

Estd. 2003



JAIPUR COLLEGE OF PHARMACY

Approved by AICTE & PCI New Delhi, Directorate of Technical Education,
Govt. of Rajasthan, Jaipur & Affiliated to Rajasthan University of Health Sciences, Jaipur
ISI-15, RIICO Institutional Area, Sitapura Tonk Road, Jaipur - 302 022 (Raj.)
Tel : 0141-6541090, M.: 09828288183 email : jcpjaipur@gmail.com Website : www.jcpjaipur.com

Form No.

COLLEGE ADMISSION FORM

Ph.D./M. PHARM / B.PHARM. / D.PHARM PART

Session -

Category (Tick ✓)

GEN ☐ SC ☐ ST ☐ OBC ☐ Handicapped ☐

Affix recent
passport size
photograph
with signature
of student

1. Name (In Block Letters) :
2. Date of Birth :
3. Mother's Name :
4. Father's Name :
5. Occupation of Father :
(Designation & Department)
6. His Employer's Address :
:
:
.....PIN.....
: Tel. No. (O)(R)
7. Permanent Address :
(Only this address will be valid :
for Bus/Railway concession) :
.....PIN.....
: Tel. No. (O)(R)
E-mail
8. Present Local Address :
:
:
.....PIN.....
: Tel. No. (O)(R)
9. If Father is not alive then
(a) Name of Guardian :
(As declared by the Court)
(b) Relationship with Student :
(c) Occupation of Guardian :
(Designation & Department)

(d) His Employer's Address :
.....
.....PIN.....

(e) Address of Guardian : Tel. No. (O)(R)
.....
.....PIN.....

10. Name of Local Guardian :
.....

11. Address of Local Guardian :
.....
.....PIN.....
: Tel. No. (O)(R)

12. Nationality & State of Domicile :

13. Admitted on (Put tick ✓) : Regular Seat / Management Seat

14. Details of Fee Deposit : Amount Rs.....Receipt No.Dated.....
(During PPT Counseling)

15. Enrolment No. (For continuing Student).....

16. Details of Last Qualifying Examination (Enclose the Attested Photocopies of Documents)
(Starting with the latest qualification up to Xth Class)

Name of Examination	Roll No.	Year	School / College Board/University	%	Attempt No.	Attempt in Subject (S)

18. If result awaited, give reason :

19. If there is gap after qualifying Exam.
(Give reason and enclose affidavit) :

20. Details of Extra Curricular Activities (Achievement & Awards) :

Activity	Name of Competition	Level	Distinction

21. Details of Scholarship(s) received :

Name of Scholarship	Amount	Period

22. Declaration by Student :

- (i) I, hereby declare that I have read Rules & regulations of the College and have noted its contents and directions. I hereby promise to strictly follow and abide by all rules regulations of this College. I will not do anything which is against the interest of the college. I will not participate in any subversive activities inside or outside the college campus. **If I am found indulged in any in-disciplinary activity and ragging/misconduct then I am liable for any disciplinary action including my rustication from college.**
- (ii) I shall remain regular and punctual in attending the classes throughout the session.
- (iii) I have been made aware that I shall be strictly governed by ordinances of the University regarding the minimum attendance requirement of 75% in theory and practical classes in each subject. **If my attendance is less than 75%, I shall not be allowed to appear in the examination including sessional.**
- (iv) I understand that B.Pharm./D.Pharm. is a full time course. **I promise that, at present, I am not employed anywhere and I promise not to undertake my job or any other Regular course of studies during the entire course of studies.**
- (v) I understand that my admission to this college is provisional subject to depositon of fee by me on due date and my eligibility being declared by the University.
- (vi) I am fully aware that I will not be entitled to the refund of the fee remitted to the Institution.

The information given by me in this form is true to the best of my knowledge. I understand the if any Information/certificate, etc. is found false then there may be legal action against me and my admission may be cancelled. I will abide by any decision taken by the college in this regard.

Date Place

Signature of Student

23. Declaration by Father/Guardian of student :

I 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 maintenance of discipline in the college. I Promise to pay all his/her expenses regualrly during his/her stay in the College.

Date Place

Signature of Father/Guardian

DOCUMENTS SUBMITTED

Document Enclosed (Tick ✓)	Name of Document	For Office Use (Document Received)
	Mark-sheet of sec. / Sr. Sec. / B. Pharm Pt./D. Pharm Pt..... (Original)	Yes/No
	Mark-sheet of Sr. Sec. / B. Pharm Pt./D. Pharm Pt..... (Attested Photocopy)	Yes/No
	Transfer Certificate/Charactor Certificate	Yes/No
	Migration Certificate	Yes/No
	SC/ST/OBC Certificate	Yes/No
	Certificate for Handicapped	
	Affidavit :	Yes/No
	Any Other :	Yes/No

Details of Documents Returned.....

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FOR OFFICE USE ONLY

Fee Details : Admitted on (Tick ✓) : Regular / Management Seat

Particulars	Fee / Caution Money - I	Fee II Year	Fee III Year	Fee IV Year
Amount				
Receipt No.				
Date				
Ledger Folio				

Sign. Cashier

Cashier

Cashier

Cashier

Mr./Miss/Mrs.is provisionally admitted to B. Pharm Pt.
...../D.Pharm Pt. in this session 20 20 Subject to eligibility being
declared by the University.

Date :

Signature Head of Institution