

(d) Employer's Address :

.....PIN.....

Tel.No. : STD Code.....(O).....

(e) Address of Guardian :

.....PIN.....

10. Name of the Local Guardian :

11. Address of Local Guardian :

.....PIN.....

Tel. No. : STD Code.....(O).....(R).....

12. Nationality & State of Domicile :

13. Enrolment No. :Proof.....

(If already Enrolment with RUHS)

4. Details of Last Qualifying Examination

Name of Examination	Roll No.	Year	School/College Board/University	Division/Grade	% of Marks	No. of Attempts	Name of Subject
Sec.							
Sr. Sec.							
Graduation							
Others							
1. D. Pharma							
IInd Year							
2.....							
3.....							
4.....							

15. If result awaited, give reason :

16. If there is gap after qualifying Exam. :

(Give reason and enclose affidavit) :

17. Details of Extra Curricular Activities (Achievement & Awards) :

Activity	Name of Competition	Level	Distinction

18. Details of Scholarship (s) received

S.No.	Name of Scholarship	Amount	Period
1.			
2.			
3.			

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 interest 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.

Date.....Place.....

Signature of Student

20. Declaration by Father/Guardian of Student :

I undertake that the information given by my Son/Daughter/Ward is true, and being Father/Guardian, I take sole responsibility for his/her conduct. Attendance and for maintenance of discipline in the college. I Promise to pay all his/her expenses regularly during his/her stay in the college.

Date.....Place.....

Signature of Father/Guardian

DOCUMENT SUBMITTED

Document Enclosed (Tick \checkmark)	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 \checkmark) : Regular/Management Seat

Particulars	Fee/Caution Money-I	Fee-II	Fee-III	Fee-IV	Remarks
Amount					
Receipt No.					
Date					
File No.					
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 :

**Signature
Head of Institution**