

SAVITRI DEVI COLLEGE OF PHARMACY

Ghatwa, Sonai, Karchhana, Prayagraj

Application Form- 2022 - 2024

(OFFICE USE ONLY)

Course Applied For: Form No:

The application form should be filled by student in Capital Letters & along with requisite fee & copies of certificates must be submitted to office of the institute by hand:

- Name of applicant (Mr./Ms.)
- Date of Birth (in figures) Day Month Year
- Father's Name:
- Mother's Name:C./O.:
- Postal Address (for all correspondence)
.....
Pincode..... E-Mail: (Must)

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photograph

Student's Mob.No.: Parents Mob.No.:

6. Permanent Address:

7. Educational Qualifications:

Examination	Board/University	School/College	Subjects	Max. Marks/		% age of	Year of
				Obt. Marks	Marks		
High School							
12 th or Its equivalent							
Graduation							
Any other examination							

- Do you require Hostel accommodation? (Yes/No)
 - Do you require Transportation Facility? (Yes/No)
 - Category (SC/ST/OBC/ Gen./Minority/others) Sub Category (Must)
 - Documents Enclosed: **10th**:-MarkSheet..... Certificate..... **12th**:-MarkSheet..... Certificate
- Graduation**:MarkSheet Degree..... Migration..... Any other.....
- Cast Certificate no. (if yes)
 - Domicile Certificate no. (if yes).....
 - Income Certificate no. (if yes).....
 - Adhaar Card No. (must) Student: Father:

Father/ Mother / Guardian's Undertaking

My/Son/Daughter/Ward seeking admission with my consent and in the event of his/her being admitted to Ahsan Pharmacy College. I will be personally responsible for:

1. His/ her good conduct and behavior during his/her stay at the Institute.
2. Return of books issued to him/her at the Institute.
3. The student may be charged for loss or damage to property and laboratory equipments caused by his/her carelessness, negligence or misuse.
4. Any other liabilities related to his/her at the Institute.
5. Minimum 80% class room attendance is must otherwise he/she might be debarred from appearing in the examination.

Further, I undertake to pay his/her fees, canteen dues, hostel dues and other expenses at the Institute, also agree that he/ she shall abide by the rules & regulation of the Institute.

Signature of Father/Mother/Guardian

Place:

Name:

Date:

Address:

Undertaking by the Applicant

1. I declare that I have not been debarred from joining any education institution or restricted from the institution/ University /board last attended.
2. I declare that the all statements made in application by me are true to the best of my knowledge and belief. I clearly understand that if any of the statements is subsequently found untrue, my admission to the institute would stand automatically cancelled.
3. I have read prospectus and instructions & incorporated there in carefully. I have read understood the conditions of eligibility for the programme to which I seek admission. I fulfill the minimum eligibility criteria and I have been provide with necessary information being incorrect or misleading, my candidature shall be liable to cancellation by the institute at any time and shall not be entitled any fee paid by me to the institute.
4. I agree that admission may be granted to me on the prospectus syllabus prescribed by the University of such Modification & thereof-as may be made by the authorities.
5. I have read the rules, regulation codes as prescribed by institute and promise to abide by them and those that may be made in future, for the admission to institute. I also undertake that I shall do nothing inside or outside the institute that will interfere with its discipline.

(Signature of Applicant)

Name

Place

Date.....

Signature of Principal

(Institute Seal)