



B. R. COLLEGE OF PHARMACY

(MANAGED BY KHADAR VIKAS SIKSHA SAMITI REGISTERED)

BAGPUR, PALWAL (HARYANA)

Sr. No.:

ADMISSION FORM

Attach recent
Colour Passport
size photograph
of candidate

Signature of Candidate

SESSION: 20..... 20.....

APPLICATION FOR ADMISSION TO: D. Pharmacy ☐ or DMLT ☐

1. NAME: (In Block Letters)
(As in matriculation)
2. FATHER'S/HUSBAND'S NAME:
3. MOTHER'S NAME:
4. DATE OF BIRTH:
5. SEX: MALE ☐ FEMALE ☐
6. CATEGORY: GEN ☐ SC/ST ☐ BC-A ☐ BC-B ☐ SBC ☐ PH ☐ AIO ☐
7. CASTE:
8. AREA: RURAL ☐ URBAN ☐
9. Father's Occupation/Designation.....Office Address.....Phone No.....
10. ARE YOU THE RESIDENCE OF HARYANA (Attached proof if yes): YES ☐ NO ☐
11. PERMANENT ADDRESS: (Fill the complete address)

Tel. No.	

12. ADDRESS FOR CORRESPONDENCE: (Fill the complete address)

Tel. No.	

13. EDUCATION QUALIFICATION:

S. No	Examination	Board/Uni.	Year	subjects	School/College	Marks obt.	% age	Division
1.	Matriculation							
2.	10+2							
3.	Graduation							
4.	Any other							

14. ATTACH PHOTOCOPY: (attested) TICK (v)

1. Matriculation certificate ☐
2. 10+2 certificate ☐
3. Character certificate ☐
4. SC/ST/BC/SBC certificate ☐
5. Phy. Handicapped certificate ☐

6. Medical certificate ☐
7. Residence Proof ☐
8. Four Passport size photos ☐
9. Any other certificate ☐

UNDERTAKING/DECLARATION/PLEDGE BY THE CANDIDATE

- I declare that I have applied for admission with the consent of my parents/guardians and particulars given above are correct. I have read the admission brochure as well as admission requirement as laid down by DET Board for the course. I agree to abide by the rules and regulations given herein. I further declare that shall submit me to the disciplinary jurisdiction for the principal/Director and the other authorities of the college who may be vested with the power to exercise discipline under the act, the status, the ordinance and rules framed by the DTE Board, in this regard. I understand that my admission is provisional and will be subject to confirmation by the board. In case my admission is cancelled by the board. I shall have no claim for refund of fee paid by me to the college.
- In undertake that I have enclosed all attested photocopies of various documents mentioned in the admission form.
- I shall submit the original certificates as & where required.
- I shall submit that I shall not indulge in any act of ragging, otherwise my admission to the college shall stand cancelled and disciplinary proceeding may be initiated against me.
- The admission is provisional unless confirmed by the board under rules.

Date.....

Signature of Candidate.....

UNDERTAKING/ PLEDGE BY THE PARENT/GURDIAN

- In case the said applicant is admitted, I parent/guardian of the applicant, do agree to responsible for the dues and prompt payment of the college fees and all other dues and indemnity the government and the college to which the applicant in respect of all losses or expenses resulting from delay and failure to make any such payment or the result to the particulars given above providing incorrect at a later stage.
- I shall be responsible for undesirable conduct of my ward and I undertake that my ward will not take part in any activity which will not be in interest of the college.
- I am aware of the condition for appearing in Board examination that my ward has to complete as per rules.

Date.....

Signature of Parents/Guardian.....

FOR OFFICE USE ONLY

1. We undersigned have verified and checked the documents.	Admitted Provisionally
2. The candidate is eligible/Not eligible for admission	
3. Original documents submitted by student are:	
	Principal/Authorized Signatory B. R. College of Pharmacy, Bagpur, Palwal

Scrutiny Committee.....

Admission Committee.....

Signature.....

Signature.....