ARUN COLLEGE OF PHARMACY

(Approved by AICTE & PCI, New Delhi)

Directorate of Technical Education, Govt. of Rajasthan and Affiliated to Rajasthan University of Health Sciences, Jaipur, Rajasthan) Village-Chavandia, Teh.Jamwa Ramgarh, Distt.-Jaipur, Rajasthan-303301 (M) 7073958495
City Office: 80/68, Nyay Path, Patel Marg, Mansarovar, Jaipur, Rajasthan-302020
Tel.: 0141-5178767 Mobile: 94140-90147, 7073958495

	COLLE	GE AI	OMISSION FORM	Affix recent passport size photograph
	D.	PHARM	A PART	with signature of student
	Sessi	on		
	egory (Tick 4) GEN SC ST		BC Handicapped nagement Seat	
1.	Name (in Blook Letters) (English)	:	***************************************	*********
	(Hindi)		***************************************	******************************
2.	Sex	1	Male Fe	male 🗔
3.	Father's Name		Sh	***************************************
1.	Mother's Name	1	Smt	
5.	Date of Birth	- :	***************************************	Age
3.	Occupation of Father		***************************************	

7.	Permanent Address	:	***************************************	
	(Valid for Bus/Railway Concession)		***************************************	***************************************
				PIN
	Tel. No.		STD Code(R)	*************************
3.	Present Local Address	:		***************************************
				PIN
	Tel. No.	:	STD Code(R)	
ě	It Father is not alive then	1	***************************************	
	(a) Name of Guardian	:	***************************************	
	(As declared by the Court) (b) Relationship with Student	:		
	(c) Occupation of Guardian			

(Designation & Department)

(d) Employe	r's Address		:				

					PIN.		
Tel.No.			: STD Code		(0)	.,	
(e) Address	of Guardian	n	:		*****		

					PIN		
. Name of the	Local Gua	rdian	:				
. Address of	Local Guar	dian	:				
			***************************************				*********
					.PIN		
Tel. No.			: STD Code	(O).		(R)	************
2. Nationality		Domicile	:				
2. Nationality and a second se	No. Iment with RUH	S)	:ination	Proof			
3. Enrolment I	No. Iment with RUH	S)	ination School/College Board/University	Division/ Grade	% of Marks	No. of Attempts	Name o
3. Enrolment I (If already Enrol 4. Details of L	No. Iment with RUH ast Qualifyi	s) ng Exam	School/College	Division/			
3. Enrolment I (If already Enrol 4. Details of L Name of Examination	No. Iment with RUH ast Qualifyi	s) ng Exam	School/College	Division/			
3. Enrolment I (If already Enrol 4. Details of L Name of Examination Sec.	No. Iment with RUH ast Qualifyi	s) ng Exam	School/College	Division/			
3. Enrolment I (If already Enrol 4. Details of L Name of Examination Sec. Sr. Sec.	No. Iment with RUH ast Qualifyi	s) ng Exam	School/College	Division/			
3. Enrolment I (If already Enrol 4. Details of L Name of Examination Sec. Sr. Sec. Graduation	No. Iment with RUH ast Qualifyi	s) ng Exam	School/College	Division/			
3. Enrolment I (If already Enrol 4. Details of L Name of Examination Sec. Sr. Sec. Graduation Others	No. Iment with RUH ast Qualifyi	s) ng Exam	School/College	Division/			
3. Enrolment I (If already Enrol 4. Details of L Name of Examination Sec. Sr. Sec. Graduation Others 1. D. Pharma	No. Iment with RUH ast Qualifyi	s) ng Exam	School/College	Division/			
3. Enrolment I (If already Enrol 4. Details of L Name of Examination Sec. Sr. Sec. Graduation Others 1. D. Pharma Iind Year	No. Iment with RUH ast Qualifyi	s) ng Exam	School/College	Division/			

Activity	Name of Competition	Level	Distinction
		estation must be	
8. Details of Sc	holarship (s) received		Destad
S.No.	Name of Scholarship	Amount	Period
1.	Salut Colored Links	(3 to proprie visual)	
2.	The second secon	and distance	
2			

19. Declaration by Student:

- (i) I, hereby declare that I have read rules & Regulations of the college and have noted its contents and directions. I hereby promise to strictly follow and abide by all rules regulations of this college. I will not do anything which is against the interst of the college. I will not participate in any subversive activities inside or outside the college campus. If I am found indulged in any indisciplinary activity and raging/misconduct then I am liable for any disciplinary action including my rustication from college.
- (ii) I shall remain regular and punctual in attending the classes throughout the session.
- (iii) I have been made aware that I shall be strictly governed by ordinances of the University regarding the minimum attendance requirement of 75% in theory and practical classes in each subject. If my attendance is less than 75%, I shall not be allowed to appear in the examination including sessional.
- (iv) I understand that B.Pharm./D.Pharm. is a full time course. I promise that, at present, I am not employed anywhere and I promise not to undertake my job or any other Regular course of studies during the entire course of studies.
- (v) If any document found fake by the University of Pharmacy Council then Institute will not be responsible & fee will not be refund.
- (vi) I understand that my admission to this college is provisional subject to deposition of fee by me on due date and my eligibility being declared by the University.
- (vii) I am fully aware that I will not be entitled to the refund of the fee remitted to the institution.

The information given by me in this form is true to the best of my knowledge. I understand that if any information/certificate etc. is found false then there may be legal action against me and my admission may be cancelled. I will abide by any decision taken by the college in this regard.

illey be called a first of the	AND DO SELECTION OF SELECTION OF CONTRACT
DatePlace	Signature of Student
20. Declaration by Father/Guardian of Student :	
I undertake that the information given by my Son/I I take sole responsibility for his/her conduct. Atten college. I Promise to pay all his/her expenses region	Daughter/Ward is true, and being Father/Guardian, idance and for maintenance of discipline in the
DatePlace	Signature of Father/Guardian

DOCUMENT SUBMITTED

Document Enclosed (Tick ₄)	Name of Document Submitted	For Office (Document Received
	Mark-sheet of Sec. (Original)	Yes/No
	Mark sheet of Sec. (Photocopy)	Yes/No
	Mark-sheet of Sr. Sec. (Original)	Yes/No
	Mark-sheet of Sr. Sec. (Photocopy)	Yes/No
	Transfer Certificate (Original)	Yes/No
	Migration Certificate (Original)	Yes/No
	SC/ST/OBC/Handicapped Certificate	Yes/No
	Enrolment Proof (If already Enrolled with RUHS)	Yes/No
	Affidavit :	Yes/No
	Any Other:	Yes/No

Signature of Candidate

FOR OFFICE USE ONLY

Fee Details: Admitted on (Tick 4): Regular/Management Seat

Particulars	Fee/Caution Money-I	Fee-II	Fee-III	Fee-IV	Remarks
Amount					120
Receipt No.					
Date					
File No.	mer ment				Y
Signature of Cashier					

Mr./Miss/Mrs	is provisionally admitted to B.Pharma Pt				
/D.Pharma Pt	in this session 20	20	subject to eligibility		
being declared by the University.					

Date : Head of Institution