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M.S. RAMAIAH COLLEGE OF PHARMACY
M.S.R. NAGAR, M.S.R.I.T. POST, BANGALORE – 560 054.
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APPLICATION FORM FOR B.PHARM (Four Year / Three Year Lateral entry for
D.Pharm Students only) COURSE 2013-2014 (UNDER MANAGEMENT QUOTA)

01	Name of the applicant																
02	Gender	Male / Female															
03	A. Name of the father, educational qualification & occupation.																
	B. Name of the mother, educational qualification & occupation																
	C. Mother Tongue																
04	Date of birth, Place of birth & age of the candidate																
05	<u>Permanent Address (With Pin Code)</u>	<u>Communication Address (with Pin Code)</u>															
06	Contact Phone No. with STD code: Mobile Phone No:																
07	Nationality	Indian / NRI / Foreign National															
08	Name of the school or college where +2 / PUC / PDC passed																
09	Name of the Board where +2 / PUC / PDC passed																
10	Passing Year of +2 / PUC / PDC & medium of instruction (indicate clearly whether English / Hindi / Others)																
11	Attested copy of Marks Card enclosed 10 th & +2 /PUC / PDC	Yes / No															
12	<p>Marks</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"></td> <td style="width: 15%; text-align: center;">Physics</td> <td style="width: 15%; text-align: center;">Chemistry</td> <td style="width: 15%; text-align: center;">Biology</td> <td style="width: 15%; text-align: center;">Mathematics</td> </tr> <tr> <td style="vertical-align: top;"> <p>Maximum:</p> <p>a) Obtained in II PUC/ Equivalent examination</p> </td> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> <tr> <td style="vertical-align: top;"> <p>Secured:</p> </td> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> </table> <p style="margin-top: 10px;">Total percentage in PCB: _____ PCM: _____</p>			Physics	Chemistry	Biology	Mathematics	<p>Maximum:</p> <p>a) Obtained in II PUC/ Equivalent examination</p>	<input type="text"/> <input type="text"/> <input type="text"/>	<p>Secured:</p>	<input type="text"/> <input type="text"/> <input type="text"/>						
	Physics	Chemistry	Biology	Mathematics													
<p>Maximum:</p> <p>a) Obtained in II PUC/ Equivalent examination</p>	<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"/>													
<p>Secured:</p>	<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"/>													

	b) Marks obtained in D.Pharm	Maximum	Secured	Aggregate of D.Pharm Part I+II percentage
	D.Pharm Part I	<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"/>
	D.Pharm Part II	<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"/>
13	Caste details (Please tick <input type="checkbox"/>)	General Category / *OBC / *SC / *ST (*Enclose caste certificate copy)		
14	Blood Group			
15	D.D. Details for Rs.750/-(Non-refundable) drawn in favour of “ M.S. Ramaiah College of Pharmacy, payable at Bangalore”			
16	Whether you want hostel accommodation	Yes / No		
<p>I Declare that the above information is true and correct to the best of my knowledge and belief. I have gone through the ordinance for the selection rules and admission rules. In case any of the above information is found to be false or incorrect, I shall forfeit the claim to be considered for a seat in Pharmacy College. I and /or my parent/ guardian will also be liable for such civil/criminal action as the state may take against me/us in this behalf. I am also aware that if I get admitted to this Institution and if I indulge in ragging, I will be terminated from the college.</p>				
Signature of Father/Mother/Guardian		SIGNATURE OF THE CANDIDATE		
Place:				
Date:				

FOR OFFICE USE ONLY

01	Sl. No. of the Application & Date received	
02	D.D Details	
03	Rank as per the Merit List / Test	
04	Selected / Not selected	
05	Fees paid Details	
06	Remarks if any,	

Date:

(Signature of the Principal
Chairman Selection Committee)