

# ARJUN COLLEGE OF PHARMACY

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Phone: 9414444835

## Application form for D. Pharma/B. Pharma in Pharmacy

### Course Session 20 . . - . .

#### For office use only

Receipt No. : .....

Date :

Amount :

.....

Recipient

Affix recent  
Passport size  
photograph  
(with signature)

- Name of the Candidate (in block letters) .....  
Name of the Candidate (in hindi) .....  
Mobile no. .... Email ID .....
- Father's Name ..... Occupation .....  
Designation and office address ..... Monthly Income .....  
Mobile no. .... Landline no. ....
- Mother's Name ..... Occupation .....  
Designation and office address ..... Monthly Income .....  
Mobile no. .... Landline no. ....
- Permanent Address .....  
..... Pin code ..... Phone No. ....
- Present Address .....  
..... Pin code ..... PhoneNo. ....
- Date of Birth (in figures) ..... (in words) .....
- Nationality ..... State of Domicile ..... Martial status .....
- SC/ST/OBC/SBC/Minority/ - Physically disabled, specify: .....
- Name of School/College last attended ..... Year .....

10. Details of examination passed :

Name of Examination	Name of Board/ University	Year of passing the examination	Total max. marks	Total marks obtained	Percentage	Remarks
Secondary						
10+2 or equivalent						

Total marks obtained in PCB / PCM in class 10+2 ..... out of .....

11. Extracurricular activities .....

12. Any other information / Enrollment no. ....

**13. Declaration by Father/Guardian**

I ..... do solemnly affirm that I shall be responsible for the discipline and conduct of my son/daughter/ward and shall pay regularly all his/her expenses during his/her stay in the college.

Place : .....

Signature .....

Date : .....

Name .....

**14. Declaration by Applicant**

I declare that all statements made in this application are true to the best of my knowledge and that the marks submitted by me in this application form pertain only to examinations conducted by a Board/University, and passed by me after undergoing studies as a regular student of a recognised college. I understand that if any statement is found wrong, my admission to the college will stand cancelled.

If admitted, I promise to abide by the rules and regulations in force or those that may hereafter be made for the administration of the college and I shall do nothing either inside or outside the college which interferes with its orderly working and discipline. In all matters concerning me and the college, the decision of the Principal shall be binding on me.

**ENCLOSURES (Attested Photocopies of)**

1. Secondary Mark sheet / Certificate
2. 10+2 (or equivalent) Mark sheet
3. Migration certificate
4. Transfer certificate
5. ....
6. ....

Applicant's Signature .....

Full Name .....

Place ..... Date .....