

Application No. _____



Shri Basaveshwar Rural Education & Development Trust®

SHRI BASAVESHWAR INSTITUTE OF PHARMACY

sattur cross stop. PB road, Sattur, Dharwad- 580009 Karnatka



APPLICATION FORM FOR ADMISSION TO I D.PHARMA COURSE

1. Year of Admission : _____ Roll No. _____
2. State Belongs to : _____

3. Grand Total of Marks : Marks _____ out of _____
obtained at 10+2 exam & Percentage : Total Percentage _____
4. Total Marks & Percentage : Marks _____ out of _____
at 10+2 examination (in PCMB group) : Percentage(PCMB) _____

Passport Size Photo
Here

To.

The Principal,
SHRI BASAVESHWAR INSTITUTE OF PHARMACY,
Dharwad.

Sir,

I the undersigned wish to seek admission to 1st YEAR D.PHARMA COURSE in your institution. I am furnishing following particulars and undertake that it admitted I agree to be bound by the rules & regulations in force as well as those that may be framed in future by the institution. I have attached all the original documents & attached copies of Marks card along with this admission form.

1. Name of the candidate in block letters
2. Full Name of the Parent/Guardian and address in full with phone No. etc.
3. Local Address
4. Date & Place of birth
5. Nationality
6. Whether belongs to SC/ST/OBC
7. Languages known
8. Occupation of Parent/Guardian
9. Registration fees of Rs.200 (non-refundable)

(Surname) (Name)
Son of _____

_____ age _____
_____ Caste _____

D.D/Postal Order No. _____ Date _____
drawn on _____
(Bank)

ACADEMIC INFORMATION

Examination Passed	Name of the School/College	Name of the University/Board	Exam Reg. No	Month & Year of Passing	Total Marks Obt & %	Total Marks in PCMB & %
S.S.L.C/SSC (X.Std)						
II PUC (Science) / XII Std.						
Others (if Any)						

Subjects Studied at 1) _____ 2) _____ 3) _____

II P.U.C / XII Std. 4) _____ 5) _____ 6) _____

Important: The following original & attested copies (in 4 sets) of documents have been attached with the application.

1. S.S.L.C / X Standard Marks Cards. (Original + 4 attested copies)
2. II PUC / XII Standard Marks Cards. (Original + 4 attested copies)
3. Transfer / L.C Certificate from previous institution. (Original + 4 attested copies)
4. Photo with Name as shown in SSLC Marks card (8 Photos)
5. Migration Certificate. (Original + 4 attested copies)
6. Character Certificate from Previous institution. (Original + 4 attested copies)
7. Bank Demand Draft / Postal Order of Rs. 200/- towards registration fees .

Note : Candidate seeking admission to Ist D.Pharma Course other than Karnataka State are required to pay eligibility fees as notified by the B.E.A. Bangalore.

I declare that the above information is true and correct to the best of my beliefs and the documents produced are authentic.

Place : _____

Signature of the Candidate

Date : _____

Name : _____

DECLARATION BY THE CANDIDATE AND PARENT OR GUARDIAN

1. I hereby agree, if admitted to the rules and regulations at present in force or that may be here after framed for the governance of the college and its management and hostels and I undertake that so long as I am student of the college , I do nothing either inside or outside the college , that will interfere with the orderly governance and discipline.
2. I hereby agree to make goods any loss or damaged to books , apparatus , furniture's , and other belongings to college and attached to hostels etc., which may be caused By my carelessness , negligence or wantonness on my part.
3. I hereby solemnly affirm that statements made and information furnished in my application form , as also all the enclosures there submitted by me , are true. Should it however , be found that any information furnished there in is untrue in material particulars , I realized that I am liable for criminal prosecution and I also agree to forego my seat in the college.
4. I hereby assure that I will not indulge or resort my self in any form of anti-social and prohibitive activities such as ragging or any kind of harassment , physical or otherwise. I am fully aware of the provisions of Indian penal code relating to offenses connected with hurt , endangerment of life or personal safety , wrongful confinement , assault , criminal intimidation and so on, and if I am found indulging my self in such prohibitive and anti-social activities , I am liable for severe punishment including removal from the college and handing over to the police.
5. I hereby declare that I hold myself responsible for the timely payment of dues to the College during the period of my studies till the accounts are cleared.
6. I am fully aware that I have to fulfill 80% of attendance requirement to the eligible for board examinations, failing which I myself will held responsible for the consequences arising out of it.
7. I am aware that fees once paid will not be refunded under any circumstances.
8. I am fully aware that , Incase I want to discontinue before expiry/Completion of the course, or wants to transfer to any other college , I shall have to pay full fees (non-refundable) than prescribed for all the remaining years that is the entire course.
9. I hereby declare that I abide by the above mentioned rules. I also declare that I have carefully gone through the instructions to candidates herein mentioned and agree for the same.

Signature of the Parent /Guardian

Name _____

Date _____

Signature of the Candidate

Name _____

Date _____

FOR OFFICFE USE ONLY

Admitted / Not admitted

Receipt No. _____

Date _____

PRINCIPAL
SHRI BASAVESHWAR INSTITUTE
OF PHARMACY, Dhrawad