



JAMIA SALAFIYA PHARMACY COLLEGE  
Pulikkal - 673637, Malappuram (Dt.)  
Ph: 0483 - 2791261, 2790108.

PHOTO

Application for registration to ..... Course for the academic Year 2019 - '20.

To be filled in applicant's own handwriting

Application No:

1. Name of Applicant (In Block Letters)

2. Age and Date of Birth (DD-MM-YYYY)

3. Sex

 M  F

4. a) Name of Parent/Guardian

b) Relationship with the Guardian

c) Occupation of Parent/Guardian

d) Annual income of Parent/Guardian

5. Address of the applicant

6. Telephone Number with STD code

7. Mobile No. & Email ID

8. Name and address of the Institution  
last studied

9. Details of Qualifying Examination

a) Examination passed

b) Month and year of passing

c) Register No. in the Examination

10. Details of Photo copies of originals attached

11. Details of Marks in the Qualifying Examination

Subject	Mark obtained	Percentage
Physics		
Chemistry		
Mathematics		
Biology		
Computer Science		
English		
Second Language		

Score at KEAM :                      :

CONDITIONS

1. The candidate should submit the original documents at the time of admission.
2. All admissions are provisional and subject to the rules and regulations of Pharmacy Council of India (PCI), AICTE (All India Council for Technical Education), Kerala University of Health Sciences (KUHS) & KSSPCMA from time to time.
3. The admission of any candidate, even if made, will be cancelled if such admission is found to be made contrary to the referred to rules and regulations at any time. In such cases, the candidate shall not have any claim whatsoever in any manner.
4. Fee once paid shall not be refunded. Clauses of liquidated damages in force apply.

DECLARATION OF THE APPLICANT

I promise to abide by the rules, regulations and orders of the college, its authorities and officers. I will accept the decision of the Principal in all matters of discipline as final.

Date:

Place:

Name & Signature of the applicant.

Declaration of the Parent/Guardian

I have read the prospectus of the college and accept it. I agree to the applicant's admission to the ..... course. I shall be responsible for the payment of all his/her fees and charges. I shall also be responsible for his/her conduct and good behaviour, character and discipline during the period of his/her studies in the college. I will accept the decision of the Principal in all matters of my ward as final.

Date

Place:

Name & Signature of the Parent/Guardian

FOR OFFICE USE ONLY

Eligible : Yes/No

Admission No. :                      :

Admitted to :                      :

Confirmed/Waiting:                      :