

RAJPUTANA COLLEGE OF PHARMACY

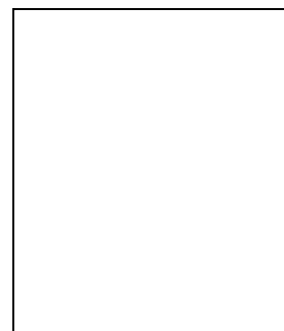
Plot No. 1 Lake View Road Mariyannapalya, Hebbal, Kempapura, Bengaluru - 560024

Contact no: 080 42086611/9344916401

ADMISSION FORM

Checklist:

1. SSLC/10TH MARKS CARD
2. PUC /INTERMEDIATE/MARKS CARD
3. SCHOOL LEAVING /TRANSFER CERTIFICATE
4. MIGRATION CERTIFICATE
5. PASSPORT SIZE PHOTOGRAPHS
6. ID PROOF



1. Candidate Given Name: _____ Surname _____
2. Father's Name: _____
3. Mother's Name: _____
4. Permanent Address: _____
5. Contact no: _____ Email: _____
6. Date of Birth: _____ Gender: _____ Blood group _____
7. Marital Status: _____ Nationality: _____
8. Caste & Religion: _____ Category: GEN/OBC/SC/ST/OTHERS
9. Parent's Occupation and Annual Income: _____
10. Last School/College Name: _____
11. Fluent Languages Known: _____
12. Previous Academic Education Details:

Passed out Degree/Diploma	Reg.No.	Year of Passing	Total Marks Obtained	Total %	Marks % PCM/PCB	Name of the University/Board
PUC/Higher Secondary/Intermediate						
SSLC/10th						

Declaration:

1. I the undersigned seek admission in your Institution. If admitted, I agree to bound by the rules and regulations in force as well as those that may be framed in future by the Institution.
2. The Documents are submitted for admission is true particulars. I hereby declare that I hold myself responsible for the disciplinary behavior in the college premises.
3. I will clear all due payments as per the college time framed. Once the payment is done will not be refunded at any circumstances.

Date:

Signature of the Applicant

Place:

Signature of the Parent/Guardian

(FOR OFFICE USE ONLY)

Date:

Place:

Principal