

S.V.B Pharmacy College · Sonarpada, Dombivili, Maharashtra,

Address: Sankara Nagar, Jagadguru Sankaracharya Marg,

Kalyan Shil Road, Dombivli (E), Dist:Thane - 421 203

E-Mail: contact@svbpharmacy.org

Phone: +91 (0251) 2871785

APPLICATION FOR ADMISSION FOR Pharmacy Courses

Incomplete Applications will be rejected

Selection will be made for this academic year (2009-10) based on the marks secured in:

1. Qualifying examinations (10+2/PUC/HSC, etc.,) in relevant subjects conducted by various Boards of Authority. A normalization process will be adapted to equate the marks of the various boards.
2. Courses will be allotted through counseling.
3. Should have completed 17 years of age as on 31.12.2009
4. Comply with PCI /AICTE eligibility requirements for admissions.

Name: (In CAPITAL letters as recorded in your qualifying exam certificate)			
Date of Birth:		Gender	: Male / Female
Nationality		Religion	
Mother Tongue		Annual Income (Rs.)	
Father's Name			
Qualification		Occupation	
Mother's Name			
Qualification		Occupation	
Mailing Address(Permanent Address)			
Mailing Address(Present)			
Phone (with code)		Mobile Phone (with code)	

Examination passed	Name of the Board/ University	Years of passing	Class obtained & attempt of passing	Medium of instruction	% of marks obtained in aggregate of all subjects	
S.S.L.C./ *Equivalent						
P.U.C. / *Equivalent					Marks:	Total
					Physics Chemistry Botany Zoology or Biology or Maths	

* In case of equivalent examination passed, mention the name of the examination.

DECLARATION BY THE CANDIDATE

1. I, Mr. / Ms. hereby affirm that the information furnished by me in this application and the enclosures is true. I know that if the information furnished by me is untrue, my seat will be forfeited.
2. I will not indulge in any form of ragging. I know it is a criminal offence and if found guilty, I will be summarily dismissed. I undertake to make good the loss caused to the college/staff/student or any other person caused by any illegal act of mine.
3. I am liable to pay the balance of fees calculated for the entire course, in case I discontinue the course or I am expelled from the college for any reason.
4. I shall abide by all the rules and regulations of the college, that may be framed from time to time.
5. In all matters regarding my admission to UG course, the decision of the college is final and binding on me.

Place:.....

Date:.....

Signature of the applicant

DECLARATION BY PARENT OR GUARDIAN

1. I, Mr. /Ms..... hereby affirm that the information furnished in my Son's /Daughter's /Ward's application and in the enclosures is true, I know that if the information furnished by my Son / Daughter / Ward is found to be untrue, my Son's/Daughter's/Ward's seat will be forfeited.

2. I know ragging is a criminal offence and shall take steps to prevent my Son/Daughter/Ward from indulging in it. I also know that if he / she is found guilty of the offence, he/she will be summarily dismissed from the college. I undertake to make good the loss caused to the college /staff/student or any other person caused by any illegal act of my Son/Daughter/Ward.

3. I am liable for payment of the balance of fees calculated for entire course, in case my Son/Daughter/Ward discontinues the course or is expelled from the college for any reason.

4. I am also aware that once the candidate is admitted to the course, no refund of fees either in full or part there of will be made, for any reason.

Place:

Date: Signature of Parent /
Guardian

(Declaration to be signed by the Guardian, only in case of both father & mother of the candidate or not alive)

LIST OF ENCLOSURES TO ACCOMPANY THE APPLICATION FORM (PHOTOSTAT COPIES ONLY)

- 1. S.S.L.C./Equivalent examination marks card.
- 2. P.U.C./Equivalent examination marks card.
- 3. Conduct/Character and Transfer Certificate issued by the college last studied.
- 4. Date of birth certificate if not mentioned in the SSLC/Equivalent examination marks card.
- 5. Three Passport size photo's, of which one to be affixed to the application form in space provided.

FOR OFFICE USE

Eligible/Not Eligible for admission Admission is approved / rejected

Signature of Administrative Officer Signature of Registrar

This is an Sample Application form. You can procure the appropriate course admission form by contacting the SVB Pharmacy College office.