

Application No.....



**VEERASAIVA VIDYAVARDHAKA SANGHA'S
TOGARI VEERAMALLAPPA MEMORIAL COLLEGE OF PHARMACY
GANDHI NAGAR. BELLARY- 583 103.**

Last date for receipt of application	<input type="text"/>
Registration Number (to be filled in by the college office)	<input type="text"/>

Here affix your Passport size Photograph attested by Head of the Institution
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**APPLICATION FOR ADMISSION TO
I / II B.PHARMA FOR THE ACADEMIC YEAR 200 - 200**

To,
THE PRINCIPAL
Togari Veeramallappa Memorial College of Pharmacy,
Gandhinagar, Bellary-583 103.

NOTE: Application not accompanied by Demand Draft of Rs. 250/- towards Registration fee in favour of Principal. Togari Veeramallappa Memorial College of Pharmacy. Bellary and with required Certificates will not be considered.

1.	Name of the Applicant in Block capitals as recorded in the marks card of the qualifying examination.	
2.	Sex:	
3.	Date of birth as per school records and age	
4.	Place of birth Village: Taluk : District: State	
5.	Nationality / Religion / Caste	
6.	Whether the candidate belongs to SC / ST / or Backward Class (enclose the Photocopy of certificates)	
7.	Mother Tongue	
8.	Postal Address for all correspondence including Telegraphic address Permanent residential address	

	b) Permanent residential address				
9.	Class to which the candidate is seeking admission				
10.	Name of the Father / Guardian (If father is not alive)				
	b) Occupation & Annual Income of the Father / Guardian				
11.	Name of the College last attended [True copy of T.C. to be enclosed]				
12.	Marks secured in the qualifying Examination	Combinations	Total Maximum Marks	Total Marks Obtained	Percentage of Marks
	a) P.U.C/ Intermediate/ Higher Secondary/ Pre-Degree in Science Subjects only (PCB / PCM / PCMB)				
	b) D. Pharma Final year all subject				

13. **DECLARATION BY THE APPLICANT:** All the particulars stated in the application are true to the best of my knowledge and belief. I understand that my association with any unlawful organization (active or passive) is forbidden if selected for admission, I promise to abide by the rules and regulations of the T. V. M. College of Pharmacy to which I am admitted.

Place:

Date:

Signature of the Applicant

14 **UNDERTAKING BY THE PARENT / LEGAL GUARDIAN:** In the event of the above applicant who is my son / daughter / ward being admitted to the institution, I hereby give an undertaking to pay regularly all his / her fees due to the institution till his / her completion of his / her course of studies. I also undertake to be responsible for his conduct

Place:

Signature of the parent / legal guardian

Date:

NAME _____

FOR OFFICE USE ONLY

The applicant.....has been given provisional admission to Diploma in Pharmacy for the academic year..... and Fees paid vide Receipt No..... Date.....

OFFICE SUPERINTENDENT

PRINCIPAL