

Please Tick the facilities you require : Hostel / Transport

Sl.No.	Details of original Certificate	Submission Details (Submitted / Not Submitted)
1.	Transfer certificate	
2.	Higher secondary first and second year Mark Statement	
3.	B.Pharm (I -VIII semester) Mark statement	
4.	Community Certificate	
5.	Income Certificate	
6.	Nativity Certificate	
7.	Convocation Certificate	
8.	Aadhar card Xerox copy	
9.	Migration Certificate (Qualifying B.Pharm from Other state)	
10.	Eligibility Certificate (Qualifying B.Pharm from Other state)	
11.	Pharmacy Council Registration Certificate	
12.	GPAT Mark Card	
13.	Allotment order	
14.	Others	

DECLARATION BY THE APPLICANT

I hereby declare that the information given below is true and complete to the best of my knowledge. I hereby undertake to abide by all the rules and regulations in force and those enforced from time to time. I will not do anything unworthy being student of this college either inside or outside or anything that will interfere with its orderly working and discipline. I am aware that the management has the full authority to expel me for lack of interest in studies, misbehaviour or continuous failures. Payment of fees in time is my responsibility and I know the delay of the same will attract penal charges decided by the Management.

Place :

Date :

Signature of the Candidate

ATTESTATION BY THE PARENT/GUARDIAN

I hereby that declaration made above has been duly signed by ward in my presence.

Place :

Date :

Signature of the Parent/Guardian

EXTRA CURRICULAR ACTIVITIES (LIST OF ANY REWARDS / ACHIEVEMENTS) :

FOR OFFICE USE ONLY

RECEIVED ALL THE ORIGINAL CERTIFICATES : Yes /No

PENDING CERTIFICATES :

SIGNATURE OF THE PRINCIPAL