

Approved by PCI, Govt. of Kerala & Affiliated to KUHS Ramavarmapuram P.O., Villadam, Thrissur, Kerala - 680 631. Tel. (off): 0487 2965395, 7907555133



		APPLICATION NO:
APPLICATION FOR ADMISSION		
(Read the prospectus before filling the application form,		
incomplete and incorrect information		
will disqualify the application)		
PHARM D B PHARM B PHARM (LATERAL	ENTRY) D PHARM	Affix Recent Passport Size Colour Photograph
MERIT MANAGEMENT		
1.a) Name of applicant as in SSLC Book in Block Letters		
b) Age c) Date of birth	M M Y Y Y	
d) BloodGroup e)Aadhaar		
2.a) Religion & Caste/Community		
b) Specify if SC/ST/OBC/OEC/ with relevant certificate		
3.E-Mail	4. Nationality	
5.Place of Birth with District & Taluk		
6.a) Communication Address	b) Permanent Address	
Ph No.:	Ph No.:	

7. Enter the percentage of Marks scored in the following examination								
Exam Passed	Name of the Board/University		Year of Passing	Class Obtained & attempt of passing	Medium of Instruction		% of Marks obtained in aggregate of all subjects	
S.S.L.C. Equivalent								
HSC/ Equivalent								
D.Pharm								
8. Enter the Marks scored and percentage in Qualifying examinations.								
Subject	Physics	Chemistry	Biology	Computer Science	Mathematics	English	Malayalar	m <b>Total</b>
Maximum Marks								
Obtained Score								
Grade								
Percentage								
9. Percentage in PCB/PCM.								
10. Percentage in B.Pharm.								
11. Percentage in D Pharm.								

..... ELIMS COLLEGE OF PHARMACY

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12. Detail regar	rding the applicant's par	ent or guardian			
a) Name					
b) Relation Ship	o with applicant				
c) Occupation 8	& Designation			e) Annual Income	
f) Official addr	ess of the Parent or Gu	uardian			
			Ph No.	:	
13. Whether the	he applicant had receiv	ved any financial scholarshi	p (Give Details	;)	
14. Whether h	ostel accommodation	is required			
		DECLARAT	ION		
in this applicat	ion and the enclosures	here are true. I will not indulge ir ssed. I promise to abide by t	n any form of ra	ngging, I know it is a cr	iminal offence and if
Date:				Sią	gnature of Applicant
I hereby agree	e to co-operate with th	ne college to ensure the r	ules and regul	ation framed in the	interest of my ward
Place: Date:				Signature (	of Parent / Guardian

	<ul> <li>ELIMS COLLEGE OF PHARMACY</li> </ul>
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## **DOCUMENTS/CERTIFICATES TO BE ATTACHED**

- 1. Printout of Application (For Merit Students)
- 2. Allotment memo (For Merit Students)
- 3. Reciept of fee remitted (For Merit Students)
- 4. Mark list of Qualifying Examination (SSLC, PLUS TWO)
- 5. Transfer Certificate (TC) & Conduct Certificate issued by the institution last studied
- 6. Migration certificate
- 7. Eligibility Certificate (CBSE, ICSE)
- 8. Certificate for SC/ST/OBC/ (Caste/Community and Income Certificates)
- 9. Pharmacy Council Registration Certificate (For D.Pharm Students)
- 10. Physical Fitness Certificate from Asst. Surgeon
- 11. Certificate Showing Vaccination against Hepatitis B
- 12. Four passport size & Two stamp size colored photographs with white background.
- 13. If any other, Please specify ......

## FOR OFFICE USE ONLY

Admission No:		Date of Admission:	
Selected	Not Selected		

Signature of Principal



For admission details contact:

The Principal
Elims College of Pharmacy
Ramavarnapuram P.O., Villadam, Thrissur-680631

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