

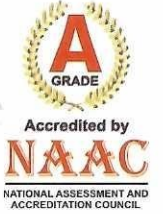


Bharath

INSTITUTE OF HIGHER EDUCATION AND RESEARCH

(Declared as Deemed-to-be University under section 3 of UGC Act, 1956)

(Vide Notification No. F.9-5/2000 - U.3, Ministry of Human Resource Development, Govt. of India, dated 4th July 2002)



Phone : 044-61116300 / 22293886 / 22299007

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173, Agaram Road, Selaiyur,
Chennai - 600 073. Tamil Nadu, India

Prof. Dr. R. HARIPRAKASH

M.E, Ph.D, M.B.A, SM IEEE(USA), Fellow(IETE), Fellow(IE)

Additional Registrar

Ref. No: 026/BIHER/Pharmacy/I yr Classes/2023-24

Date : 07th September 2023

Dear Parent of students admitted in U23 Batch of B.Pharm./D.Pharm courses

Greetings!!

Reg : COMMENCEMENT OF FIRST YEAR CLASSES FOR 2023-24.

The Management, Vice Chancellor, Pro Vice Chancellors, Directors, Deans and Faculty Members welcome your Son/ Daughter / Ward to Faculty of Pharmacy, Chennai, a constituent College of Bharath Institute of Higher Education & Research (BIHER), Deemed to be University, Chennai.

Bharath Institute of Science & Technology was established in 1984 and brought under the ambit of Bharath Institute Higher Education & Research (BIHER) in the year 2003. The Faculty of Pharmacy was established 2019 under BIHER. Faculty of Pharmacy is committed for providing quality education which will transform students into efficient and successful individuals.

Bharath Institute of Higher Education & Research (BIHER), Deemed-to-be University is a multi-stream University situated in the heart of Chennai City and an Off Campus Medical Institution located in Puducherry offering the courses / programmes such as Medical, Dental, Engineering & Technology, Nursing, Physiotherapy, Pharmacy, Agricultural Science, Architecture, Arts & Science, Management, Law & Allied Health Sciences with 2,151 Dedicated Teaching Staff, 3629 Non-Teaching Staff and 20,614 well-disciplined students.

We are starting the Academic Session 2023-24 (U23 Batch) for B.Pharm. / D.Pharm courses with Orientation Programme on 13th of September 2023 (Wednesday).

In this regard, we request you to advise your ward to submit the following documents on or before 11th of September 2023:

- 1) Secondary, Higher Secondary Mark Sheet (10th & 12th Mark Sheets) — Original
- 2) Transfer Certificate — Original
- 3) Community Certificate — Original



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- 4) Migration Certificate — Original
- 5) Conduct Certificate — Original
- 6) Residential Proof (Aadhar Card Copy)
- 7) Tuition Fee Receipt (Xerox Copy)
- 8) Recent Passport Size Photos (4 Nos.)
- 9) Undertaking Form (Format enclosed)

All the Original Certificates will be returned after verification.

Note : Five Sets of Photo copies also as mentioned in S.Nos. 1 to 9, are to be submitted in the University Certificate Section). For any clarifications regarding submission of Certificates, please contact Mr. Moksha Raj (Mobile No. 9444171651)/Dr. P. Balan (Mobile No.9444264971)

Kindly pay the balance Tuition Fee, if any, through My CAMU App (Download from Google Playstore) on or before 11th of September 2023 (For issues related to My CAMU you may contact Mr. R. Krishnamoorthy (Mobile No. 8072723367)/ Mrs. K.Koteeswari (Mobile No. 9176344221).

It is informed that ONLY upon submission of Original Certificates, Registration Number will be allotted and the student will be permitted to attend the Academic Session and if not complied, the Admission stands cancelled.

The submitted Certificates / details of your ward will also be uploaded to University Grants Commission (UGC) and Pharmacy Council of India (PCI) Portal for Registration for various schemes.

In case of any other Queries, kindly call us on the Telephone Numbers of 044-61116299; 044- 61116247.

With Regards



Dr. R. HARIPRAKASH
ADDITIONAL REGISTRAR

Cc: PS to C / PS to VC / Pro – VCs/ COE
Dean (Academics)/ Dean (Student Affairs)
Dean (Pharmacy)
Dean (Admission Cell) /Dean (Infrastructure)
Deans/Directors of All Schools
AO / FM
ERP Cell / Transport / Web Site Maintenance
Notice Boards / Office File



UNDERTAKING BY THE STUDENT

I, _____
S/o D/o Mr./Mrs./Ms. _____ having been
admitted to Faculty of Pharmacy, Bharath Institute of Higher Education & Research, Chennai in
_____ with Admission Number- _____, Dated- _____

- 1) I hereby declare that the entries made by me in the Application Form are complete and true to the best of my knowledge, belief and information.
- 2) I hereby undertake to present the original documents for verification immediately upon demand by the concerned authorities of the Institute.
- 3) I hereby promise to abide by the rules and regulations concerning admission, attendance, discipline etc.
- 4) I understand that 80% attendance in classes is compulsory and I commit myself to adhere to the same. I also understand, in case my attendance falls short, for any reason, the competent authority may take such punitive action against me, as may be deemed fit and proper.
- 5) I hereby declare that I will not indulge in nor tolerate ragging in any form, even in words or intentions, and I accept to give an undertaking in the prescribed format for the same.
- 6) I hereby declare that I shall be solely responsible for my involvement in any kind of unlawful activities whether inside or outside the campus, and shall be liable for punishment as per the law of the land. I further understand that the Institute shall in no way provide any support to me and will not be held responsible for my any such action.
- 7) I hereby acknowledge that I shall be liable for expulsion forthwith on being found involved in or committing any offence cognizable and punishable under the Narcotic Drugs and Psychotropic Substances Act, 1985.
- 8) I also declare that I am not suffering from any serious/contagious ailment and/or any psychiatric / psychological disorder.
- 9) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of Student with Date

Signature of Parent with Date

Email ID: _____

Email ID _____

Mobile No: _____

Mobile No _____