VIVEKANAND COLLEGE OF PHARMACY

SH-20, NOKHA-JAIPUR ROAD, KATAR CHHOTI, Teh-BIDASAR-331517, DIST. CHURU (RAJ.)

Cost Rs. 500/-	APPLICA	TION FORM	gmy manp	id shullani lo e	99615	
Approved by : AICTE PCI	Affiliation with : Raj. Uni. of Health Science, Jaipur					
D. Pharmacy Part					sion-2020	
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Registration No	Cate	egory		.Form No	1.	
Merit No		Pharm	nacy			
Name of the Candidate: (Write full name in capital letter)				Passi	port size	
In Hindi:		with	Self			
2. Gender :						
				SANTER OF THE PARTY OF	or the fig.	
6. Date of Birth :						
8. Place of Birth with Distri						
9. Father's Name :						
Qualification:		Qualificat	ion :			
Occupation :	Occupation:					
Annual Income :		Annual In	come :			
11. Guardian's Name		Annual In	come :			
Relation with Student:	act of the sh		Majo-1			
12. Are you from Rajastha	n or Out of Ra	jasthan				
13. Category : GEN	SC	ST OF	3C			
14. Address for Correspon	dence/Perman	nent (In Capit	al Letter) :			
Name		Ward No	./Street			
Village						
State						
15.Detail of Marks obtained in						
Year of Board/ % o		and the second second		of Marks	*********	
Passing University Mar		Chemistry	Physics		Other	
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20. In case you have left studies after 10+2, specify clearly (year wise) what have you be a compared to the c	CONSIDER OF
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Mark's distrined in quelifying examination Sr. Secondary (10+2) or equivalent:	X HIA M
Liniversity Marks Chemistry Physics Mathematics Other	

UNDERTAKING BY STUDENT

•	I
	my admission may be cancelled and tuition fees, security deposit/caution money paid by me forfeited. If any of the particulars given by me at the time of admission are subsequently found to be wrong/ uncorrected of false.
F	I agree that the college management decision in all matters concerning my admission, studies, college, attendance, discipline and conduct etc. will be final and binding upon me.
4	I understand that my association active or passive with any political organization, student union etc. is forbidden.
	I understand that consumption of alcohol, drugs or any other intoxicant within the college premises /hostel/colony/city is forbidden.
	I agree if any time free structure is received/ enhances, by the competent authority / State Government the revised / enhanced amount would be deposited by me to the institute within fifteen days of such notification.
	I agree that the institution shall have the rights to for spit any security deposit/interalia all the ground of my failure to claim the fund within one year of the date of my passing out/ceasing to be the rolls of the institute.
	I will report for the registration and orientation as per the schedule communicated to me failing which my admission will be cancelled without notice from the institute.
	I agree that in the event of any breach of the aforementioned undertaking. My admission will stand cancelled without any obligation on the institute to issue me a notice. In such on instance, any fee deposited by me shall stand forfeited.

Signature of Student

Name : ____

Address:___

UNDERTAKING BY PARENT/GUARDIAN

•	I
	that my Son/Daughter/ Wardis seeking admission
	with my consent and I personally responsible to the institute for payment of all his/her
	dues as the college Management may decide from time to time as per Rajasthan
	Government notifications. I assure that the applicant will abide by all the rules of the
	institution as laid down by the institute from time to time.
•	I have read the rules and regulation and I understand that my son/daughter/ward has to
	undergo obligatory practical training for specified periods in accordance with relevant
	academic curricular. I agree that the institute shall be held responsible in any mishap that
	may occur during his/ her tenure with the institute.
F	I hare by certified that the particulars submitted by son/daughter /ward are correct.
F	I testify that I shall not raise any objection if my ward I restricted from the college due to
	his/her participation in any Union/Unlawful activity.
F	I understand that the security deposit/ caution money, if any given at the time of admission
	will not be refunded if my ward discontinue the course in between of withdraw premature
	from his/her course.
	on I will report for the registration and orientation as per the schedule communicated to train which my admissible with be communicated without house from the institute and 1919.
	car i signed that in the event of any largedh of the eligibementioned underlasting. My admiss
	Place : Signature of Parent/Guardian
	Name:
	Address: