

Shushruta Educational Trust ®

NARGUND COLLEGE OF PHARMACY

Approved by Govt.of Karnataka, All India Council for Technical Education,
Pharmacy Council of India,New Delhi

Dattatreyanagar, 2nd Main,100 Ft. Ring Road,
BSK 3rd Stage, Bangalore 560 085.
Tel : 2672064

Affix latest
Passport Size
Photograph

**Application form for admission to
1 st year D. Pharm Course / 1 st Year B. Pharm Course
Lateral Admission to II B. Pharm Course**

1. Name of the Candidate : _____
(In Block Letters)
2. Date of Birth and Age : _____
3. Name of the Parent / Guradian : _____
4. Present Address For Communication : _____

5. Permanent Address : _____

6. Telephone Number : _____
7. Nationality : _____
8. Religion : _____
9. Academic Particulars :
10 + 2 or equivalent Exam. : _____

| Subject | Maximum Marks | Marks Scored | Percentage |
|--------------|---------------|--------------|------------|
| Physics | | | |
| Chemistry | | | |
| Biology | | | |
| Mathematics | | | |
| TOTAL | | | |

Academic Particulars of D. Pharm complete for direct admission to II B. Pharm

| | | |
|--------------------|--------------------------|------------------------|
| I D. Pharm | % of Marks Secured | Aggregate |
| II D. Pharm | % of Marks Secured | |

10. List the Outstanding Performances (Academic and Extra-Curricular): _____

11. Details of Enclosures to be attached with the Application (Xerox Copies) + Originals

- a) P.U.C. 10 + 2 Marks Cards
- b) S.S.L.C. Marks Cards
- c) Transfer Certificate
- d) Character Certificate from the College last attended
- e) Medical fitness Certificate
- f) Self Addressed Envelope
- g) Migration Certificate
- h) Five Passport Size and Two Stamp size Photographs of the Candidates

Rs. 1000 /- D.D. Registration charges in favour of Nargund College of Pharmacy

DECLARATION BY THE CANDIDATE AND PARENT / GUARDIAN

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

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

Candidate's Signature

Parent / Guardian's Signature

Place :

Date :