VARUN COLLEGE OF PHARMACY

(**Managed by MANAV VIKAS SHODH AVEM SEVA SANSTHAN, Regd. No.-653/2000**)
Affiliated to Rajasthan University of Health Sciences, Jaipur , Approved by P.C.I., New Delhi
Gram-Chavandia, Tehsil- Jamwaramgarh, Distt.- Jaipur-303301 (Raj.)
E-Mail: varunpharmacycollege@rediffmail.com **Contact No: 9414090147**

ADMISSION FORM

For Session 2026 to 2027

PERSONAL INFORMATION (Use Capital Letters Only)

Student Name: _____

Name in Hindi: _____

Father's Name: _____ Occupation:_____

Mother's Name: _____

Aadhar No.: _____

Blood Group: _____ Marital Status: _____

E-mail ID: _____

Date of Birth: _____

Gender: ☐ Male ☐ Female

Category & Sub Category: _____ Minority: _____

Permanents / Correspondence Address: _____

_____

_____

Mobile No.: 1. _____ 2. _____

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EXAMINATION DETAILS

Exam	Name of Board/University	Date of Passing	Roll No	Total Marks	Obtained Marks	% Marks	Subjects
10th							
12th							
RUHS CUET							

Name of Institution Passed as Regular/Ex-Students for qualifying Exam: _____

Migration Number: _____ Date of Issue: _____

Qualifying Subject Marks (12th Class)

S.No	Subject	Max. Marks	Marks Obtained
1.	**English**		
2.	**Physics**		
3.	**Chemistry**		
4.	**Biology/Maths**		

FOLLOWING ORIGINAL DOCUMENTS MUST BE ENCLOSED

1. 10th Mark sheet ☐
2. 12th Mark sheet ☐
3. TC ☐
4. Migration ☐
5. Bonafide ☐
6. Caste Certificate ☐
7. Aadhar Card (Photocopy) ☐
8. Photographs 5 (with Name & Date) ☐
9. GAP Certificate (If applicable) ☐ _____

VARUN PHARMACY COLLEGE JAIPUR

10. Total Fess of D.Pharmacy : D.Pharma. 1st Year----------/ D.Pharma. 2nd Year --- -- --------

FOR OFFICE USE ONLY

1. Admission by (Name): _____ Signature: _____

Date of Admission: _____ Place: _____

TERMS & CONDITIONS

1. As per University norms 75% attendance is required.
2. The prescribed fee once paid shall not be refunded in any case. If after registration any student withdraws from college or discontinues the course he/she will have to pay the entire course fee.
3. Students must attend college in the college uniform.
4. Original documents must be presented at the time of counseling/admission.
5. Students should maintain discipline otherwise management has power to restrict or suspend him/her.
6. If student causes damage to college property then he/she is liable to pay equal amount of loss.
7. All University norms and Government norms will be applicable to students.
8. All university fees should be paid by student. University fee other than Tuition fee includes.

DECLARATION

I _____ _____Son/Daughter of Sh. _____

Declare that the information provided by me is true and complete as per my knowledge.

If any information provided by me is found false or incorrect then I shall be disqualified by the university.

I also declare that all the above mentioned points are accepted by me & if I deny following them then the management has power to take legal action against me.

Witness (Parents/Guardian) Date: _____ Signature

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Relationship: _____ Place: _____ (Name of Student)

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