

SS INSTITUTE OF PHARMACY

(A unit of VS Educational & Charitable Trust)

Approved by Tamilnadu Government & Pharmacy Council of India, New Delhi.
Affiliated to the Tamilnadu Dr. M.G.R. Medical University,
and The Directorate of Medical Education, Chennai.

LIST OF STUDENTS PROGRESSING TO HIGHER EDUCATION 2023-2024

S.NO	REGISTER NUMBER	NAME	HIGHER EDUCATION
1.	561997216	D.HEMAVATHI	PURSUING M.PHARM
2.	560020523564	V.SATHISHKUMAR	PHARM D AT JKKN COLLEGE OF PHARMACY



PRINCIPAL.

SS INSTITUTE OF PHARMACY.
KUPPANUR (PO), SANKARI (TK).
SALEM -637301.

Phone: 04283 241080 | E-mail: ssip1718@gmail.com | Website: www.ssip.edu.in



APPLICATION FORM FOR M PHARM DEGREE COURSES

M PHARM

UNDER MANAGEMENT QUOTA 2024 - 2025 SESSION

APPLICATION No: 24MPHA210760 AR No: to be assigned by

TNPPCA-HS

Personal Information

Name HEMAVATHI D

Gender FEMALE

Date of Birth 05/07/2001

Email Address mdhemavathi2001@gmail.com

Mobile 9361900785

Nativity TAMIL NADU

Nationality INDIAN

Religion HINDUISM

Mother Tongue TAMIL

Community MBC/DNC

VANNIAKULA KSHATRIYA (INCLUDING VANNIYAR, VANNIYA, VANNIA

GOUNDER, GOUNDER OR KANDER, PADAYACHI, PALLI AND

AGNIKULA KSHATRIYA) - 26

Communication 317, PERUMAL KOVIL STREET, MELACHERI (VILLAGE & PO), CHETPET

Address (TK)

B.Pharm Information

Sub Caste

Studied in TAMIL NADU

Name of the College SS INSTITUTE OF PHARMACY

Name of the University THE TN DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI

Joined Month & Year OCT-2019

Passed Month & Year SEP-2023

Final Year Univ. Exam. Reg .No 561997216

Pharmacy Council Reg. No 43596 a1

B.Pharm Academic Marks

(For all subjects put together)

SS INSTITUTE OF PHARMACY, KUPPANUR (PO), SANKARI (TK).

Grand Total **II-Year III-Year IV-Year** Marks **I-Year** Maximum 1400 1300 1400 5250 1150 Obtained 1168.00 1004.00 1160.00 938.00 4270 Percentag ANKAR 81 e(%)

Payment Information					
Mode of Payment	Unified Payments	Bank / Card	UPI		
Bank Reference No.	462867312984	Order Tracking No.	113466953473		
Amount	1500.00	Payment Status	Success		

I hereby declare that all the particulars stated in this application form are true to the best of my knowledge and belief. I have read the information brochure and I shall abide by the terms and conditions there in. In the event of suppression or distortion of any fact like educational qualification, community etc., made in my application form may result in punitive action in addition to the summary cancellation of my candidature for the admission.

HEMAVATHI D

D-7.

TUTE OF AHARIMAN OF SANKARI *

PRINCIPAL, SS INSTITUTE OF PHARMACY, KUPPANUR (PO), SANKARI (TK), SALEM -637301



JKKN College of Pharmacy

JKKN College of Pharmacy

Natarajapuram NH - 47 (Salem to Coimbatore)

9th Sep 2024

SATHISHKUMAR V ODAIKARAI STREET ADIANNAMALAI PO THIRUVANNAMALAI 6384216513

Sub: Admissions Offer

Dear SATHISHKUMAR V

We are pleased to make an offer of admission for Doctor of Pharmacy at JKKN College of Pharmacy for the year 2024 Congratulations and we hope you will accept the offer.

You can reach the admissions office for more information if you may need.

We wish you all the best. We look forward to seeing you

JKKN College of Pharmacy

Office of Admission

JKKN College of Pharmacy

PRINCIPAL, SS INSTITUTE OF PHARMACY, KUPPANUR (PO), SANKARI (TK), SALEM - 637301.