RAJASTHAN PHARMACY COLLEGE

Bhankrota, Ajmer Road, JAIPUR-302026
Ph. : 0141-2251277 Fax : 0141-2251249
Website : www.rpcjaipur.org E-mail : rajpharmacycollege@rediffmail.com

For the Session – 201….. - 201…….

Admission Category Mgt./RPMT/Direct

Affix one recent passport size coloured photograph and attach six more extra photographs

Form No. : ……
Date : ……

ADMISSION FORM B.PHARMA. / M.PHARMA.

Category : GEN/SC/ST/OBC/OR ……..…… Branch ……

Tuition Fees (Rs.)	Receipt No.	Cheque No. / DD No.	Date of D.D.
			D D M M Y Y
Signature of Accountant			

FILL IN BLOCK LETTERS (PARTICULARS TO BE FILLED IN CORRECTLY AND LEGIBLY BY CANDIDATE)

Name of Student

Date of Birth D D M M Y Y

Student E-mail ID :

Contact No.

Father's Name

Mother's Name

Present Address :

Telephone No.	Mobile No.

Local Guardian's Name, Relation & Address (If the applicant is a hosteller)

Telephone No.	Mobile No.

Educational Qualification :

S.No	Name of Exam.	Year of Passing	Name of Board / University	Name of School/ Institute	Subject	Aggregate % Marks	PCM
1.	10						
2.	10 + 2						
3.	Graduation						
4.	Others						

Medical History if any ……

Hostel Requirement Yes/No …… Bus Requirement Yes / No ……..

S.No.	Documents Enclosed	Yes/No (√)	S.No.	Documents Enclosed	Yes/No (√)
1.	Certificate / Original Marksheet (X)		9.	Certificate/Original Marksheet (X)	
2.	Certificate / Original Marksheet (XII)		10.	Category (SC/ST/OBC) Certificate	
3.	Certificate / Original Marksheet (Graduation)		11.	Enrollment Slip If already enrolled with the University of Rajasthan	
4.	Transfer Certificate		12.	6 coloured photographs (Passport Size)	
5.	Migration Certificate		13.	Anti Ragging Affidavit- Student	
6.	Bonafide (Domicile) Certificate		14.	Anti Ragging Affidavit- Parent	
7.	Character Certificate		15.	Undertaking Regarding Regular Attendance	
8.	Medical Certificate		16.		

Date :
Place : **Signature of Student** **Signature of Father / Guardian** **Signature of Faculty**

S.No.	Documents Enclosed	Yes/No (√)	S.No.	Documents Enclosed	Yes/No (√)
1.	Certificate / Original Marksheet (X)		9.	Certificate/Original Marksheet (X)	
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Date :
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