

9. UNIVERSITY AT WHICH QUALIFIED UG DEGREE

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

10. TOTAL NO. OF YEARS OF EXPERIENCE AS ON 30.04.2018 AFTER COMPLETION OF QUALIFYING EXAM

<input type="checkbox"/>	<input type="checkbox"/>
[0] [0]	
[1] [1]	
[2] [2]	
[3] [3]	
[4] [4]	
[5] [5]	
[6] [6]	
[7] [7]	
[8] [8]	
[9] [9]	

11. MAXIMUM MARKS (FIRST TO FINAL YEAR)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[0] [0] [0] [0]			
[1] [1] [1] [1]			
[2] [2] [2] [2]			
[3] [3] [3] [3]			
[4] [4] [4] [4]			
[5] [5] [5] [5]			
[6] [6] [6] [6]			
[7] [7] [7] [7]			
[8] [8] [8] [8]			
[9] [9] [9] [9]			

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[0] [0] [0] [0]			
[1] [1] [1] [1]			
[2] [2] [2] [2]			
[3] [3] [3] [3]			
[4] [4] [4] [4]			
[5] [5] [5] [5]			
[6] [6] [6] [6]			
[7] [7] [7] [7]			
[8] [8] [8] [8]			
[9] [9] [9] [9]			

13. PERMANENT REGN. NO (B.Pharm)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[0] [0] [0] [0] [0] [0] [0] [0] [0] [0]									
[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]									
[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]									
[3] [3] [3] [3] [3] [3] [3] [3] [3] [3]									
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[5] [5] [5] [5] [5] [5] [5] [5] [5] [5]									
[6] [6] [6] [6] [6] [6] [6] [6] [6] [6]									
[7] [7] [7] [7] [7] [7] [7] [7] [7] [7]									
[8] [8] [8] [8] [8] [8] [8] [8] [8] [8]									
[9] [9] [9] [9] [9] [9] [9] [9] [9] [9]									

14. PARTICULARS OF THE DEMAND DRAFT

Bank Name

- (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)

DD Date

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[0] [0]	[0] [0]	[2] [0] [1] [8]			
[1] [1]	[1] [1]	[1] [1] [0] [1]			
[2] [2]	[2]	[0] [2] [2] [2]			
[3] [3]	[3]	[3] [3] [3]			
[4]	[4]	[4] [4] [4]			
[5]	[5]	[5] [5] [5]			
[6]	[6]	[6] [6] [6]			
[7]	[7]	[7] [7] [7]			
[8]	[8]	[8] [8] [0]			
[9]	[9]	[9] [9] [9]			

DD Number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[0] [0] [0] [0] [0] [0]							
[1] [1] [1] [1] [1] [1]							
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[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]							

Amount

Rs 1500

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 2018 - 2019
(DUPLICATE)**

Entrance Examination Number

Name (Black Letters).....

Centre - **CHELLAMMAL COLLEGE FOR WOMEN, NEAR SPIC BUILDING, GUINDY, CHENNAI - 600 032.**

Candidate's Address.....
.....
.....

Affix
Passport Size
Photograph

Pin Code

Signature of the Candidate

Date & Time

**27th May 2018,
10 a.m. to 12.00 Noon**

**Secretary
TNPPCA - HS**

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

**M.PHARM COURSE 2018 - 2019
(ORIGINAL)**

Entrance Examination Number

Name (Black Letters).....

Centre - **CHELLAMMAL COLLEGE FOR WOMEN, NEAR SPIC BUILDING, GUINDY, CHENNAI - 600 032.**

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Affix
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TNPPCA - HS**