



# SBS COLLEGE OF PHARMACY MEHAL KALAN (BARNALA)

Contact No- 01679-255692, 9872655692, 9779900008

Applicant's Recent  
Passport  
Size  
Photograph

## APPLICATION FORM FOR ADMISSION IN DIPLOMA IN PHARMACY

**NOTE** FILL THE APPLICATION FORM IN BLOCK LETTERS ONLY.  
THE NAME OF CANDIDATE SHOULD BE AS PER MATRICULATION CERTIFICATE.

APPLICATION FORM NO-----

1. NAME: \_\_\_\_\_
2. FATHER'S NAME \_\_\_\_\_
3. MOTHER'S NAME \_\_\_\_\_
4. DATE OF BIRTH: \_\_\_\_\_
5. CATEGORY: \_\_\_\_\_
6. If SC\BC\ST\OBC, Annual income of parents \_\_\_\_\_
7. Gender            Male             Female
8. PHONE NO:    (Self) \_\_\_\_\_            (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_
9. E-mail id: \_\_\_\_\_
10. Domicile \_\_\_\_\_
11. FULL CORRESPONDENCE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. PERMANENT HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. EDUCATIONAL QUALIFICATIONS:

EXAM.	BOARD/UNI.	ROLL NO.	SUBJECTS	YEAR OF PASSING	MAX. MARKS	MARKS OBT.D	%AGE

14. MARKS IN QUALIFYING EXAM.(FOR PHARMACY COURSE ) MEDICAL/NON-MEDICAL

SUBJECTS	MATHS/BIO	PHYSICS	CHEMISTRY	TOTAL MARKS	MARKS OBT	DIV.	%AGE
MAX. MARKS							
MARKS OBT.							

**Declaration**

I hereby declare that the information furnished by me in this form is true to the best of my knowledge and belief and nothing has been concealed. I also agree to observe and abide by all the rules and regulations (as amended from time to time) framed by University/Board & the Institution in respect of the courses of study, syllabi, scheme of examinations, & their conduct, fees, dues and other related matters. I further promise NOT to organize or participate in any protest rallies/demonstrations. I understand that the institute has full authority to initiate disciplinary action against me in case I violate or infringe the college rules and regulations. I certify that I am not involved in any unlawful or criminal activity and no case is pending against me in any court of law nor was I convicted by any court of law for any offence.

**Dated:**

**Signature of the Applicant**

**Parent's/Guardian's Undertaking**

I hereby undertake to make payment of fee and other dues to the institute on behalf of my son/daughter/ward by the prescribed dates. I am aware that any delay on my part to pay the dues may invoke imposition of fine. I also take responsibility for good behavior of my ward and endorse his/her declaration in this form given above.

**Signature of the Parents/Guardian**

**Dated:**

**Name:.....**

**Place:**

**Relation:.....**

**Checklist of the Enclosures**

- |  |                             |                                  |
|--|-----------------------------|----------------------------------|
| 1. Matriculation Certificate                                     | 2. 10+2 Detailed marks card | 3. Two Passport Size Photograph  |
| 4. Migration Certificate   | 5. Character Certificate    | 6. Reserved category Certificate |
| 7. Any other certificate (Residence and income certificate) etc. |                             |                                  |

**For Office Use Only**

The applicant \_\_\_\_\_ Son/Daughter of Shri/Smt. \_\_\_\_\_ is selected for admission in counseling to \_\_\_\_\_ course \_\_\_\_\_ for the academic year. Admission fee paid vide receipt no. \_\_\_\_\_ date \_\_\_\_\_.

**Principal**

**NOTE: RAGGING IN ANY FORM IS STRICTLY PROHIBITED. DEFAULTERS WILL BE EXPELLED FROM THE INSTITUTE AND FIR WILL BE LODGED AGAINST THEM.**