



# SHRI RAM COLLEGE OF PHARMACY

Approved by AICTE, PCI, New Delhi & Director of Technical Education, Haryana Govt.

Affiliated with Pt. B. D. Sharma University of Health Sciences, Rohtak.

INDRI ROAD, RAMBA, KARNAL, HARYANA 132116

Tel: 0184-2389800-900 e-mail: [shrirampharmacolg@yahoo.co.in](mailto:shrirampharmacolg@yahoo.co.in)

Website: [www.srpcollege.com](http://www.srpcollege.com)

## ADMISSION FORM

B.PHARMACY -----semester

Session -----

Affix recent  
passport size  
Photo with  
signature

( Fill in the form in block letters)

Name -----S/o/D/o-----

Mother's name -----Category-----

Date of birth-----Occupation (father)-----

Address-----

PIN-----Domicile-----Tel.No. -----M. -----

School/College last attended-----

Name of local Guardian-----Mob.-----

Address -----

### Detail of last qualifying examination (Enclose attested Photocopies of Documents)

Name of Examination	Board /University	Passing Year	Marks %	Subjects
10 <sup>th</sup>				
10+2				
Others				

**If there is gap after qualifying examination, enclose affidavit giving reason**

I solemnly affirm that the above information is correct. I understand that if any of the above information is found incorrect at any stage, my admission to the course will be cancelled. I understand that my admission is provisional and subject to approval from Pt. B. D. Sharma University of Health sciences, Rohtak, Haryana, Department of Technical Education, Haryana

Signature of Student

### CERTIFICATE

I, -----S/D/O -----have applied for the admission in B. Pharmacy Ist/ IInd Year in Shri Ram College of Pharmacy, Ramba, Karnal. I affirm that no action of any kind against me is pending or has been decided in any University/ Board which make me ineligible for admission to the course. The particulars filled in the admission form are true and nothing has been concealed.

Date -----

Signature of Student

**Declaration by student**

1. I, hereby declare that I have read Rules & Instructions of the college and have noted its contents and directions. I hereby promise to strictly follow and abide by all rules and regulations of the college. I will not participate in any subversive activities, politics, union etc. inside or outside the college campus. If I am found indulged in any indisciplinary, ragging , misconduct or above mentioned activity, I will be liable for any disciplinary action including my rustication from the college.
2. I shall remain regular and punctual in attending the classes throughout the course.
3. I have been made aware that I shall be strictly governed by rules of the University, PCI and college regarding the minimum attendance requirement of 80% in theory and practical classes separately in each subject. If my attendance is less than 80% in one or more subjects, I shall not be allowed to appear in the examinations including sessional exams.
4. I understand that B. Pharmacy is a full time course. I affirm that, at present, I am not employed anywhere and I promise not to undertake any job or any other regular course of the studies during the entire course.
5. I understand that the admission to this college is provisional subject to deposition of fee by me on due date and my eligibility being declared valid by the University
6. I am fully aware that I will not be entitled to refund of the fee' remitted to the Institution.
7. The information given by me in this form is true to the best of my knowledge. I understand that if any information/certificate copy submitted by at any stage of the course, 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-----

Signature of Student

**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 fee, conduct, attendance, non indulgence in ragging activities 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

Admission Incharge