



REGIONAL COLLEGE OF PHARMACY

Approved by AICTE & PCI, MHRD New Delhi, Affiliated to Rajasthan University of Health Sciences
Under the Management of Deepshikha Kala Sansthan, A registered Society Bearing Regd. No. 307/76-77

ISI - 17, RIICO Institutional Area, Sitapura, Tonk Road, Jaipur (Rajasthan) 302022
City Office: Hotel Meenakshi Palace, Near DRM Office, Ram Mandir, Station Road, Jaipur (Rajasthan)
Ph: (0141) - 2770844, Fax: (0141)-2206436 • E-mail:info@deepshikha.org • Web. : www.deepshikha.org, www.regionalpharma.com

Form No.

PROVISIONAL ADMISSION/RE-ADMISSION FORM FOR SESSION 20..... TO 20.....
(ALL ADMISSIONS ARE PROVISIONAL , SUBJECTED TO CONFIRMATION BY THE CONCERN UNIVERSITY & EXAM AUTHORITY)

Course Information

Course : D.Pharma B.Pharma

Details of Admission

First Year Second Year Third Year Fourth Year

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ADMISSION BY

Name

Signature

Date of Admission

Admission Location

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PHOTO

Signature of Student

(PLEASE FILL THE FORM IN CAPITAL LETTERS ONLY)

Personal Details

Name (In English)..... Mobile.....

Name (In Hindi)..... Mobile.....

Father's Name Mobile.....

Mother's Name Mobile.....

Gender M F Minority Status Yes No Date of Birth/...../.....
Day / Month / Year

Religion Caste

Aadhar No. Bhamashah No.

Category GEN ST OBC
SBC SC Other

Present/Local Address

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City/Village State Pin Code

Contact No. Email

Permanent Address Same as Present Address

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City/Village State Pin Code

Contact No. Email

Declaration

I, S/o/D/o/W/o..... here by declare that, all the particular stated, in the application, are true to the best of my knowledge and belief. I agree to abide by the rules and regulations of College and also to the decision of the University Authority, regarding my admission to the examination.

- That I under take Fees once deposited will not be refunded under any condition or circumstances.**
All the fees and any other amount once paid (Except Caution Money) will not be refunded, adjusted, transferred under any circumstances. All the registered students are required to pay to the stipulated payment as per payment schedule. Wherever students have arrears of amount to be paid to college, they may not be permitted to write the examinations or their examination result may not be released and their pass certificates may not be issued; further, such students will be considered as inactive on the rolls of College and their names are liable to be removed from the records. Prescribed application for refund of caution money has to be made within three months after successful completion of the course. The caution money is subject to adjustment towards penalties.
- I will have to attend minimum of 75% of the total theoretical and practical classes & internal exams for appearing in the Examination/test.**
- I undertake that RAGGING is prohibited by the order of Hon' Supreme Court and is treated as an offence. If I am found any way participating in ragging then I may be immediately rusticated and police case shall also be filed against me & penalty of Rs. 2,50,000/- may be imposed against me.**
- I will have to obey the instructions while attending class-room sessions.
- I will have to inform the institute in writing at least a week in advance for any absence during the course of studies.
- I will be fully responsible for proper handling of computers, printers, air-conditioners, OHP or any other asset of the institute.
- That I undertake, Institute reserves the right to add or amend these terms and conditions as required from time to time and the same will be binding on the students.
Please grant me provisional admission/Re-admission for course subject to confirmation from University.

Date

Signature of Student

Signature of Parents/Guardians

Qualification

| S.No. | Examination | School/College | Board | Medium | Passing Year | Obt. Marks | Total Marks | % |
|-------|-------------|----------------|-------|--------|--------------|------------|-------------|---|
| 1. | X | | | | | | | |
| 2. | XII | | | | | | | |
| 3. | | | | | | | | |

FOR OFFICE USE ONLY

Performance Record

| Sessional | Marks | % | Attendance | Remarks |
|-----------|-------|---|------------|---------|
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Fee Payment Plan

| S.No. | Date | Receipt No./Particulars | Amount | Balance |
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Documents Check List

Remarks

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|--------------------------|----------|--------------------------|-----------|--------------------------|
| 10th Mark sheet | Original | <input type="checkbox"/> | Photocopy | <input type="checkbox"/> |
| 12th Mark sheet | Original | <input type="checkbox"/> | Photocopy | <input type="checkbox"/> |
| Graduation Mark sheet | Original | <input type="checkbox"/> | Photocopy | <input type="checkbox"/> |
| Entrance Exam Admit Card | Original | <input type="checkbox"/> | Photocopy | <input type="checkbox"/> |
| Entrance Exam Merit Card | Original | <input type="checkbox"/> | Photocopy | <input type="checkbox"/> |
| Migration Certificate | Original | <input type="checkbox"/> | Photocopy | <input type="checkbox"/> |
| Transfer Certificate | Original | <input type="checkbox"/> | Photocopy | <input type="checkbox"/> |
| Caste Certificate | Original | <input type="checkbox"/> | Photocopy | <input type="checkbox"/> |
| Domicile Certificate | Original | <input type="checkbox"/> | Photocopy | <input type="checkbox"/> |
| Aadhaar Card | Original | <input type="checkbox"/> | Photocopy | <input type="checkbox"/> |
| Photo | Colour | <input type="checkbox"/> | B/W | <input type="checkbox"/> |
| Others | Original | <input type="checkbox"/> | Photocopy | <input type="checkbox"/> |
| | Original | <input type="checkbox"/> | Photocopy | <input type="checkbox"/> |

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I have taken the Provisional admission/Re-admission of the above student after verifying all documents.

Name (SIGNATURE OF COUNSELOR)