/>		Married <input type="checkbox"/>		Divorced <input type="checkbox"/>		Widow <input type="checkbox"/>														
7. Name and address of spouse: (Only if applicable)	<input type="text"/>																				
	<input type="text"/>																				
	<input type="text"/>																				
8. Caste & Religion	<input type="text"/>																				
9. Whether OBC/OEC/SC/ST	OBC <input type="checkbox"/>	OEC <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>	NA <input type="checkbox"/>																
10. Father's Name	<input type="text"/>																				
11. Occupation of the Father	<input type="text"/>																				
12. Mother's Name	<input type="text"/>																				
13. Occupation of the Mother	<input type="text"/>																				
14. Annual Income of the Family	Rs.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
15. Native Place	<input type="text"/>																				
16. Nationality	<input type="text"/>																				
17. Permanent Address	<input type="text"/>																				
	<input type="text"/>																				
	<input type="text"/>																				
	<input type="text"/>															PIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone no. with STD Code	<input type="text"/>																				

18. Address for communication

Phone no. with STD code

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e-mail address

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PIN

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19. Mobile Nos.

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Name & Relationship

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20. Are you physically handicapped

YES		No.	
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21. Are you in need of Hostel Accomodation

YES		No.	
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22. Have you applied to LBS Centre for Govt. Merit seat ?

YES		No.	
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If yes give details

Govt. Merit seat Rank No.

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23. Academic Qualification : Details of Matriculation and above examination only be given

	Name of Exam. Passed	University/Board	Subject taken	Year of passing	Roll/Reg. No.	Maximum Marks	Marks obtained	Division / Class	% of marks
a	SSLC								
b	Plus Two								
c									
d									

24. Details of the Qualifying Examination

Name of Examination:

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Register No. Month & Year of Exam

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Name of Institution

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25. Marks obtained in Plus Two (IInd Year) / D.Pharm examination

Subject	Marks obtained			Maximum Marks	% of Marks
	Theory	Practical	Total		
Physics					
Chemistry					
Biology OR					
Mathematics					
Grand Total (PCB/M)					

Course	Marks obtained	Percentage
D.Pharm Ist Year		
D.Pharm IInd Year		
Grand Total		

26. Name of Institution last studied and year

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Place
Date

Signature of the Candidate

DECLARATION BY THE CANDIDATE

I son / daughter / spouse of
Shri/Smt. 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 instructions 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 subversion 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 Kerala University of Health Sciences, Govt. of Kerala, Pharmacy Council of
India, AICTE and other statutory bodies constituted if any regarding qualification / eligibility for admission as
final.

I agree to abide by the conditions laid down in the prospectus for admission to Professional degree course
20....., which has been approved by the Govt. of Kerala, published by the LBS for Sciences &
Technology.

Counter signature by Parent

Guardian / Spouse

Place:

Date:

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 behavior 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
unauthorized 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 with Name

FOR OFFICE USE ONLY

Rank No.	
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Application No.	
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Rank 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