



Appl. No

SHIFA INSTITUTE OF MEDICAL SCIENCES (SIMS)
ALSHIFA COLLEGE OF PHARMACY
(RUN BY SHIFA MEDICARE TRUST)

Poonthavanam Post, Kizhattur, Perintalmanna, Malappuram Dist, Kerala. Pin: 679325
 Phone: +914933 271416, 212100. E-mail: alshifacp@sancharnet.in

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

Instruction to candidate

Use only capital letters for filling the application form.
 Attach Self Attested Copies for the proof of age and qualifications.

Affix recent
 passport size
 photo

1	Name of the Applicant	<input type="text"/>												
2	Age / Date of Birth	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td align="center">Age</td> <td align="center">Date</td> <td align="center">Month</td> <td align="center" colspan="3">Year</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Age	Date	Month	Year		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
Age	Date	Month	Year											
3	Sex	<table border="1"> <tr> <td>Male</td> <td><input type="checkbox"/></td> <td>Female</td> <td><input type="checkbox"/></td> </tr> </table>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>								
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>											
4	Marital status	<table border="1"> <tr> <td>Single</td> <td><input type="checkbox"/></td> <td>Married</td> <td><input type="checkbox"/></td> </tr> </table>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>								
Single	<input type="checkbox"/>	Married	<input type="checkbox"/>											
5	Caste & Community	<input type="text"/>												
6	Name of Parent / Guardian/ Spouse with occupation	<table border="1"> <tr> <td>Mr./Mrs.</td> <td><input type="text"/></td> </tr> </table>	Mr./Mrs.	<input type="text"/>										
Mr./Mrs.	<input type="text"/>													
7	Address (with telephone number)	<input type="text"/>												

Permanent Address	Address for communication	Address of local guardian if any
<input type="text"/>	<input type="text"/>	<input type="text"/>
Ph: <input type="text"/>	Ph: <input type="text"/>	Ph: <input type="text"/>

8 Details of Qualifying Examination (Attach relevant documents):

Examination HSC/10+2/Equivalent	University / Board / School	Year / Month of pass with Reg. No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

9 Subject wise marks obtained in qualifying exam

Subject	Max. marks	Marks obtained	% Marks
Physics	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chemistry	<input type="text"/>	<input type="text"/>	<input type="text"/>
Biology	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mathematics	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total PCB/M	<input type="text"/>	<input type="text"/>	<input type="text"/>

- 10 Have you appeared for entrance examination conducted by Govt. of Kerala
If yes, give rank no. Yes No
- 11 Are you physically handicapped? Yes No
- 12 Do you need hostel accomodation? Yes No

DECLARATION BY CANDIDATE

IS/o / D/o / W/o
do hereby declare that I have carefully gone through the rules & regulations of the institution, and I will abide by them. I further declare that all the statements made by me in this application & the documents produced in support thereof are true to the best of my knowledge and belief.

Counter signature
of Parent/Guardian

Signature of candidate

OFFICE USE ONLY

Application No.

Roll No.

Category

Details of certificates verified & deposited

- 1
- 2
- 3
- 4
- 5

Verified by
(Name & Signature)

Remarks

DATE

PRINCIPAL