



KOTA COLLEGE OF PHARMACY

(Approved by AICTE, PCI, Govt. of Raj. and Affiliated to RUHS, Jaipur)

SP-1. RIICO Industrial Area, Ranpur, Jhalawar Road, Kota (Raj.)

Contact: 7023447008, 9649076399, 0744-2208413

ADMISSION FORM

Form No.:

Session 20..... - 20.....

Date

Student Name:
(English)

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(Hindi)

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Father's Name:
(English)

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(Hindi)

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Mother's Name:
(English)

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(Hindi)

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Email ID :

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Marital Status :

Married / Unmarried

Sex :

Male

Female

Date of Birth :

DD

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MM

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YYYY

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Category :

GEN

SC

ST

OBC

OTHER

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Father's Occupation :

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Office Address:

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Ph. No. Office

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Father Yearly Income

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Permanent Address :

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District:

State:

Pin Code:

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Phone No. (With STD Code)

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Local address :

.....District:..... State..... Pin Code:

Phone No. (With STD Code)

Mobile No. 1 (G) 2 (S)

Relation

Bus Facility Required : Yes No

Detail of qualifying examination:

Name of Exam.	Max. Marks	Obt. Marks	Min. Marks	Year of Passing	Board / Univ.	Percent	Name of Sub.
Sec.							
Sr. Sec.							
Physics							
Chemistry							
Bio / Maths (Tick appropriate)							
D. Pharm overall details							
B. Sc. Final overall details							
Other							

Gap after qualifying exam Y/ N, if Yes, Give Reason

Oath and declaration of the Students:-

- (i) I, hereby declare that I have read rules & regulation of the college/RUHS and have noted its contents and directions. I, hereby promise to strictly follow and abide by all rules and regulations of the college/RUHS. I will not participate in any subversive activities inside or outside the college campus. If I am found indulged in any in-disciplinary activity or ragging or misconduct then I shall be liable for any disciplinary action including my rustication from the college.

- (ii) I shall remain regular and punctual in attending the classes throughout my course
- (iii) I shall be strictly governed by Hon'ble Supreme Court of India, AICTE, PCI & RUHS regarding the minimum attendance require of 75%. I shall not be allowed to appear in the exam including sessional, final practical and theory examination if my attendance is less than 75%
- (iv) My admission in B. Pharm in this college is provisional, subjected to the approval of RUHS Jaipur (Raj.). I shall submit migration within 15 days
- (v) I undertake that I have no criminal case pending against me

The information given by me in this form is true to the best of my knowledge. I understand that if any information / certificate e.t.c. is found false, any legal action, including cancellation of my admission in the college can be taken against me. I will abide by any decision taken by the college in this regards.

Date:.....

Place: Kota



Left Thumb Impression



Right Thumb Impression



Signature of the Students

Declaration by the Father / Guardian:

I, S/o
 F/o / G/o..... undertake that the information given by my son / daughter / ward is true, and being father / guardian, I take sole responsibility for his / her conduct, attendance and for maintain of discipline in the college. I promise to pay all his / her expenses in time regularly during his / her stay in this college, failing to do so, I shall accept any action taken by the college against by ward.

Date:.....

Place: Kota

Signature of Father / Guardian

OFFICE USE ONLY

Admission through: - Govt. Exam. / Management Seat / Direct Seat

DOCUMENT SUBMITTED (All Xerox self attested)

Name of Original Document	Office use Documents Enclosed	Remarks
Mark Sheet of Secondary (Original)	Yes / No	
Mark Sheet of Sr. Secondary (Original)	Yes / No	
Mark Sheet of Diploma(Original)	Yes / No	
Mark Sheet of B. Sc. (Original)	Yes / No	
Migration (Original)	Yes / No	
Caste Certificate (Original)	Yes / No	
Handicapped Certificate / BPL	Yes / No	
Transfer Certificate & C. C. (Original)	Yes / No	
Gap Affidavit (Original)	Yes / No	
Recent Colored Photograph (Ten)	Yes / No	
Domicile Certificate	Yes / No	
Income Certificate	Yes / No	
Copy of Aadhar Card	Yes / No	
Copy of Bhamashah Card	Yes / No	
Anti Ragging Affidavit (Father & Student)	Yes / No	

Any other:

All particulars are checked by us and we recommend for provisional admission in
(course name) for the session.....

Office Incharge

Accountant

Admission Incharge

Principal