



ARPIT COLLEGE OF PHARMACY

(Approved by Govt. of Karnataka & pharmacy Council of India(PCI),New Delhi)

Survey No.2 - 244, Yakathpur Village, Bidar(T) - 585403 (Karnataka)

Tel: (+91) - 8095000887 | Email: arpitcollegeofpharmacy@gmail.com | website: www.arpitcollegeofpharmacy.com

APPLICATION FORM FOR D.PHARM COURSE

1. Name of the Candidate (In block letters)	:	_____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
2. Name of the Parent/Guardian	:	_____	
3. Present Address for Communication	:	_____ _____	
4. Present Address	:	_____ _____	
5. Telephone Number	:	_____	
6. Nationality	:	_____	
7. Age & Date of Birth	:	_____	
8. Religion and caste	:	_____	
9. Academic Particulars	:	_____	
10. (+2) or Equivalent Exam	:	_____	

Subjects	Maximum Marks	Marks Scored	Percentage
Physics			
Chemistry			
Biology			
Mathematics			
TOTAL			

11. Details of encloses to be attached with the application (Xerox Copies)

- a) Original P.U.C. / 10+2 Marks Card.
- b) Xerox Copy of 10th / SSLC Marks Card.
- c) Original Transfer Certificate / Migration Certificate.
- d) Passport Size Photos - 10 Nos.

Rs. 100/- D.D Registration Charges in Favour of Arpit College of Pharmacy

DECLARATION BY THE CANDIDATE AND PARENT / GURDIAN

I hereby declare that the information given above is true and complete to the best of my knowledge. I hereby Undertake to abide all the conditions, rules and regulations in force and those enforced from time to time I will not do anything unworthy of a student of the college either inside or outside the college or anything that will interfere with it's orderly working and discipline. I an aware that the management has the authority to expel me for lack or interest in studies, misbehavior or continuous failures.

I hereby undertake that I shall pay all fees and dues to the institution promptly.

Candidate's Signature

Parent / Gurdian's Signature

Place :

Date :

Principal Signature