

Do not Staple



TAMILNADU PRIVATE PROFESSIONAL COLLEGES ASSOCIATION - HEALTH SCIENCES

Appl. No.

Application number input box

M.Pharm. Admission 2019-2020 OMR APPLICATION FORM

AR No.

AR Number input box

(To be filled by the Candidate)

INSTRUCTIONS

- 1. Use only Ball Point Pen for shading inside the open small boxes of the form :
2. Erase clearly any response you wish to change.
3. Use Ball Point Pen to write inside the larger boxes of the form and whenever writing is required.
4. Handle this sheet with care. Do Not staple, pin or mutilate the Application Form

1. NAME OF THE CANDIDATE (IN CAPITAL LETTERS)

2. APPLICATION FORM NO.

Large grid for candidate name and other details

Grid for application form number

3. GENDER

4. NATIONALITY

Gender selection options: Male, Female

Nationality selection options: Indian, Others

5. NO. OF APPEARANCES IN THE FINAL SEMESTER / YEAR OF QUALIFYING EXAMINATION

6. COMMUNITY

7. DATE OF PASSING QUALIFYING EXAMINATION

8. DATE OF BIRTH

Grid for number of appearances

Grid for community selection

Grid for date of passing examination

Grid for date of birth

9. UNIVERSITY AT WHICH QUALIFIED UG DEGREE

1. TN Dr. MGR Medical University	<input type="text"/>
2. Others	<input type="text"/>

10. TOTAL NO. OF YEARS OF EXPERIENCE AS ON 30.04.2019 AFTER COMPLETION OF QUALIFYING EXAM

<input type="text"/>	<input type="text"/>
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[1] [1]	
[2] [2]	
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11. MAXIMUM MARKS (FIRST TO FINAL YEAR)

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12. TOTAL MARKS OBTAINED IN THE UNIVERSITY EXAMINATION (FIRST TO FINAL YEAR)

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13. PERMANENT REGN. NO (B.Pharm)

<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"/>
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14. PARTICULARS OF THE DEMAND DRAFT

Bank Name	DD Date	DD Number	Amount																																
(1) State Bank of India (2) Corporation Bank (3) Indian Bank (4) Indian Overseas Bank (5) Canara Bank (6) ICICI Bank (7) AXIS Bank (8) HDFC Bank (9) Federal Bank (10) Union Bank (11) Others (Please mention below) <input type="text"/>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr><td>[0] [0]</td></tr> <tr><td>[1] [1]</td></tr> <tr><td>[2] [2]</td></tr> <tr><td>[3] [3]</td></tr> <tr><td>[4]</td></tr> <tr><td>[5]</td></tr> <tr><td>[6]</td></tr> <tr><td>[7]</td></tr> <tr><td>[8]</td></tr> <tr><td>[9]</td></tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	[0] [0]	[1] [1]	[2] [2]	[3] [3]	[4]	[5]	[6]	[7]	[8]	[9]	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr><td>[0] [0] [0] [0] [0] [0]</td></tr> <tr><td>[1] [1] [1] [1] [1] [1]</td></tr> <tr><td>[2] [2] [2] [2] [2] [2]</td></tr> <tr><td>[3] [3] [3] [3] [3] [3]</td></tr> <tr><td>[4] [4] [4] [4] [4] [4]</td></tr> <tr><td>[5] [5] [5] [5] [5] [5]</td></tr> <tr><td>[6] [6] [6] [6] [6] [6]</td></tr> <tr><td>[7] [7] [7] [7] [7] [7]</td></tr> <tr><td>[8] [8] [8] [8] [8] [8]</td></tr> <tr><td>[9] [9] [9] [9] [9] [9]</td></tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	[0] [0] [0] [0] [0] [0]	[1] [1] [1] [1] [1] [1]	[2] [2] [2] [2] [2] [2]	[3] [3] [3] [3] [3] [3]	[4] [4] [4] [4] [4] [4]	[5] [5] [5] [5] [5] [5]	[6] [6] [6] [6] [6] [6]	[7] [7] [7] [7] [7] [7]	[8] [8] [8] [8] [8] [8]	[9] [9] [9] [9] [9] [9]	Rs 1500 <input type="text"/>
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DECLARATION

I here by declare that the particulars furnished above are true and correct to the best of my knowledge and belief.

Name and Mailing Address (with Pincode) (IN BLOCK LETTERS)

PIN :	Ph No. (with STD Code) :
MOBILE NO.:	
E-mail :	

PHOTOGRAPH

Paste here firmly your recent photograph 4cm X 5cm With name & date Do not get the photograph attested. Do not staple the Photograph Accurately position Photo face up inside

Signature of the Candidate (within the box)

TAMILNADU PRIVATE PROFESSIONAL COLLEGES ASSOCIATION - HEALTH SCIENCES ENTRANCE EXAMINATION HALL TICKET

M.PHARM COURSE 2019- 2020
(DUPLICATE)

Entrance Examination Number

Name (Black Letters).....

Centre - VELS UNIVERSITY,VELAN NAGAR,P.V.VAIDYALINGAM ROAD,PALLAVARAM,CHENNAI - 600 117.

Candidate's Address

.....
.....
.....

Affix
Passport Size
Photograph

Pin Code

Signature of the Candidate

Date & Time

**22nd September 2019,
10 a.m. to 12.00 Noon**

Secretary
TNPPCA - HS

TAMILNADU PRIVATE PROFESSIONAL COLLEGES ASSOCIATION - HEALTH SCIENCES ENTRANCE EXAMINATION HALL TICKET

M.PHARM COURSE 2019 - 2020
(ORIGINAL)

Entrance Examination Number

Name (Black Letters).....

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