

॥ ज्ञानं इति ध्येयम् ॥



Sri Adichunchanagiri College of Pharmacy

B.G Nagara, Karnataka.

(Approved by Pharmacy Council of India)
web:www.accp.co.in

APPLICATION

SL.No

2001

D. Pharm. B. Pharm. Pharm. D. Pharm. D. M. Pharm. Ph.D
Post Bacc

Course	<input type="text"/>
Academic Year	<input type="text"/>
Full Name	<input type="text"/>

Please attach
current passport
photo

(As it appears in the School Certificates only)

Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Place of Birth	<input type="text"/>
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Blood Group	<input type="text"/>	Nationality	<input type="text"/>			
Religion	<input type="text"/>	Caste	<input type="text"/>	Sub Caste	<input type="text"/>				
Category	1 <input type="checkbox"/>	2A <input type="checkbox"/>	2B <input type="checkbox"/>	3A <input type="checkbox"/>	3B <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>	GM <input type="checkbox"/>	
Aadhaar No.	<input type="text"/>	Passport No.	<input type="text"/>	Date of Expiry	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student E-mail ID	<input type="text"/>	Mobile	<input type="text"/>						
Father's Name	<input type="text"/>	Mobile	<input type="text"/>						
Mother's Name	<input type="text"/>								
Parent Occupation	<input type="text"/>	Annual Income of family	<input type="text"/>	PAN No.	<input type="text"/>				

Complete Address (Permanent)	<input type="text"/>								
<input type="text"/>									
<input type="text"/>									
Telephone Res with STD Code	<input type="text"/>	Mobile	<input type="text"/>						
Email (Parents)	<input type="text"/>	<input type="text"/>							

For Correspondence / Guardian's Name	<input type="text"/>								
<input type="text"/>									
<input type="text"/>									
Telephone Res with STD Code	<input type="text"/>	Mobile	<input type="text"/>						

Qualifying Exam Passed		Register Number		Year of Passing	
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Institution Last Studied (with Address)	
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State		Board	
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Sl.No.	Subject	Marks Obtained
% of Marks in core subjects		

Documents Required Affix Photocopies (Original to be Produced at the time of selection Interview)

- | | |
|--|---|
| ◆ SSLC / 10th Marks Sheet | ◆ Student Passport Visa (for foreign nationals) |
| ◆ II PUC / 10+2 / PDC Marks Sheet | ◆ Cumulative Record along with syllabus pertaining to Qualifying examination (for foreign nationals) |
| ◆ Transfer Certificate | ◆ Degree Certificate & Marks Sheet |
| ◆ Conduct Certificate (issued from institution last studied) | ◆ CET Allotment Letter with fee paid receipts |
| ◆ Migration Certificate | ◆ Income & Caste Certificate (if any) Diploma Certificate / Marks Sheets (for lateral entry students) |
| ◆ Recent 5 Passport & 5 Stamp size color Photographs with Name | |

Declaration

- I declare that the Particular and information furnished above are fully correct.
- I will not participate in any strike or demonstration and will not induce others to do so .
- I will not indulge in any act, which will lower the prestige of the institute and self .
- I shall clear the dues pertaining to the institute and also towards the hostel well in time .
- I am Very well aware that ragging co-students is a punishable crime. I will Not indulge in any act of ragging and also I will not indulge others in such acts.
- I further understand that I am liable to be punished if I violate the general code of disciplines and rules of the institute and that I have no right to question any punishment imposed on me by the institute authorities.
- I will follow and confirm to all the Rules and Regulation of the institute and University Introduced from time to time .
- I do not Claim or demand , under any circumstances or for any reasons, any refund of amount paid to the institution or to Management in connection with his / her admission even through he / she withdraws his/ her candidature and admission his / her own risk or financial loss. There is no necessity to confirm me further on these liners.

Signature of the Parent / Guardian

Signature of the Candidate

For Office Use Only

Admitted to _____

under GQ MQ quota for the academic year 20____ - 20____

Fee Paid Details _____ Rt. No. _____ Date : _____

Case Worker

Administrator Office

Principal