



Phone : 0831 - 2474745  
Fax : 0831 - 2479200

KARNATAKA RURAL EDUCATIONAL TRUST'S

# RANI CHENNAMMA COLLEGE OF PHARMACY

(Recog by Govt. of Karnataka and Approved by AICTE & PCI New Delhi) (Affiliated to RGUHS Karnataka- Bangalore)

7/C, B.K. KANGRALI INDUSTRIAL AREA, VAIBHAV NAGAR, BELGAUM. KARNATAKA

e-mail : Rc\_pharmacycollege@rediffmail.com Website : www.krepc.org

## APPLICATION FOR ADMISSION TO I/II/III/IV B. PHARM

State belongs to \_\_\_\_\_  
Qualification \_\_\_\_\_  
Percentage of Mark PCB/PCM/PCMB/D.Pharm \_\_\_\_\_

To,  
The Principal  
Rani Chennamma College Pharmacy  
Vaibhav Nagar, Belgaum - 590 010.

Sir,

I the undersigned seek provisional admission to the I/II/III/IV B. Pharm course in your institution. I give below the necessary particulars and undertake that. I agree to abide by the rules and regulations in force as well as those that may be framed in future by the institution.

- Name of the candidate :** \_\_\_\_\_  
(In block letters as in SSLC/XSTD Marks Card in full)
- a) Father's Name \_\_\_\_\_ b) Mothers Name : \_\_\_\_\_
- a) Occupation \_\_\_\_\_ b) Annual Income : \_\_\_\_\_  
c) Permanent Address : \_\_\_\_\_ d) Local Address : \_\_\_\_\_  
\_\_\_\_\_
- Tel Ph : \_\_\_\_\_ Tel Ph : \_\_\_\_\_  
Email ID : \_\_\_\_\_ Mobile : \_\_\_\_\_
- Guardian Name \_\_\_\_\_ Address : \_\_\_\_\_
- a) Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_ Male / Female \_\_\_\_\_ c) Blood Group \_\_\_\_\_
- Place of Birth : \_\_\_\_\_ Taluk : \_\_\_\_\_ Dist : \_\_\_\_\_ State : \_\_\_\_\_
- Nationality \_\_\_\_\_ Religion \_\_\_\_\_ Caste : \_\_\_\_\_ Sub Caste : \_\_\_\_\_
- Whether belong to SC/ST/OBC \_\_\_\_\_
- a) Institution last attended with address \_\_\_\_\_
- Extra Curricular Activities \_\_\_\_\_
- Languages known i) \_\_\_\_\_ ii) \_\_\_\_\_ iii) \_\_\_\_\_ iv) \_\_\_\_\_
- Adhaar Card No. \_\_\_\_\_

### ACADEMIC INFORMATION

Exam Passed	Subject studied	Reg. No.	Year of Passing	Marks Obtained	%PCB/PCM/PCMB	Name of the Board/University
SSLC/ X STD						
II PUC / XII Std.						
Others/ I & II D. Pharm						

I submit my application for a seat in I/II/III/IV B. Pharm. Course and declare that I have read the rules relating to admission and the statements given by me are true and correct. Further I have attached following attested copies of certificates.

- |   |         |
|---|---------|
| 1. SSLC / SSC / X Std. certificates / Marks Cards   | Yes/No  |
| 2. IInd PUC / 12th Std. Markds Card (PCB / PCM / PCMB)  | Yes/No. |
| 3. Intermediates / I & II D. Pharm Marks Cards  | Yes/No  |
| 4. Character certicate from the head of the institution   | Yes/No  |
| 5. School leaving / Transfer Certificate  | Yes/No  |
| 6. Physical fitness certificate   | Yes/No  |
| 7. Copy of Caste Certificate (In case of S.C./S.T./B.T. O.B.C.  | Yes/No  |
| 8. The OUT OF THE STATE candidates must get Eligibility certificate from the Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore and attach the xerox copy of the same | Yes/No  |
| 9. 10 Passport size Photographs of the Student, 3 Photographs of Father & Mother / Guardian.  |         |
| 10. Adress proof certificate if any, Passport / Ration Card / Election Card / Telephone Bill any Government authorities.  |         |

If admitted to the said course I shall produce the Transfer certificate and Migration certificate within specified date & fees once paid will not be refunded. I undertake to attend not less than 80% of the number of Classes Theory & Practical engaged in each of the subjects comprised in the course. I know that I shall not appear for the examinations incase of shortage of attendance :

I adide to pay my dues, if any.

If I fail to pay the dues on time,

a) My application for the Rajiv Gandhi University Health Sciences, Annual / Supplementary examination need not be considered.

b) I shall not claim the refund of fees in case if I discontinue my education in your college at any stage of the acadademic year.

I Shall conduct myself in a disciplined manner and do nothing which may bring dishonour to the college.

I Shall not involve myself in acts of ragging, teasing etc. which are punishable offences.

Place :

Date :

**Signature of the candidate**

**DECLARATION BY THE PARENTS / GUARDIAN**

I \_\_\_\_\_ Parents / Guardian of Miss/  
Mr. \_\_\_\_\_ hereby declare that I hold myself responsible for timely payment of all the dues payable to the institution during the period of his/her study till the accounts are cleared. I also hold myself responsible for the disciplinary behavior of my ward named above.

Place :

Date :

**Signature of the Parent / Guardian**

**FOR OFFICE USE ONLY**

Details of Fee paid amount Rs. \_\_\_\_\_

Challan No. / DD No. \_\_\_\_\_ Date \_\_\_\_\_

Remarks (if any) \_\_\_\_\_

Admission is granted subject to the final approval by the Rajiv Gandhi University of Health Sciences Karnataka , Bangalore.

Admitted / Not Admitted.

Place :

Date :

**Principal**

Rani Chennamma College of Pharmacy  
Belgaum.