



SBS COLLEGE OF PHARMACY MEHAL KALAN (BARNALA)

Contact No- 01679-255692, 9872655692, 9779900008

Applicant's Recent
Passport
Size
Photograph

APPLICATION FORM FOR ADMISSOIN IN
D-PHARMACY
SESSION: 2016-2017

**NOTE: FILL THE APPLICATION FORM IN BLOCK LETTERS ONLY.
THE NAME OF CANDIDATE SHOULD BE AS PER MATRICULATION CERTIFICATE.**

APPLICATION FORM NO-----

1. NAME: _____
2. FATHER'S NAME _____
3. MOTHER'S NAME _____
4. DATE OF BIRTH: _____
5. CATEGORY: _____
6. If SC\BC\ST\OBC, Annual income of parents _____
7. Gender Male Female
8. PHONE NO: (Self) _____ (Father) _____ (Mother) _____
9. E-mail id: _____
10. Domicile _____
11. FULL CORRESPONDENCE ADDRESS : _____

12. PERMANENT HOME ADDRESS: _____

13. EDUCATIONAL QUALIFICATIONS:

EXAM.	BOARD/UNI.	ROLL NO.	SUBJECTS	YEAR OF PASSING	MAX. MARKS	MARKS OBT.D	%AGE

14. MARKS IN QUALIFYING EXAM.(FOR PHARMACY COURSE) MEDICAL/NON-MEDICAL

SUBJECTS	MATHS/BIO	PHYSICS	CHEMISTRY	TOTAL MARKS	MARKS OBT	DIV.	%AGE
MAX. MARKS							
MARKS OBT.							

Declaration

I hereby declare that the information furnished by me in this form is true to the best of my knowledge and belief and nothing has been concealed. I also agree to observe and abide by all the rules and regulations (as amended from time to time) framed by University/Board & the Institution in respect of the courses of study, syllabi, scheme of examinations, & their conduct, fees, dues and other related matters. I further promise NOT to organize or participate in any protest rallies/demonstrations. I understand that the institute has full authority to initiate disciplinary action against me in case I violate or infringe the college rules and regulations. I certify that I am not involved in any unlawful or criminal activity and no case is pending against me in any court of law nor was I convicted by any court of law for any offence.

Dated:

Signature of the Applicant

Parent's/Guardian's Undertaking

I hereby undertake to make payment of fee and other dues to the institute on behalf of my son/daughter/ward by the prescribed dates. I am aware that any delay on my part to pay the dues may invoke imposition of fine. I also take responsibility for good behavior of my ward and endorse his/her declaration in this form given above.

Signature of the Parents/Guardian

Dated:

Name:.....

Place:

Relation:.....

Checklist of the Enclosures

1. Matriculation Certificate
2. 10+2 Detailed marks card
3. Two Passport Size Photograph
4. Migration Certificate
5. Character Certificate
6. Reserved category Certificate
7. Any other certificate (Residence and income certificate) etc.

For Office Use Only

The applicant _____ Son/Daughter of Shri/Smt. _____ is selected for admission in counseling to _____ course _____ for the academic year. Admission fee paid vide receipt no. _____ date _____.

Principal

NOTE: RAGGING IN ANY FORM IS STRICTLY PROHIBITED. DEFAULTERS WILL BE EXPELLED FROM THE INSTITUTE AND FIR WILL BE LODGED AGAINST THEM.