



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 D.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(in capitals) \_\_\_\_\_

2. Age and Date of Birth \_\_\_\_\_  
Age                      Date                      Month                      Year

3. Sex (Please tick)                       Male                       Female

4. Marital Status                       Single                       Married

5. Caste & Community \_\_\_\_\_

6. Name of the Parent/Guardian/  
Spouse with Occupation \_\_\_\_\_

7. Address (with phone)

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

8. Details of Qualifying Examination (Attach the relevent documents):

Examination HSC/10+2/ Equivalent	University/Board/School	Year/Month of pass with Reg. No.

9. Subject wise marks obtained in qualifying exam

Subject	Max. Marks	Marks Obtained	%Mark
Physics			
Chemistry			
Biology/Mathematics			
Total PCB/M			

10. Have you appeared for Entrance Examination conducted by the Government of Kerala  Yes  No

If Yes give Rank No.

11. Are you Physically Handicaped  Yes  No

12. Do you need of Hostel Accommodation  Yes  No

**DECLARATION BY THE CANDIDATE**

I, (Name..... S/o / D/o .....hereby declare that I have carefully gone through the rules & regulations of the institution and promise to abide by them. I further declare that 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 by Parent/Guardian/Spouse

\_\_\_\_\_  
Signature of the Candidate

Place:  
Date:

**For Office Use Only**

Application No.

Roll. No.

Category

*Details of Certificates verified and deposited*

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

Remarks

\_\_\_\_\_  
Verified by

Date:

PRINCIPAL