

Application No:

Issued on:



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**KARPAGAM**  
ACADEMY OF HIGHER EDUCATION

(Deemed to be University)

(Established Under Section 3 of UGC Act, 1956)

# APPLICATION FOR ADMISSION TO

## Pharm.D

( Approved by PCI, New Delhi)

FOR OFFICE USE  
ONLY

Pollachi Main Road, Eachanari Post, Coimbatore - 641 021 | Ph : +91 422 2980011, 12, 13, 14  
info@kahedu.edu.in | www.kahedu.edu.in

Pharm.D

☐

1. Name of the Applicant (in BLOCK letters) (As in HSC Mark Sheet) :

Paste a recent passport  
size photograph

**DO NOT STAPLE**

2. Name of the Parent/Guardian :  
and Permanent Address  
(in BLOCK letters)

  
  

PIN Code:

Address for Communication :

PIN Code:

Mobile No. (Parent) 1 : \_\_\_\_\_ 2 : \_\_\_\_\_

Mobile No. (Student) : \_\_\_\_\_

E-mail ID. : \_\_\_\_\_

3. Gender (✓) : Male ☐ Female ☐ Transgender ☐ 4. Blood Group : \_\_\_\_\_

5. Date of Birth :   
Date Month Year

6. Age :

7. Aadhaar Number :

8. Mother Tongue : \_\_\_\_\_

9. Nationality : \_\_\_\_\_

10. State (✓) : Tamil Nadu ☐ Others ☐ \_\_\_\_\_

11. Religion : \_\_\_\_\_

12. a) Community (Attested photo copy should be enclosed) : OC / BC / BC (M) / MBC / DNC / SC / SC (A) / ST (Write in the box)

b) Name of the Caste : \_\_\_\_\_

c) Sl. No. of the Community Certificate : \_\_\_\_\_

13. Person with disability (✓) : Yes ☐ No ☐ (If yes attach medical certificate issued from authorized authority)

14. Parent's Occupation and Office Address (If any) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Phone No. : \_\_\_\_\_

15. Annual Income : \_\_\_\_\_

16. Extra Curricular activities\*(✓) : SPORTS ☐ NCC ☐ SOCIAL SERVICE ☐ OTHERS ☐

\* Mention in detail :

(Please mention if any of the following facilities is required)

17. Hostel facility (✓) : Yes ☐ No ☐ 18. Bus facility (✓) : Yes ☐ No ☐

19. Academic Performance

Class	Name & Address of the School	Medium of Instruction	Board	Month & Year of Passing	Marks obtained	Maximum Marks	%
SSLC (10 <sup>th</sup> )							

HSC (12<sup>th</sup>) : Academic / Vocational Board : \_\_\_\_\_

Medium of Instruction : \_\_\_\_\_ Register Number : \_\_\_\_\_

Name of the School : \_\_\_\_\_

City: \_\_\_\_\_ District: \_\_\_\_\_ State : \_\_\_\_\_

Subject	Month & Year of Passing	Marks obtained	Maximum Marks	%
Language ( )				
English				
Part III 1.				
2.				
3.				
4.				
PCB Average: _____	<b>Total</b>			

CET : \_\_\_\_\_ Overall Rank : \_\_\_\_\_ Community Rank : \_\_\_\_\_

Diploma : \_\_\_\_\_ Register Number : \_\_\_\_\_

Name of the College : \_\_\_\_\_ City : \_\_\_\_\_

Name of the University / Board : \_\_\_\_\_ State : \_\_\_\_\_

Year	Month & Year of Passing	Marks obtained	Maximum Marks	%
1 <sup>st</sup> Year				
2 <sup>nd</sup> Year				
	<b>Total</b>			

B.Pharm : \_\_\_\_\_ Register Number : \_\_\_\_\_

Name of the College : \_\_\_\_\_ City : \_\_\_\_\_

Name of the University / Board : \_\_\_\_\_ State : \_\_\_\_\_

Year	Month & Year of Passing	Marks obtained	Maximum Marks	%	Class Obtained
1 <sup>st</sup> Year					
2 <sup>nd</sup> Year					
3 <sup>rd</sup> Year					
4 <sup>th</sup> Year					
	<b>Total</b>				

## DECLARATION BY THE APPLICANT AND PARENT

I solemnly affirm that the information furnished in this application and the enclosures are true, correct and complete to the best of my knowledge and belief. I assure to abide by the rules and regulations of the Karpagam Academy of Higher Education, enforced from time to time. I further declare that should it be found otherwise, I am liable to forfeit my seat and / or be removed from the rolls of the Karpagam Academy of Higher Education at any stage of the study. Application and Admission fees, Once paid shall not be refunded under any circumstances.

Signature of the Parent / Guardian

Signature of the Applicant

Place:

Date:

### FOR OFFICE USE ONLY

Day Scholar ☐

Hostelite ☐

Name of the student : \_\_\_\_\_

Enrolment No. : \_\_\_\_\_

Admitted on : \_\_\_\_\_

Fees collected vide receipt no. : \_\_\_\_\_ Date: \_\_\_\_\_ Rs.: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ Rs.: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ Rs.: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ Rs.: \_\_\_\_\_

Health card receipt no. : \_\_\_\_\_ Date: \_\_\_\_\_ Rs.: \_\_\_\_\_

Admissions Incharge

Note: Attested Photo copies of the certificates (downloaded mark sheet if original mark sheet is not received) should be enclosed along with the application. However at the time of admission, the original certificates should be submitted. Any change in information furnished should be intimated to the authorities of Karpagam Academy of Higher Education through proper channel immediately.