



COMMON ADMISSION FORM FOR UNDERGOING B.PHARMA (4-YRS) / D.PHARMA (2-YRS) COURSE

RAJENDRA KISHORI PHARMACY COLLEGE

(UNDER THE AEGIS OF SAI BABA EDUCATIONAL TRUST)

RECOGNIZED AND APPROVED BY PCI, NEW DELHI
AFFILIATED TO ARYABHATTA KNOWLEDGE UNIVERSITY(AKU)-PATNA,BIHAR
SUGHARI, SH-73 , PATNA-SIWAN MAIN ROAD, SIWAN-841406

Each of the boxes should contain one letter. Put a 'Tick' (✓) mark where it is applicable.

Course in which admission is sought:

- 2-yrs Full Time Diploma of Pharmacy(D.Pharm) ☐
- 4-yrs Full Time Bachelor of Pharmacy(B.Pharm) ☐

Affix recent Passport size colour photo with self-signed and crossed on Photograph

I. Personal Details:

A. Candidate's Name (in **Block Capital**)-

B. Father's Name -

C. Mother's Name -

D. Nationality -

E. Date of Birth - - - (MM-DD-YYYY)

F. Age (as on 01/07/2020) years. F. Gender - ☐ M ☐ F

G. Religion - ☐ Hindu ☐ Muslim ☐ Christian ☐ Sikh ☐ Others

H. Category - ☐ Gen ☐ SC ☐ ST ☐ OBC ☐ Others H. PWD – (Yes/No)

(Candidates belonging to SC/ST/OBC/PWD category must attach relevant certificate in support of claim as per govt. norms.)

I. Monthly Family Income (in INR)-

J. Languages Known –

| Language | Read | Write | Speak |
|----------|--------------------------|--------------------------|--------------------------|
| Hindi | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

L. UID Number/PAN /Ration Card No. / EPIC No.

II. Contact Details:

A. Correspondence Address:-

A. Correspondence Address:-

[illegible]

B. Permanent Address(If permanent address is same as correspondence then write down 'DO' only):-_____

| | | | | | | | | | | | | | | | | | | | |
|-------------|--|--|--|--|--|--|--|--|--|--|--|--|-----|--|--|--|--|--|--|
| Street/Vill | | | | | | | | | | | | | | | | | | | |
| City/Town | | | | | | | | | | | | | | | | | | | |
| PO | | | | | | | | | | | | | | | | | | | |
| Dist | | | | | | | | | | | | | | | | | | | |
| State | | | | | | | | | | | | | PIN | | | | | | |

C. Contact Number: - Please give at least two active mobile numbers (personal & home)

[illegible]

D. State of Domicile:-_____

E. Name of the institution where studied last:- _____

F. Were you ever disqualified by this or other University from appearing in any examination:-

G. Is there any gap-period in your academic career?

If yes, state reason:-

III. Educational Details:-

Table-III/1(Both for D.Pharma & B.Pharma)

| Sr. No | Examination | Institute Name | Board/Council /University | Stream | Subjects | Yr of passing | % of Marks | Division /Class |
|--------|--------------------------|----------------|---------------------------|--------|----------|---------------|------------|-----------------|
| 01 | 10 th /Matric | | | | | | | |
| 02 | 10+2/ | | | | | | | |
| 03 | Diploma | | | | | | | |
| 04 | Other(specify here) | | | | | | | |

Table-III/2

| Sr. No | Mention English taught in 10th standard / 10+2nd standard | Full Marks | Marks Obtained | % of Marks |
|---------------|--|-------------------|-----------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Table-III/3 For D. Pharma Course Only

| Sr. No | Mention the subjects like Physics, chemistry, Mathematics, Physical Sc., Life Sc., Biology etc. taught in 10th standard | Full Marks | Marks Obtained | % of Marks |
|---------------|---|-------------------|-----------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Table-III/4 For B. Pharma Course Only

| Sr. No | Mention the subjects like Physics, chemistry, Mathematics, Physical Sc., Life Sc., Biology etc. taught in 10+2nd standard | Full Marks | Marks Obtained | % of Marks |
|---------------|---|-------------------|-----------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

RAJENDRA KISHORI PHARMACY COLLEGE

Declaration by the Candidate :

I hereby solemnly affirm that I shall strictly abide by the rules and regulations of the College, as amended and enforced from time to time and also of the student's code of conduct & discipline rules as prescribed by the college & enforced from time to time. I am neither involved in any criminal case nor in any criminal case pending against me in any court of law. I have not been debarred / rusticated by the institution last attended /presently attending. If discovered even after confirmation of my provisional admission that I made a false or incorrect statement or concealed any fact or fraudulent means or such means have been used on my behalf for securing admission, I shall be liable to disciplinary action and cancellation of admission without prejudice to such action as the University may take against me.

I _____, hereby solemnly declare on oath that the entries made by me in the above columns are true to the best of my knowledge and belief and at any time the entries are found to be incorrect, my admission may be cancelled and disciplinary action may be initiated against me.

Date: _____ Name in BLOCK CAPITAL: - _____

Place: _____ Full Signature of the Candidate: - _____

Declaration by Parent(s)/Guardian

I, _____ have gone through the declaration made by my son/daughter/ward and agree to abide by all those declarations.

I further declare that I agree to meet all expenses in the college during the period of his/her course of study. I shall compensate for any loss or damage caused by my son/daughter/ward to the college property.

Date : _____ Name in BLOCK CAPITAL: - _____

Place : _____ Full Signature of the Parents/Guardian:- _____

IV. List Of Documents Need To Be Submitted For Candidates Seeking Admission To D.Pharm/B.Pharm :-

Table IV

| Sr. No | Item Name | Nos. of Copies Needed | D.Pharm | B.Pharm |
|--------|--|-----------------------|---------|--------------------------------------|
| 01 | ID Proof-Aadhar Card/EPIC(Voter Card)/PAN Card/Ration Card/Driving Licence/Passport | 02 | √ | √ |
| 02 | Date of Birth—Birth Certificate/10 th Standard Admit Card/ | 02 | √ | √ |
| 03 | Passport Size Photograph with white Background Only, without any spectacle or Sunglass | 05 | √ | √ |
| 04 | Marksheets & Certificates starting from 10 th standards onwards all | Each one '02' copies | √ | √ |
| 05 | Diploma Marksheets of All Semester & Certificate | 02 | √ | In case of Lateral Entry it is reqd. |
| 06 | Medical Fitness Certificate from Any Registered Medical Practitioner – One For Eye Sight and Another for General Fitness | In original | √ | √ |
| 07 | In case of reserved category (SC/ST/OBC/PCetc.) Certificate Issued by the competent authority | 02 | √ | √ |
| 08 | Any Other | 02 | | |

For Office Use Only

1. All the information fields mentioned above filled correctly:- ☐ Yes ☐ No
2. All the documents mentioned in Table-IV are duly checked and verified:- ☐ Yes ☐ No
3. Recommendation for initial screening and shortlisting:- ☐ Yes ☐ No
4. Not to be recommended for shortlisting due to

5. Allotement of Provisional Institutional ID Number:

RKPC/DP or BP/2020/DP_____ or BP_____

Signature of the verifier

Signature of the Accounts Officer

Signature of the Registrar

Seal :

Seal:

Seal