

Roll No.

Class : D Pharm : Part I / Part II



KARNATKA RURAL EDUCATIONAL TRUST'S

RANI CHENNAMMA COLLEGE OF PHARMACY

No. 7/C, B.K. Kangarali Industrial Area, Vaibhav Nagar, BELGAUM - 590 010.
e-mail : Rc_pharmacycollege@rediffmail.com Website : www.krepharmacy.org

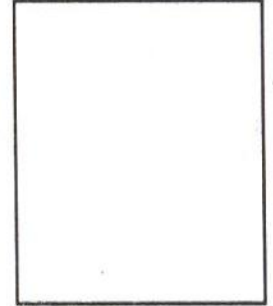
APPLICATION FORM FOR ADMISSION TO THE DIPLOMA IN PHARMACY COURSE

Percentage of Marks in P.C.M./P.C.B.

Application No. :

| Exam | Subject | % | Name of Board/University |
|-------------|---------|---|--------------------------|
| Exam | Physics | | |
| | Chem. | | |
| | Biology | | |
| | Maths | | |
| Equil. Exam | | | |

PART I / PART II



Declaration by Candidate :

The Originals to be submitted at the time of admission

- I) I, the undersigned seek provisional admission to the D.Pharm Course-Part-I/Par-II Class in the above Institution subject to the approval of Board of Examining Authority, Bangalore. If admitted I agree to be bound by the Rules and Regulations in force as well as those that may be framed in future by the Institution.
- II) I give below mentioned necessary particulars and undertakes that so long I am the student of the Institution I will do nothing either inside or outside the Institution, that will interfere with its discipline.
- III) I have attached True Copies / Xerox of the following Certificates.
 - (1) SSLC Passing Certificate & Marks Card.
 - (2) II year PUC Marks Card / Intermediate Science Exam. / Equivalent Exam. Marks Card.
 - (3) School leaving / Transfer certificate from the Institution last attended.
 - (4) Character Certificate from the Head of the Institution last attended.
 - (5) Medical Fitness Certificate
 - (6) Revelant Caste Certificate
 - (7) Address Proof Document(ID Card, Ration Card, Election Card, etc.)

1. Name of Applicant in full :.....
(As per SSLC record. All in Block Letters only)
2. A) Father Name :.....B) Mother Name :.....
3. Date of Birth.....(as entered in the S.S.L.C./10th marks Card)
4. Place of Birth.....Tq.....Dist.....State.....
5. Nationality.....Religion.....Caste.....Sub-Caste.....
6. Adhaar Card No.....

5. (a) Parent's / Guardian's Name.....
- (b) Occupation..... (c) Annual Income.....
- (d) LOCAL ADDRESS : (e) PERMANENT ADDRESS :
-
-
- Phone No..... Phone No. with code.....
- Mobile No. Email ID:

6. Sex : Male / Female Married / Un-married

7. Whether belong to SC/ST/BT
(If yes, enclose photostat copy of the certificate)
8. Whether belongs to Backward Classes / Groups
(If so mention the Group & Enclose copy of certificate)
9. Mother Tongue Languages Known
Read Write Speak
10. Name & Address of the School / College last attended.

11. Whether domicile of Karnataka ?

12. a) Last Exam Passed : b) Medium of Instruction
c) Reg. No. in the Exam
d) Month & Year of Passing e) No. of attempts

13. Statement of Marks obtained in the PUC Exam. / Intermediate Science

| i) Name of Exam..... | | Reg. No..... | Month & Year..... | |
|----------------------|--------------|---------------|--------------------|--------------------------|
| Subjects | Max. - Marks | Minimum Marks | Marks Obtained & % | Name of Board University |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

Place

Date

Signature of the Candidate

DECLARATION BY PARENT / GUARDIAN

I have read the prospectus of the institution and accept it. I agree to the applicant's admission, I shall be responsible for payment of the his/her fees and charges. I shall also be responsible for his/her conduct and good behaviour during period of his/her college career. I will accept that the decision of the principal in all discipline and attendance of my ward is final.

Place

Date

Signature of the Parents/Gaurdian

(For Office Use Only)

Admission is granted subject to the production of all certificates required as per rules and also the final approval of the Board of Examining Authority, Bangalore.

Amount Paid : Rs.....

Date :

Receipt No. :

PRINCIPAL
KARNATKA RURAL EDUCATIONAL TRUST'S
RANI CHENNAMMA
COLLEGE OF PHARMACY
BELGAUM.