

# Sri Ramakrishna Institute of Paramedical Sciences

## College of Pharmacy

(Educational Service: M/s S.N.R. Sons Charitable Trust)  
395, Sarojini Naidu Road, Sri Ramakrishna Hospital Campus, Coimbatore-641 044  
Phone Number: 0422 4500164/ 4500195  
Email: [copsripmsoffice@gmail.com](mailto:copsripmsoffice@gmail.com); Web: [www.sripmscop.com](http://www.sripmscop.com)  
(Approved by Government of Tamil Nadu & Pharmacy Council of India, New Delhi)

**Academic Year: 2020- 2021**

### APPLICATION FOR ADMISSION: D. PHARM., (Diploma in Pharmacy)

(**Note:** The form can be downloaded, duly filled and can be forwarded to [copsripmsoffice@gmail.com](mailto:copsripmsoffice@gmail.com))

Self attested  
recent color  
photograph

**Application Number** (For Office Use):

1.	Name in full ((in Block Letters)	
2.	Name of the Parent / Guardian Name	
3.	Age and Date of Birth	
4.	Place of Birth	
5.	Gender	
6.	Nationality	
7.	Religion	
8.	Caste and Community	OC/ BC/ MBC/ SC/ST
9.	Marital Status	
10.	Permanent Address	
11.	Address for Communication	
12.	Residential Phone Number	
13.	Parent Mobile Number	
14.	Student Mobile Number	
15.	Email ID of Parent	
16.	Email ID of Student)	
17.	Educational Qualification (Highest)	
18.	Medium of Instruction	
19.	Month & Year of Passing	
20.	Name of the School	
21.	Percentage of Marks/ Grades obtained	
22.	References (Name of Two Individuals with good standing other than your relatives)	1. 2.

\*\* Fees detail shall be obtained from the college office (online/NEFT payment only)

### DECLARATION

I hereby declare that the above facts are true and correct to the best of my knowledge. I hereby agree to abide by the rules and regulation of the Institute and the hostel. I am aware that, if I violate the rules and regulations of the Institute, I am liable for immediate dismissal from the Institute. I promise to conduct myself inside and outside the Institute with discipline and decorum and will do nothing to bring disrepute to the Institute.

**Date:**

**Signature of the Candidate**

**Station:**

**Signature of the Parent / Guardian**